



Woodrow Wilson  
International  
Center  
for Scholars

*Environmental Change and Security Program*

## ***Family Planning in Fragile States: Overcoming Cultural and Financial Barriers***

**Thursday, April 29, 2010**

Woodrow Wilson International Center for Scholars

***Edited Transcript—Nabila Zar Malick***

My name is Nabila Malick and I work for Rahnuma Family Planning Association of Pakistan, which is one of the 180-member associations of International Planned Parenthood Federation, also known as IPPF.

Let me first tell you about my country. It's a beautiful place where 176 million warmhearted people live. Their sense of humor is miraculously alive even as they are being showered with bombs. Many of you may think that the conflict in Pakistan is limited to the northwest of the country, but let me share my experience. I work and live in what is considered to be a secure place in Lahore, and I have narrowly escaped four bomb blasts in the last few months: two very close to my office and two very close to my house.

But war or no war, my line of duty requires that we are there for the ones who need reproductive health services, and we are. In fact, the conflict situation has made these services even more crucial. The marginalized people rely mainly on our free services, and the internally displaced people also expect us to be there. Frankly, we don't have a choice.

Today, I want to talk to you about three pressing issues in Pakistan: maternal mortality and its link with women's low status; access to services, especially in conflict setting; and meeting the needs of the youth.

As you are well aware, the studies show that the maternal mortality rate has improved in Pakistan. It still remains unacceptably high, however, as a woman dies during childbirth or pregnancy every 20 minutes. The unmet need of contraceptives is still very high as well—the national figures say it's 33 percent of population, but in some rural areas where we did research, it is was high as 59 percent.



environmental change & security program



The high maternal mortality rate is directly linked with the status of women in Pakistan. The situation of women is a complex one. On one hand, we have women Prime Ministers, like Benazir Bhutto. On the other hand, however, we have members of Parliament who feel that burying unchaste women alive is not a crime, but rather a tradition worthy of pride.

So why do mothers die? Mothers die because there are no services for the poor; because the women are victims of brutal customs like honor killing and swara/vani (swara/vani are the customs in which girls, sometimes as young as four years old, are given away in marriages to the enemy's family to settle disputes.); because women are not valued; because women are not educated; because they don't have freedom of mobility; because they don't have decision-making powers; and because they have no control over their bodies. Their lives are valued so low in the villages that, if you ask men, they'll be willing to spend money to save their livestock, but not their wives—their argument is that if you have the source of income, you can always have another wife, but if you lose a cow, that is a problem. It is against this background that women continue with their role of procreation. Pakistan is the world's sixth most populous country, and will slip further down sooner than predicted if contraceptive security is not insured to the 52 million people who want to use contraception and can't access it.

Compounding these challenges is our conflict situation, which brings me to my second point. One outcome of the conflict is internally displaced people coming to our area from the northwest of the country to escape the disastrous effects of the war. This situation does not stop the process of childbirth. For some reason, the number of cases increase, either due to violence or sheer frustration, coupled with lack of contraceptive availability. These people need services and counseling on an emergency basis. My organization, Rahnuma Family Planning Association of Pakistan, needs to be prepared for such situations ahead of time. When people in Swat were being displaced due to the war conditions, we immediately moved into action and mobilized funding for the emergency response. By the time we completed the process, however, it was too late for a large number of people. Our situation requires that we should have the resources to immediately move in when the need arises. If we are not ready to deal with the emergency situation arising from internally displaced people due to the conflict, the maternal mortality statistics will further regress.





My third point is that Pakistan is at a very interesting point in its history. Around 60 percent of its entire population is below the age of 29. This opportunity needs to be utilized to change the country's future. These young people are ready for change. This is the time to give them information and services to develop healthy and responsible attitudes towards sexual reproductive health and rights. If the youth remains ignorant of reproductive health information and remains without access to any kind of reproductive health-related services, we'll waste this biggest opportunity provided by the fertility transition. The problems are enormous, but not insurmountable.

Let me tell you about the work of the single organization that I work for. We pioneered the family planning movement in Pakistan in 1953. At the time we were stoned and called prostitutes—but that is a thing of the past. Today, my organization is the largest reproductive service provider in the NGO sector, with a network of 11 hospitals, 170 clinics, 11 mobile units, and 2,275 private practitioners. Yet even coupled with an army of volunteers, we still cannot reach out to all the people who want family planning. At one point, we used to provide family planning services to almost 10 percent of our population, but then we were defunded due to U.S. restrictions, including the gag rule, and that brought the percentage down.

Rahnuma Family Planning Association of Pakistan also runs an exclusive program for youth. It has youth resource centers, a place where the young can come together, get information, and plan future actions. With the little support and training that we were able to provide them, these volunteers have started impressive campaigns for their sexual and reproductive rights in Pakistan. We are also trying to make all our service delivery points youth-friendly, in order to support them. We also have various programs for empowerment of women and a couple of centers where we provide skill development trainings to women for their economic independence in order to increase their access. We also engage men with programs, because leaving men out does not work.

In a place like Pakistan, the only way to control HIV and AIDS epidemic is to provide the services through reproductive health outlets, because the stigma attached to the disease makes it difficult for people to access the centers exclusively designed for HIV and AIDS. The HIV/AIDS program has to be integrated with the reproductive health program—only then will it be effective. We have special programs that we're running to increase access for female sex workers and other sexual minorities in order to control the spread of the disease.





There are a number of very hard to deal with issues, but we are doing it, and we know how to do it, and here is what you can do to help us fix things. One, ensure that the support for family planning and reproductive health uses a sustained and long-term approach rather than being subject to political events. For example, there is an immediate need to start redirecting funds to groups who were defunded due to the gag rule so they can again become more effective. Although the gag rule was removed early in 2009, the funding has not yet been restored to major players in the sexual reproductive health, like IPPF. In Pakistan, it makes sense for the U.S. government to work with the largest reproductive health service organizations, but we are still waiting for our partnership to be derived so we can regain our strength. I strongly suggest that the gag rule should be permanently removed so we can work without the fear of setbacks in future.

Second, invest more in adolescent programs. For those who believe Pakistan is too chaotic and nothing will work there, we have many successful examples to the contrary. We are on the front line, we know what is needed, and so support us in giving our youth a fair chance. Health system strengthening has to come through the private sector, through NGOs like Rahnuma Family Planning Association of Pakistan, who enjoy the trust of the communities.

And finally, help us integrate critical interventions like gender-based violence and family planning and reproductive health programs. Women are important, but men are likewise important for reproductive health initiatives. Ninety percent of the calls we receive on our reproductive health helpline are either from men who are seeking information about their reproductive health or from women who are seeking information for men on their reproductive health, so don't leave them out.

I want to take this opportunity to thank the UN Foundation for making it possible for me to come to Washington and talk to you directly. I would like to especially thank my friends at CEDPA for their support and the Woodrow Wilson Center for this opportunity. I am grateful for this opportunity to meet all of you and network with people whose support can help us bring positive change we are working for. Trust me, to a large majority of women in Pakistan, this change means defeating death. Thank you.

