



GENEVA FOR HUMAN RIGHTS Global Training

GENEVE POUR LES DROITS DE L'HOMME
Formation Internationale

United Nations Human Rights Council Universal Periodic Review

42nd Session of the UPR Working Group (Jan/Feb 2023)

Stakeholder's submission for the review of Pakistan

The stakeholder

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Through **training, study and protection**, GHR aims to bridge the gaps between international standards and realities and to empower all those involved in the **promotion and protection of human rights**.

GHR prioritizes human rights implementation in the countries, in particular the strengthening of **national protection mechanisms** through cooperation between Government and the civil society, and the **empowerment** of all those involved in human rights promotion and protection.

GHR implementation programme has several training projects, including the project on the promotion of women's rights, which includes the support to initiatives sensitizing on the situation of women affected by **Obstetric Fistula** in all part of the world.

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Preamble

1. During the 3rd Cycle of the UPR 289 recommendations were made to the government of Pakistan. Of these **76** related specifically to the rights of women. Of the recommendations supported by the government 59 were concerned with women.¹ In 2017 at the Review mechanism of the human rights council Pakistan agreed to take 58 different actions to support the rights of women. None of these made any reference to obstetric fistula.

2. In the report of Pakistan there is no mention of Obstetric Fistula. This is a serious lack and a failure to pay sufficient attention to this issue in particular and to the rights of women in general. And this, in a country known for its strong patriarchal stereotypes.² The absence of reference to this issue in the UPR reports (to date) of Pakistan is a gross neglect on the part of all concerned government departments of Pakistan. It is a further instance of the exclusion of women, their development and their contribution to the life of the country. There is a general silence about this topic in the media and in public discourse in Pakistan. It is time to bring this issue out of the silence where it has been for too long.

3. The focus of this submission is on obstetric fistula in the context of a range of human rights, including poverty, health, education and disability.

Background

4. An estimated **2 million** women³ and girls in South Asia and Africa are suffering from obstetric fistula caused by prolonged, obstructed childbirth and lack of access to maternity care. Left incontinent, they are often condemned to a life of solitude and despair.

¹[https://upr-info-database.uwazi.io/library/?q=\(allAggregations:!f,filters:\(action_category:\(values:!\(%279e5f301a-cd9f-44fb-b4cd-79e2c9b00ec0%27,%27885c11a3-46dc-43d0-b62e-fdef938b0afa%27,%27577c4092-6db0-4cee-88b9-de90cd852059%27\)\),cycle:\(values:!\(%27567eec7b-d5ab-4c36-a712-57c38fae9124%27\)\),issues:\(values:!\(e3a4a718-bc47-4f4f-a00c-60a40d68598a\)\),session:\(values:!\(%2735229e10-bdc4-41b9-9c25-94dcf0c599f7%27\)\)\),from:0,includeUnpublished:!f,limit:30,order:asc,searchTerm:%27Pakistan%27,sort:metadata.session,unpublished:!f\)](https://upr-info-database.uwazi.io/library/?q=(allAggregations:!f,filters:(action_category:(values:!(%279e5f301a-cd9f-44fb-b4cd-79e2c9b00ec0%27,%27885c11a3-46dc-43d0-b62e-fdef938b0afa%27,%27577c4092-6db0-4cee-88b9-de90cd852059%27)),cycle:(values:!(%27567eec7b-d5ab-4c36-a712-57c38fae9124%27)),issues:(values:!(e3a4a718-bc47-4f4f-a00c-60a40d68598a)),session:(values:!(%2735229e10-bdc4-41b9-9c25-94dcf0c599f7%27))),from:0,includeUnpublished:!f,limit:30,order:asc,searchTerm:%27Pakistan%27,sort:metadata.session,unpublished:!f))

² <https://africa.unwomen.org/en/news-and-events/stories/2017/02/sierra-leone-steps-it-up-for-gender-equality>

³ <https://esaro.unfpa.org/en/topics/obstetric-fistula>

5. Obstetric fistula, is a preventable and treatable condition that becomes a tragedy for many women coming from poor rural areas in South Asia as well as sub-Saharan Africa.⁴

6. "Obstetric fistula can be explained to result from different causes. These holes in the tissue wall between the vagina and bladder and/or rectum are most prevalent in resource-poor countries, attributable to prolonged obstructed labour and absent or inaccessible remedial prenatal services. Poverty at national health-service and family levels often predisposes pregnant populations to suffer high rates of fistula. Global estimates showing up to 100,000 new cases each year and 2 million affected girls and women are probably gross underestimates. Fistula devastates lives of sufferers, who are often expelled by husbands and become isolated from their families and communities. Failures of states to provide prenatal preventive care (including medically indicated caesarean deliveries) and timely fistula repair violate women's internationally recognized human rights, especially to healthcare in general and reproductive healthcare in particular."⁵

7. Women usually suffer from an obstetric fistula when they give birth away from a health centre⁶; this means there is no record of it. It is also thought that many women living with fistula do not report it later on because of the shame and isolation they experience. A recent study by UNFPA and the Pakistan National Forum on Women's Health estimates 3,500 cases of obstetric fistula occur in Pakistan every year.⁷ This condition leaves women leaking urine, faeces or both, and often leads to chronic medical problems, depression, social isolation and deepening poverty. 1000 new cases occur annually worldwide.⁸ In Pakistan, an estimated 3500 cases of obstetric fistula occur every year.⁹ Furthermore, the prevalence of urogenital fistula in women of reproductive age has been reported as 1.60 per 1000 women in South Asia.¹⁰ Determining an accurate prevalence of fistula is still difficult owing to inadequate reporting and lack of disclosure of the condition by those affected.¹¹

⁴ UNFPA: OBSTETRIC FISTULA - NEEDS ASSESSMENT REPORT: FINDINGS FROM NINE AFRICAN COUNTRIES; <https://www.unfpa.org/sites/default/files/pub-pdf/fistula-needs-assessment.pdf>

⁵ Cook RJ, Dickens BM, Syed S. Obstetric fistula: the challenge to human rights. *Int J Gynaecol Obstet.* 2004 Oct;87(1):72-7. doi: 10.1016/j.ijgo.2004.07.005. PMID: 15464787.

⁶ UNFPA – When Childbirth Harms: Obstetric Fistula: <https://www.unfpa.org/sites/default/files/resource-pdf/EN-SRH%20fact%20sheet-Fistula.pdf>

⁷ <https://fistulafoundation.org/country/pakistan/#:~:text=A%20recent%20study%20by%20UNFPA,occur%20in%20Pakistan%20every%20year.>

⁸ 1. Hilton P. Urogenital fistula in the UK: A personal case series managed over 25 years. *BJU Int.* 2012;110:102–110. [PubMed] [Google Scholar]

⁹ United Nations . One UN report 2014. http://www.un.org.pk/wp-content/uploads/2015/12/2014-UN-Pakistan-Report_web1.pdf. Accessed September 5, 2019.

¹⁰ Adler AJ, Ronsmans C, Calvert C, Filippi V. Estimating the prevalence of obstetric fistula: A systematic review and meta-analysis. *BMC Pregnancy Childbirth.* 2013;13:246. [PMC free article] [PubMed] [Google Scholar]

¹¹ Ahmed S, Holtz SA. Social and economic consequences of obstetric fistula: Life changed forever? *Int J Gynecol Obstet.* 2007;99(Suppl.1):S10–S15. [PubMed] [Google Scholar]

8. Given the existing backlog of cases awaiting repair operations in the country it will be many years before these women will receive attention. In the meantime all these women have a life of misery ahead of them. This situation provides another good reason to address the issue from a human rights perspective.

Recommendation to the state

- (i) **Address with comprehensive and effective measures and evaluation mechanisms the neglected situation of women in the country, focussing on the human rights of those living with Obstetric Fistula.**

Poverty.

9. Extreme poverty has been identified and accepted as one of the primary causes of Obstetric Fistula in Pakistan. Countries with poor road infrastructures, under-resourced health facilities and large rural populations in South Asia are the places where obstetric fistula is most prevalent. A majority of those living in poverty are women and young girls.

10. "Most women who experience obstetric fistula are from poverty-stricken families, lack education, do not understand the necessity of regular antenatal check-ups, and cannot afford antenatal and delivery care in health centres, and therefore decide upon home delivery, to seek care at health centres when complications arise, and incur higher complication associated costs placing both themselves and their newborns at mortal risk. To meet these costs, women and their families sell property, household goods, cattle, and crops." ¹²

11. "Poverty greatly hinders women's access to obstetric fistula repair; its effect is compounded by low socio-economic status and level of education, rural residence, lack of prenatal care, and early marriage ^{13, 14}. A woman living with an unrepaired fistula experiences ostracism, stigma, shame, and partner rejection, is often shunned by her community, in addition to physical consequences such as fetid smell, frequent pelvic or urinary infections, painful genital ulcerations, thigh inflammation from constant wetness, infertility, leg nerve damage, and even early mortality ¹⁵. A recent literature review describes nine direct types of barriers to accessing fistula repair:

¹² ["Poverty is the big thing": exploring financial, transportation, and opportunity costs associated with fistula management and repair in Nigeria and Uganda](#)

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Int J Equity Health. 2018; 17: 70. Published online 2018 Jun 1. doi: 10.1186/s12939-018-0777-1

¹⁵ Bach R, Warren C, Baker Z, Bellows B. Barriers to Obstetric Fistula Treatment in Low-income Countries: A Systematic Review. Trop Med Int Health. Doi: <https://doi.org/10.1111/tmi.12893>. Accepted in 16 May 2017.

psychosocial, social, political, financial, along with awareness, transportation, facility, and care quality¹⁶. Of these nine barriers, financial (85 out of 137 articles) and transportation (69 out of 137 articles) are frequently cited for delayed fistula care—or lack thereof.”¹⁷ Opportunity cost or income loss is one of the results of this condition and lead into even deeper poverty.

Recommendation to the state

- (i) the government work in a united manner and across multiple sectors to prevent an increase in the prevalence of obstetric fistula by improving the lives and livelihoods of women.**

Early pregnancies as a result of poverty

12. Poverty is the main underlying cause of the prolonged, obstructed labour which results in obstetric fistula, due to its association with poor health and nutrition, stunted growth, limited access to health care, illiteracy and links to early marriage and early childbearing. Power imbalance, attitudes to women and gender-based discrimination inform the likelihood of experiencing obstetric fistula. For example, young women may be the last in the family to be fed and may have poor access to nutritious food, resulting in stunting and an under-developed pelvis, complicating childbirth and increasing their vulnerability to obstetric fistula; early age of first childbirth exacerbates this.¹⁸

13. Young, poorly educated women from rural areas, giving birth to their first child, make up the largest group of women with obstetric fistula, although women who have had several children are also at risk. Child marriage is a global problem with an estimated 12 million girls given out in marriage before they turn 18, some as young as 9. 14 of the 20 countries with the highest rate of child marriage are in Africa.

14. According to the UNICEF website Pakistan is home to nearly 19 million child brides, 4.6 million married before the age of 15 and overall 1 in 6 young women were married in childhood.¹⁹

¹⁶ Zheng AX, Anderson FWJ. Obstetric fistula in low-income countries. *International Journal of Gynaecology and Obstetrics: The Official Organ of the International Federation of Gynaecology and Obstetrics*. 2009;104(2):85–9. <https://doi.org/10.1016/j.ijgo.2008.09.011>.

¹⁷ 3. Human Rights Watch. "I Am Not Dead, But I Am Not Living," Barriers to Fistula Prevention and Treatment in Kenya. 2010. 1–56432–660-8:

¹⁸ Bach R, Warren C, Baker Z, Bellows B

¹⁹ “Kaji Tamanna Keya, Pooja Sripad, Emmanuel Nwala, Charlotte E. Warren

Education

15. Pakistan was described as “among the world’s worst performing countries in education,” at the 2015 Oslo Summit on Education and Development. Thirty-two percent of primary school age girls are out of school in Pakistan, compared to 21 percent of boys. By grade six, 59 percent of girls are out of school, versus 49 percent of boys. Only 13 percent of girls are still in school by ninth grade.²⁰

16. Educating and empowering women and girls is crucial for their well-being and for improving maternal health and preventing fistula. Economic and sociocultural factors that negatively affect women must be addressed, including by educating and engaging men and boys and empowering communities.²¹

17. Nurses and midwives (per 1,000 people) in Pakistan was reported at 0.4832 in 2019, according to the World Bank collection of development indicators, compiled from officially recognized sources. Pakistan.²² Meanwhile Ireland’s number is at 16 per 1000 people in 2017. This clearly indicates that there are insufficient qualified midwives available to work in rural areas. To provide the necessary health care for pregnant women during pregnancy and at child-birth there is a need to increase the number of qualified midwives.

Recommendations to the state:

- (i) Increase spending on education of girls in rural areas to bring it in line with levels recommended by UNESCO and thus fulfil its obligations related to the right to education.**
- (ii) increase the number of candidates for midwifery training by 25% over the next several years, until there are sufficient qualified midwives to serve all the rural areas of the country.**
- (iii) the government, beginning in the remote and rural areas, renew and expand all current awareness programmes on the causes and consequences of the devastating condition of obstetric fistula, emphasizing the human rights dimensions of the issue.**

²⁰ Browning A, Mbise F, Foden P. The effect of early pregnancy on the formation of obstetric fistula. *Int J Gynaecol Obstet.* 2017 Sep;138(3):288-292. doi: 10.1002/ijgo.12228. Epub 2017 Jun 30. PMID: 28581683.

²¹ <https://www.unicef.org/pakistan/media/4151/file/Child%20Marriage%20Country%20Profile.pdf>

²² <https://www.hrw.org/report/2018/11/12/shall-i-feed-my-daughter-or-educate-her/barriers-girls-education-pakistan#:~:text=Thirty%2Dtwo%20percent%20of%20primary,in%20school%20by%20ninth%20grade.>

Access to Health Care

19. Obstetric fistula, severe maternal morbidity because of prolonged obstructed labour without the mother's having timely access to an emergency caesarean section, is fully preventable when women and girls have access to high-quality and comprehensive health services.²³

20. In Pakistan owing to inequities in their access to health care, women from low-income backgrounds face barriers to accessing quality obstetric care services and often give birth without trained birth attendants and without access to medical facilities—increasing their chances of developing obstetric fistula.²⁴

21. Poverty is one of the biggest problems facing Pakistan today. At least 60 per cent of the population of Pakistan live in rural areas villages. Poverty in Pakistan has been recorded by the World Bank at 39.3% using the lower middle-income poverty rate of US\$3.2 per day, and 78.4% using the upper middle-income poverty rate of US\$5.5 per day, for the fiscal year 2020–21.²⁵ In September 2021, the government stated that 22% percent of its population lives below the national poverty line²⁶ set at Rs3030 (US\$19) per month.²⁷ It is estimated that poverty has increased roughly from 30% to 40% during the past decade. In such situations of high poverty levels access to education and proper health care become a distant promise for the poor.

Recommendation to the state

- (i) provide Health Centres in all remote rural areas of the country with qualified midwives and well equipped so as to provide the best possible antenatal advice and care.**

Social and economic consequences

22. "The prevalence of obstetric fistulas, the lack of provision for their timely repair, the suffering of untreated women and the stigmatization of both untreated and sometimes treated women represent gross violations of human dignity, and of the legally recognized human rights that serve to protect women's dignity. In social

²³ Ibid..

²⁴ [https://tradingeconomics.com/pakistan/nurses-and-midwives-per-1-000-people-wb-data.html#:~:text=Nurses%20and%20midwives%20\(per%201%2C000,compiled%20from%20officially%20recognized%20sources.](https://tradingeconomics.com/pakistan/nurses-and-midwives-per-1-000-people-wb-data.html#:~:text=Nurses%20and%20midwives%20(per%201%2C000,compiled%20from%20officially%20recognized%20sources.)

²⁵ Intensifying efforts to end obstetric fistula within a generation Report of the Secretary-General 2018, A/73/285

²⁶ <https://reproductiverights.org/pakistan-obstetric-fistula-maternal-health-sayed-v-sindh/#:~:text=It%20is%20estimated%20that%205%2C000%20new%20cases%20of%20fistula%20emerge%20every%20year.>

²⁷ "Poverty in Pakistan up from 4.4pc to 5.4pc: WB". www.thenews.com.pk. Retrieved 23 April 2022.

terms, the burden of obstetric fistulas in much of the developing world arises from early marriage and childbearing before a young girl's pelvis is adequately developed, and lack of women's prenatal and obstetric care due to such causes as poverty and residence in rural or remote areas. Lack of care of women in need may be due to the low political priority countries give to the supply of healthcare services, or to the risks of pregnancy complications that young girls and adolescents bear."²⁸

23. "Fistula is considered a "social calamity" ²⁹and women with obstetric fistula are often ostracized by their husbands, families, and communities. The condition is often considered a sexually transmitted disease and viewed as a punishment from God. Most women with fistulas report disturbed socio-psycho-sexual lives and are usually deserted by their husbands." ³⁰

Recommendation to the state

- (i) put in place educational, psychological and social programmes for women to enable them to take up employment and overcome the stigma and discrimination associated with the condition of Obstetric Fistula.**

Disabilities.

24. There are compelling reasons to consider obstetric fistula as an impairment which results in disability. ³¹These impairments include, bowel incontinence, mobility impairments, psychosocial impairments related to rejection, stigma and discrimination³². These result from barriers in society, such as, attitudes, lack of affordable maternity care within easy reach of where they live, lack of education or information in appropriate formats and are exacerbated by interaction with more barriers (for example, lack of medical and psychosocial services, lack of information, community attitudes, often resulting in divorce and/or lack of access to children. All too often, the outcome is banishment from community life, poverty, malnutrition, unemployment, denial of access to public services, vulnerability to violence and abuse.

Recommendations to the state

²⁸ "22% Pakistanis living below poverty line, NA told". The Express Tribune. 28 September 2021. Retrieved 23 April 2022.

²⁹ "Poverty" (PDF). finance.gov.pk. Retrieved 23 April 2022.

³⁰ International Journal of Gynecology and Obstetrics (2004) 87, 72—77

³¹ Harrison KA. Obstetric fistula: one social calamity too many. Br J Obstet Gynaecol1983;90(5):385-6;

³² International Journal of Gynaecology and Obstetrics (2007)99, 510-515Social and economic consequences of obstetric fistula: Life changed forever? S. Ahmed *, S.A. Holtz

- (i) develop and disseminate an educational package to inform boys and girls in schools and colleges and in society about the rights of all women, about fistula and the causes of it, in order to eliminate this preventable condition.**

- (ii) develop an appropriate information tool to inform adult men and women about women's rights with a view to reduce the existing level of discrimination against women in society.**

July 2022