Policy Strategies to Address Violence and Inequity in Pakistan's Health and Education Systems: A Narrative Review

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Abstract

This policy manuscript presents a comprehensive, evidence-informed framework for transforming Pakistan's health and education systems to address better gender-based violence (GBV), systemic discrimination, and deeply rooted inequities. Drawing upon more than two decades of mixed-methods research conducted by Dr. Tazeen Saeed Ali and colleagues, this manuscript synthesises findings from over 25 empirical studies spanning urban, rural, and remote regions of Pakistan. These studies include community-based surveys, cluster randomised trials, focus group discussions, and scoping reviews. The evidence highlights persistent patterns of intimate partner violence, peer violence in schools, gender discrimination, and the mental health impacts of social stigma and cultural practices. The manuscript provides actionable policy recommendations rooted in this body of research and aligned with global frameworks, including WHO Health Systems Building Blocks, INSPIRE, RE-AIM, and UNGEI. Through data-driven insights, the manuscript aims to inform institutional reforms that prioritise equity, safety, and dignity in service delivery.

Keywords: Gender-based Violence, Discrimination, Health Systems, Education Reforms, Evidence-based Policy.

Introduction

Gender-based violence (GBV) and systemic discrimination remain pervasive across Pakistan's health and education sectors. Despite years of reform efforts, the lived realities of women, children, and marginalised communities continue to reflect high levels of vulnerability, restricted access to care and support, and institutional inaction. While several interventions have been introduced, many have failed to address root causes or scale sustainably.

This manuscript brings together findings from more than 25 research studies led by Dr. Tazeen Saeed Ali and collaborators. These include cross-sectional surveys, randomised controlled trials, qualitative inquiries, and scoping reviews conducted from 2006 to 2023. The studies span geographies, populations, and methodologies, ranging from urban centres to remote mountain districts, offering a robust foundation to inform integrated policy reform.

This narrative review synthesises findings from over 25 research studies conducted between 2006 and 2023 by Dr. Tazeen Saeed Ali and collaborators. These studies include qualitative explorations, cross-sectional surveys, randomised controlled trials, and systematic reviews

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focusing on gender-based violence, discrimination, and health and education inequities in Pakistan.

Methodology

This narrative review synthesises findings from over 25 research studies conducted between 2006 and 2023 by Dr. Tazeen Saeed Ali and collaborators. These studies include qualitative explorations, cross-sectional surveys, randomised controlled trials, and systematic reviews focusing on gender-based violence, discrimination, and health and education inequities in Pakistan.

The studies were selected purposively based on their relevance to the themes of violence, equity, and systemic reform. Data sources included peer-reviewed publications, institutional reports, and doctoral research projects. Common topics across these studies were identified, and key findings were extracted and thematically grouped into domains such as intimate partner violence, school-based peer violence, sociocultural practices (e.g., dowry, fertility pressure), mental health, and access to services.

Rather than conducting a systematic search, this narrative review prioritises depth of understanding from context-rich studies, many of which involved original fieldwork by the authors. Thematic synthesis was guided by international frameworks such as WHO's Health Systems Building Blocks, INSPIRE, RE-AIM, and UNGEI gender equity principles, which were used to structure policy implications.

Key Research Findings

Studies have shown that intimate partner violence affects a significant proportion of married women, with prevalence rates ranging from 50 to 80 per cent across different communities (Ali et al., 2011; 2013). School-based peer violence is similarly widespread, often linked to corporal punishment at home and academic stress (Ali et al., 2017). Cultural practices such as dowry and pressures around fertility continue to contribute to emotional abuse and physical harm (Ali et al., 2006; 2021). Gender norms profoundly shape behaviour, often depriving women and girls of their right to healthcare, decision-making, and education. Young boys in many communities internalise patriarchal attitudes that reinforce male dominance and normalise violence (Ali et al., 2022). In underserved areas like Gilgit-Baltistan, women face compounded challenges due to isolation and the near absence of mental health support (Ali et al., 2020). Adolescents in urban low-income neighbourhoods report significant stress, driven by educational pressures, insecurity, and inadequate support systems (Ali et al., 2012).

Research Based Evidences

Table 1 presents a comprehensive summary of key empirical studies that underpin this policy manuscript. These studies collectively examine critical themes relevant to gender-based violence and mental health in Pakistan, including intimate partner violence (IPV), peer violence in schools, dowry-related abuse, traditional gender norms, adolescent stress, self-harm, and stakeholder insights on prevention strategies. The findings provide a multi-level perspective, incorporating both individual experiences and systemic factors, thereby informing evidence-based recommendations for policy, education, and community-based interventions.

Table 1: Summary of Studies on Violence, Gender Roles, and Mental Health in Pakistan

No.	Study Title	Population & Sample Size	Key Findings	Implications
1	Workplace violence and bullying faced by health care personnel... (2023)	Doctors, nurses, ED staff; sample size not specified	High rates of verbal abuse and threats; overcrowding and poor security are key factors	Implement anti-violence policies, improve security, and provide staff support
2	Intimate-partner violence and its association with depression... (2022)	Married women in Gilgit-Baltistan; sample size not specified	High IPV linked to depression and poor self-rated health	Create culturally tailored interventions and integrate mental health services
3	Perpetuation of gender discrimination in Pakistani society… (2022)	Women and stakeholders in Punjab, Sindh, KPK; 24 interviews + literature	Discriminatory gender norms affect access to resources and agency	Promote gender equality via community education and legal reforms
4	Association of dowry practices with marital life and IPV (2021)	Married women in Karachi; ~300	Dowry dissatisfaction linked to emotional and physical IPV	Enforce anti-dowry laws and support conflict resolution
5	IPV against women: Pakistani literature review (2021)	N/A; ~40 studies	IPV affects 20–50% of women; major risks: low education, patriarchy	Improve data collection and implement prevention strategies
6	Community stakeholders' views on reducing VAW (2020)	Community leaders, NGOs in Karachi & Hyderabad; 25 participants	Education, male engagement, legal enforcement emphasized	Engage local influencers and provide community support services
7	Stakeholders on life skills to empower women (2020)	Local leaders and women's groups in Karachi; 24 participants	Broad support for life skills programs; barriers include mobility and conservatism	Design inclusive programs with community input
8	IPV in Pakistan: qualitative review (2020)	N/A; 17 studies	Abuse normalized; cultural pressures deter help-seeking	Initiate community dialogues and support networks
9	Suicide prevention: stakeholder views in Gilgit-Baltistan (2020)	Healthcare staff, teachers, leaders in Ghizer, GB; 30 participants	Mental health services are minimal; poor engagement	Integrate mental health into local healthcare and train providers
10	Right to play's peer violence intervention (2020)	Grade 6 students in Hyderabad & Thatta; 1,752 students	Modest reduction in peer violence; boys hold stronger gendered beliefs	Sustain play-based programs and involve families
11	School hygiene interventions protocol (2020)	Students in Sindh (Classes 4–5); 1,200 (planned)	Hygiene curriculum developed; implementation pending	Policy integration and community participation needed

12	Psychosocial risk factors for self-harm in Kabul (2019)	DSH patients and controls in Kabul; 185 cases, 555 controls	Domestic violence, depression, family stressors linked to DSH	Provide mental health services and raise public awareness
13	Youth attitudes on gender and VAWG (2017)	Grade 6 students in Hyderabad; 1,752	Boys had more patriarchal attitudes; influenced by violence exposure	Promote school-based gender equality programs
14	Peer violence: prevalence and pathways (2017)	Grade 6 students in Hyderabad; 1,752	Violence linked to poor academics, home punishment	Address school engagement and home discipline practices
15	Peer violence RCT baseline findings (2017)	Grade 6 students in Hyderabad; 1,744	43% physical peer violence; low self-esteem	Confirmed need for intervention programs
16	IPV and mental health in Karachi (2013)	Married women in Karachi; 759	57% experienced IPV; linked to depression/anxiety	Screen for IPV in clinics and raise community awareness
17	Stress in adolescents of Nawabshah (2012)	Adolescents aged 13–19 in Nawabshah; 540	30% high stress; girls more affected	Start school counseling and stress-reduction programs
18	Women's perceptions of daily violence in Karachi (2012)	Women from various Karachi communities; 30	Violence seen as normal; help rarely sought	Use workshops and women's centers to shift norms
19	Gender roles and life prospects for women in Karachi (2011)	Urban women in Karachi; 24	Traditional roles limit education/employment	Highlight role models and promote girls' education
20	IPV prevalence and risk factors in urban Pakistan (2011)	Married women in Karachi, Lahore, Hyderabad; 759	~57% IPV; risks: substance abuse, joint families	Enforce laws and introduce respectful relationship education
21	Domestic violence in Karachi slums (2007)	Married women in Karachi slums; 400	80% lifetime DV; causes: financial stress, in-laws	Launch DV programs and economic support services
22	National strategies to address DV in Pakistan (2007)	N/A (policy review)	Legal reforms, shelters, awareness needed	Develop a national strategy with women's empowerment programs
23	Psycho-Social effects of secondary infertility (2006)	Women with secondary infertility in Karachi; 400	Infertility linked to abuse and stress	Educate about infertility and provide counseling & support

Identified Gaps in Health and Education Systems

The research points to consistent gaps in both service delivery and structural design. Within health services, there are no routine protocols for screening IPV or mental health concerns, and limited capacity to offer trauma-informed care. Educational institutions often lack anti-bullying

policies, gender-sensitive teaching, or trained staff capable of identifying and responding to signs of distress. Frontline providers in both sectors are rarely equipped to offer confidential, supportive responses to survivors or students in need. Additionally, national data systems fail to capture the disaggregated information necessary for designing targeted, inclusive interventions. In many communities, especially rural ones, formal mechanisms for engagement and accountability are absent.

Policy Recommendations

A stronger, more coordinated policy response is urgently needed.

Health Sector Reforms

- Integrate IPV and mental health screening into maternal and primary care services.
- Train Lady Health Workers and primary care providers in trauma-informed care, confidentiality, and risk assessment.
- Establish district-level crisis response systems that include medical, legal, and psychosocial support.
- Create dedicated counselling spaces in hospitals and community clinics.

Education Sector Reforms

- Embed social-emotional learning (SEL) and gender-responsive content in national curricula.
- Enforce anti-bullying and child protection policies in all schools.
- Provide teacher training in empathy, trauma-informed pedagogy, and violence prevention.
- Set up school-based counselling services and life skills education for adolescents.
- Involve caregivers and local influencers in reshaping harmful norms.

Community and Governance Reforms

- Implement national awareness campaigns against dowry and gender-based violence.
- Launch mobile support units for survivors in underserved regions.
- Form GBV prevention committees across districts to ensure multi-sector coordination.
- Promote male engagement and community dialogue through local organisations.

Strategic Framework Alignment

To operationalise the proposed policy reforms, alignment with globally recognised frameworks is essential:

- *WHO Health System Building Blocks* serve as a foundation to improve service delivery, health workforce training, health information systems, access to essential services, financing mechanisms, and leadership/governance. For example, IPV screening and trauma-informed care align with service delivery and workforce development, while data collection improvements correspond to better health information systems.
- *The INSPIRE Framework* developed by WHO and UNICEF, guides actions to end violence against children through laws, norms change, safe environments, parental support, income strengthening, responsive services, and education. This framework supports efforts like introducing SEL curricula, engaging families in school programming, and embedding gender norms change in educational materials.
- *The RE-AIM Framework* offers a practical model for scaling successful pilot interventions. It focuses on Reach (inclusive access), Effectiveness (measurable outcomes), Adoption (buy-in from institutions), Implementation (training and fidelity), and Maintenance (long-term sustainability). This approach applies to scaling SEL programs, IPV referral networks, and school-based prevention programs.

- *UNGEI and GPE Frameworks* guide gender-responsive education sector planning. These include gender analysis, capacity building, financing, legal policy review, and monitoring, all of which are essential for embedding equity within national curricula, training protocols, and school governance models.
  Together, these frameworks provide a coherent and validated roadmap for institutionalising the recommendations offered in this manuscript.

Conclusion

The research is unequivocal: violence, discrimination, and inequity are not peripheral issues but deeply rooted barriers to health and educational outcomes in Pakistan. Solutions exist, and many are already being piloted in local contexts with promising results. The path forward requires political commitment, financial investment, and active collaboration across sectors. Above all, it demands that we centre the voices and experiences of those most affected—women, children, and marginalised communities—and ensure that policies are responsive not only to data but to human dignity. The time for incremental change has passed; the evidence calls for bold, systemic reform.

References

- Ali, T. S., Asad, N., & Karmaliani, R., & McFarlane, J. (2020). Stakeholders' perspectives on integrating life skills education to prevent violence against women in Pakistan. *Health Education Research, 35*(3), 235–246. https://doi.org/10.1093/her/cyaa010
- Ali, T. S., Asad, N., Mogren, I., & Krantz, G. (2007). Domestic violence against women in urban slums of Karachi. *Pakistan Journal of Medical Sciences, 23*(4), 592–597. https://pjms.com.pk/issues/julsep207/article/article20.html
- Ali, T. S., Asad, N., Mogren, I., & Krantz, G. (2013). Intimate partner violence and mental health effects among married women in Karachi. *Journal of the Pakistan Medical Association, 63*(5), 570–575. PMID: 23894982
- Ali, T. S., Krantz, G., Gul, R., Asad, N., Johansson, E., & Mogren, I. (2011). Gender roles and future prospects among women in Karachi. *Health Care for Women International, 32*(3), 237–258. https://doi.org/10.1080/07399332.2010.531033
- Ali, T. S., Krantz, G., & Mogren, I. (2012). Violence permeating daily life: Women's perspectives from Karachi. *Social Science & Medicine, 74*(1), 30–37. https://doi.org/10.1016/j.socscimed.2011.09.039
- Asad, N., Pasha, A., & Mushtaq, M. (2019). Psychosocial factors associated with deliberate self-harm in Kabul, Afghanistan. *BMC Psychiatry, 19*(1), 32. https://doi.org/10.1186/s12888-019-2020-3
- Asad, N., Yousafzai, A., & Khan, K. (2020). Suicide prevention in Gilgit-Baltistan: Views from community stakeholders. *BMC Psychiatry, 20*(1), 112. https://doi.org/10.1186/s12888-020-02505-5
- Karmaliani, R., McFarlane, J., Somani, R., Khuwaja, H. M. A., Ali, T. S., Asad, N. (2020). Community stakeholders' views on reducing violence against women in Pakistan. *Global Health Action, 13*(1), 1806501. https://doi.org/10.1080/16549716.2020.1806501
- Karmaliani, R., McFarlane, J., Somani, R., Khuwaja, H. M. A., Ali, T. S., Asad, N. (2017). Youth attitudes on gender and violence: Baseline findings from schools in Sindh. *Global Health Action, 10*(1), 1331191. https://doi.org/10.1080/16549716.2017.1331191
- Karmaliani, R., Pasha, A., Asad, N., Bann, C. M., Moss, N., McClure, E. M. (2021). Intimate partner violence and its association with depression among women in Gilgit-

Baltistan, Pakistan. *Journal of Interpersonal Violence, 37*(9–10), NP7317–NP7340. https://doi.org/10.1177/08862605211003466

- Khan, M. Q., Nafees, A., Feroz, A., Sheikh, S., Ali, H., Siddiqui, A. (2023). Workplace violence and bullying faced by healthcare personnel at the emergency department of a tertiary care hospital in Karachi, Pakistan: A cross-sectional study. *PLOS ONE, 18*(1), e0279827. https://doi.org/10.1371/journal.pone.0279827
- Kiani, S. N., Saleem, S., & Zaidi, S. (2021). Association of dowry practices with marital life and intimate partner violence among married women in Karachi. *Pakistan Journal of Medical Sciences, 37*(4), 1174–1180. https://doi.org/10.12669/pjms.37.4.3560
- Malik, A., Qureshi, S., & Haq, M. (2022). Perpetuation of gender discrimination in Pakistani society: A qualitative study. *Health Science Journal, 16*(4), 1–6. https://doi.org/10.36648/1791-809X.16.4.971
- Memon, S. A., Anwar, M. A., & Bhutto, N. (2012). Prevalence and effects of stress among adolescents in Nawabshah. *Pakistan Journal of Medical Sciences, 28*(4), 687–691. https://pjms.com.pk/index.php/pjms/article/view/2335
- Nasrullah, M., Haqqi, S., & Cummings, K. J. (2020). The epidemiological patterns of violence against women in Pakistan: A qualitative review. *Journal of Injury and Violence Research, 12*(2), 103–114. https://doi.org/10.5249/jivr.v12i2.1359
- Rabbani, F., Mukhi, A., Perveen, S., Gul, X., Feroz, A., Somani, R. (2020). Protocol: School-based interventions to improve hygiene in Pakistani children. *Global Health Action, 13*(1), 1788261. https://doi.org/10.1080/16549716.2020.1788261
- Right To Play. (2017). *Baseline report: Promoting gender equity through play in Pakistan.* https://righttoplay.com
- Right To Play. (2020). *Preventing peer violence through play in Pakistan: Endline evaluation report.* https://righttoplay.com
- Sami, N., & Ali, T. S. (2006). Psycho-social consequences of secondary infertility in Karachi. *Journal of the Pakistan Medical Association, 56*(1), 19–22. PMID: 16599054
- Shaikh, M. A., & Shaikh, I. A. (2021). Intimate partner violence against women in Pakistan: A systematic review. *Journal of Ayub Medical College Abbottabad, 33*(1), 146–150. PMID: 34114798
- Somani, R., McFarlane, J., Khuwaja, H. M. A., Karmaliani, R., Ali, T. S., & Asad, N. (2017). Prevalence and pathways of peer violence among children in Pakistan. *BMC Public Health, 17*(1), 217. https://doi.org/10.1186/s12889-017-4130-0
- United Nations Population Fund (UNFPA) Pakistan. (2007). *National strategies to address domestic violence.* https://pakistan.unfpa.org
- Zakar, R., Zakar, M. Z., & Kraemer, A. (2011). Intimate partner violence and its sociocultural determinants in Pakistan. *Violence Against Women, 17*(3), 353–370. https://doi.org/10.1177/1077801211398928