

POSITION ARTICLE

Position Statement on the Hospital Admission and Care of Adolescents (10–18 Years) in Pakistan

National Commission on the Rights of Child (NCRC), Pakistan Pediatric Association (PPA)

TUFAIL MUHAMMAD, MEHEK NAEEM, NAEEM ZAFAR, AISHA MEHNAZ, AMIR M.K. JOGEZAI, RAI M. ASGHAR, KISHWAR ENAM, MUHAMMAD MOAZ, GOHAR AMIN, GOHAR REHMAN

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INTRODUCTION

The National Commission on the Rights of Child (NCRC) and Pakistan Pediatric Association (PPA) affirms that, in accordance with the UN Convention on the Rights of the Child (UNCRC), every individual below 18 years of age is a child and entitled to age-appropriate, safe, and developmentally suitable healthcare. However, in many health facilities across Pakistan, adolescents—particularly boys aged 14–17—are routinely admitted to adult wards rather than pediatric units.¹ This practice arises largely from concerns about privacy and safety of female patients and accompanying mothers in pediatric wards.² NCRC and PPA recognizes that this long-standing approach is clinically inappropriate, detrimental to adolescent well-being and aligned with child rights principals including best interest of the child.

Rationale: Adolescence is a distinct developmental stage with unique physical, emotional, psychosocial, and privacy needs.³ International experiences—from WHO guidance to best practices in the UK, Australia, and other regions—demonstrate that adolescents achieve better health outcomes when provided with dedicated or adapted adolescent-friendly inpatient environments within pediatric services.

Admitting adolescents to adult wards exposes them to care that is not tailored to their developmental needs, undermines confidentiality, and increases vulnerability to neglect, stigma, and inappropriate clinical management. Conversely,

admitting older adolescents directly into pediatric wards without adaptation may create legitimate concerns among caregivers regarding privacy and cultural norms. Therefore, context-appropriate solutions are required. With the development of pediatric specialties and better care of chronic childhood disorders, it becomes all the more important that the care of these children should be transitioned to adult physicians through a properly planned adolescent health care.

NCRC AND PPA POSITION

The National Commission on the Rights of the Child and Pakistan Pediatric Association asserts the following:

1. All children under 18 years must be admitted under pediatric services, as per the UNCRC and principles of child rights-based healthcare.
2. Adolescents (10–18 years) require distinct, adolescent-responsive care environments that balance clinical needs, safety, privacy, and cultural sensitivities.
3. Proper transition of care protocols should be developed for various specialties providing continuum of care through adolescent period, for children suffering from chronic disorders
4. Current hospital practices that place adolescents in adult wards are inadequate, unsafe, and inconsistent with international standards and must be systematically reformed.

RECOMMENDED MODEL FOR PAKISTAN

NCRC and PPA recommends a phased, practical, and culturally aligned approach for hospitals nationwide:

1. Establishment of Adolescent Sections or Bays in Pediatric Wards

- There should be separate male and female adolescent sections inside the present pediatric wards and special departments.
- Use of physical partitions or dedicated rooms to ensure the privacy and protect younger children along with their mothers.
- Develop separate toilets/washrooms where possible.

2. Develop Dedicated Adolescent Units in High-volume Hospitals

- For tertiary and teaching hospitals, PPA recommends adolescent units with:
 - Single or small shared rooms,
 - Gender-segregated bays,
 - A supervised common area,
 - Staff trained in adolescent communication, confidentiality, mental health, and safeguarding.

3. Implement Adolescent-Friendly Care Standards

- Use of WHO adolescent-friendly service frameworks aiming at accessibility, privacy, acceptability, and effectiveness.
- Strengthen the training sessions for pediatricians, psychologists, nurses and allied staff.

4. Ensure Safeguarding and Privacy

- Policies for gender-specific placement, administered visiting hours, and safe spaces for female caregivers should be established in future.

- Confidentiality norms, adolescent consent, and respectful communication must be made official at institution level.

5. Permit Admission to Adult Wards Only in Exceptional Clinical Situations

- Exceptional cases must be properly documented and have to be approved by the Head of Pediatrics or designated consultant.
- Even if the adolescent admitted to adult ward, adolescent should have access to pediatric consultation support.

RECOMMENDED POLICY (for all hospitals)

The NCRC and PPA endorses the following short policy for adoption by hospitals:

“Any patient who is under 18 years, by default shall be admitted under pediatric or adolescent services. The adolescents between 10 and 17 years old will be housed in specially allocated adolescent units or sections in the pediatric services. Admission to adult wards should be on an exception basis, which is clinically determined, documented and accepted by a pediatric consultant.”

Dedication to Implementation: The National Commission of the Rights of child and Pakistan Pediatric association promises:

- Promote use of an inpatient care by adolescents nationally and at the provincial level policies.
- Assistance pilot projects in some hospitals (public and private).
- Cooperate with the Ministry of Health, UNICEF, WHO, teaching organizations, and to develop professional bodies for system development and trainings.
- Check the progress by reviewing every three months, research and audit of hospitals.

CONCLUSION

Through this stance, the National Commission on the Rights of the Child and the Pakistan Pediatric Association also endeavour to ensure that all teenagers in Pakistan receive care in hospitals that is respectful, developmentally appropriate,

culturally sensitive, and fully compliant with global child rights standards.

This is currently needed to reform adolescent health in Pakistan, in duty of care to children.

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Authors' affiliation

Prof. Tufail Muhammad,
Child Rights Group, Pakistan Pediatric Association (CRG-PPA).

Dr. Mehek Naeem,
Member Punjab, National Commission on the Rights of Child (NCRC).

Dr. Naeem Zafar
Child Rights Group, Pakistan Pediatric Association (CRG-PPA).

Prof. Aisha Mehnaz
Child Rights Group, Pakistan Pediatric Association (CRG-PPA).

Prof. Amir M.K. Jomezai

Child Rights Group, Pakistan Pediatric Association (CRG-PPA).

Prof. Rai M. Asghar
Child Rights Group, Pakistan Pediatric Association (CRG-PPA).

Dr. Kishwar Enam
Child Rights Group, Pakistan Pediatric Association (CRG-PPA).

Dr. Muhammad Moaz
Child Rights Group, Pakistan Pediatric Association (CRG-PPA).

Dr. Gohar Amin
Child Rights Group, Pakistan Pediatric Association (CRG-PPA).

Prof. Gohar Rehman
Adolescent Health Group, Pakistan Pediatric Association.

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