

Forum : Citizen's forum of Labour

Theme : Empowering the youth to drive/ thrive/ embrace and match the requirements of the future labour market

Name of the citizen : Gabija Gelezeviciute

Family situation ☐ Married / dating ☒ Single ☐ With kids, if so how many _____	Education level ☐ Primary ☐ Secondary ☒ University
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1. How are you concerned by the subject?

My name is Gabija Gelezeviciute. I am a practitioner doctor working in Balochistan, Pakistan, a province that illustrates, clearer than anywhere else in the country, how poverty, education, and employment directly impact people's wellbeing. Balochistan ranks lowest of all Pakistani provinces on the Universal Health Coverage Service Index, scoring just 40 out of 100, 14 points below the national average, and as low as 18 in some districts. Its vast, sparsely populated geography and poor roads make healthcare delivery difficult and expensive, to the point where distance itself becomes a barrier to survival in emergencies. The province also faces a severe healthcare workforce shortage: there was recently a shortfall of 8,300 nurses, as the training capacity has failed to keep pace with need. All of the above is, at its root, a consequence of the poverty and underdevelopment of the region.

Working here, I see firsthand the effects of poverty on young people and their families. A doctor becomes concerned about a student who is out of school through the lens of Social Determinants of Health (SDOH). When parents cannot find stable employment, the entire family is affected. Financial strain, labor, and missing education directly downgrade a person's physical and mental well-being: stress, exhaustion. Young people often leave school early to work and help support their households.

This choice, while necessary in the moment, makes it harder for them to gain the education and skills needed for better opportunities later in life. This cycle keeps families in difficult living conditions for years, sometimes generations.

I remember a sixteen-year-old brought in not by a parent, but by an older cousin who could spare the afternoon; his own father was three days into a labor contract two towns away and could not leave. The visit itself was minor, but the arrangement behind it was not: whoever in the household could afford the lost hours became, by default, the one responsible for his care.

In Pakistan specifically, I also see how the informal and semi-formal realities of the medical sector shape youth health outcomes. Many young people end up interacting with health systems

through informal channels: unregulated providers, “community” care that is not consistently trained, or seek medical help within their close circle : relatives, friends or neighbors. In addition, the formal health workforce is often unevenly distributed, leaving families in rural areas to rely on whatever care is accessible first, even if it is not optimal.

This is precisely why I am concerned with empowering youth to thrive and to meet the demands of the future labour market. I see every day that a young person’s future, and by extension their family’s and community’s future, depends on whether they can access education, develop relevant skills, and find stable work. Without this, the cycle of poverty simply repeats itself. With it, a single young person gaining employable skills can change the trajectory of an entire household.

2. What do you suggest on your scale ?

At my own level, the most realistic contributions are small, low-cost habits woven into work I already do, rather than new programs or partnerships. Balochistan’s population is overwhelmingly young, nearly 60% of its roughly 12.34 million people are under 30, but this potential is going largely unused: the province has the lowest literacy rate in the country at just 42.01%, and only about 38.6% of people are part of the labor force at all. The gap is even wider for women, whose employment rate sits at just 11.3% against 61.1% for men.

In consultations, I can ask school-age patients whether they are still in school, giving me visibility into dropout patterns as they happen, patterns that often trace directly back to this literacy and labor-force gap. I can keep a short mental or written list of local scholarship programs or NGOs, so I have something concrete to mention when relevant. When I sense a family is close to pulling a child out of school, a single sentence of encouragement from a doctor to stay in school can carry real weight, particularly given how fragile school access already is here, only 15% of Balochistan’s primary schools have electricity, and just 0.3% have functioning toilets, conditions that push children, and especially girls, out early.

I can also choose one promising young person already in my orbit, a patient’s sibling, a junior colleague, a health worker, and invest in them informally through occasional conversation and encouragement, without any formal commitment. Recording what I observe, such as which villages, ages, and jobs are most affected, creates a simple record I could share later with a researcher, journalist, or organization if the opportunity arises.

When my professional voice is sought, whether through a medical association or local publication, I can point to the fact that even those who do finish school often struggle to find work, job applicants in the province are rejected for poor writing skills and for insufficient technical skills, showing that the shortfall is not just about access, but about relevant preparation. Finally, when I hear of an entry-level opening in my own professional network, I can mention it to a capable young person I know. None of these require funding, they simply ask me to notice more and speak up more within the work I am already doing.