

3.2. Health

Health

Summary Health

- The issues of health cannot be looked into in isolation and broader parameters need to be developed to ensure equality for women.
- The health facilities for the masses are over-burdened and the quality of health services suffers greatly. The public health care system suffers as doctors prefer giving services to the affluent.
- The dependence of the Ministry of Health on donors in implementing international health strategies and programmes creates uncertainties regarding the amount and flow of financial resources and disturbs implementation.
- High costs, immobility of women, restricted decision making and limited information are major obstacles in seeking appropriate health care.
- Increased investment in the health sector with a clear aim to decrease the gender inequality is a central element of the government's agenda. The government aims at improving maternal health, reducing child mortality and combating HIV/ AIDS, malaria, TB and other diseases..

Introduction

Gender is a crucial element in health inequities as it influences the control men and women have over the determinants of their health, including their economic position and social status, access to resources and treatment in society.

Decades of active lobbying by non-governmental organizations and women's rights advocates have had a major influence in 'gendering' health policies, such as the shift in focus from family planning to reproductive health paradigms and the global acknowledgement that violence against women is as much a health issues as a social issue.

The Nobel Laureate Amartya Sen, in his seminal book 'Development as Freedom', emphatically stressed the relationship between women's education, social status and overall child and maternal health when he made education and health as the two basic capabilities that makes life meaningful and the enjoyment of freedom possible.

Analysis of economic and socio-cultural context is an important component of health policy analysis because contextual factors significantly influence the health policy process and the overall health of population directly and indirectly. Paying attention to contextual factors helps in understanding the role of the state, society and market forces influencing health agenda building, health planning and implementation, and even more important health outcomes. Health as a sector best typifies the fallacy

of the trickle down theory – that despite periods of high economic growth and activity, significant changes in social indicators have not happened.

A major determinant of health seeking behaviour is the organizing of the health care system. Primary data analysis shows that majority of the people regard the tension between the public and private health care system in Pakistan does not only grid the class divide with the poor availing the public services and the well off utilizing private services, but the public health care system suffers directly from the offer of services to the affluent. Doctors often work in both sectors, and refer patients to private care, and often neglect public sector jobs to give attention to the better paying public sector. Rural areas are poorly serviced in terms of medical personnel, because those who study medicine prefer to practice in cities as it is more lucrative. The medical education and practice system does not have in-built requirements that stipulate time-bound practice in under-serviced areas, nor are there any incentives for doctors to practice in those.

There are less than a thousand hospitals for the entire population, so facilities are over-burdened and the quality of health services suffers tremendously. In 2006, the ratio was over fifteen hundred people to a hospital bed (see the table below). Hospital waste management falls far below any acceptable standards of public health and hygiene; incinerators are rare and reuse of syringes common.

Category	1999	2006
Number of Hospitals	879	924
Number of Dispensaries	4583	4712
Number of Maternal and Child Health Centers	855	906
Number of Rural Health Centers	530	560
Number of Total Beds	92174	102073
Population per bed	1448	1508
Number of registered Doctors	88082	122798
Number of registered Dentists	3857	7388
Number of registered Nurses	35979	57646
Number of registered Midwives	22401	24692
Population per Doctor	1515	1254
Population per Dentist	34607	20839
Population per Nurse	3710	2671

Source: Economic Survey 2006-07

The private health sector has some accredited teaching university hospitals and patient care hospitals, though the costs are prohibitive. Popular treatments include that of homeopaths and hakeems, in which the State plays no role in promoting research and regulating such practices. Such alternative practices, increasingly popular in other parts of the world, command much trust of people. The sector is also inundated with bonesetters, spiritual healers and ‘fake /faith healers’ commonly referred to as ‘quacks’. Additionally, there are many illegal pharmaceutical factories that manufacture low standard medicines by using labels of established pharmaceutical firms and change the dates of the expired

medicines. According to a report of Pakistan Drug Testing Laboratory (PDTL), about 91 medicines of 60 national and multinational manufacturers were found to be counterfeit and harmful.

Despite the bleakness of such scenarios, there are definitive signs of improvement in health service provisioning in Pakistan. Health expenditures have doubled during the last seven years; from Rs.24 billion in 2000-01 to Rs.50 billion in 2005-06. Fiscal year 2006-07 has witnessed an impressive increase in health sector allocation, rising from Rs.40 billion to Rs.50 billion (0.57% of GDP), thus registering a growth of 25 percent over the last year (Economic Survey, 2006-07).

However, due to the increasing demand of the health services, the resource constraints increase the dependency of the Ministry of Health on donors in implementing international health strategies and programs. For example, Khan et. al cite Pakistan's high dependence on donors for the implementation of vertical programs including Health for All (HFA) and Primary Health Programs (PHC). They state that "Donor dependence for these vertical programs prevents long-term health planning, creates uncertainties regarding the amount and flow of financial resources and disturbs implementation".

Outreach related to family planning services has expanded through the private sector as well as through active door-to-door campaigns by public sector personnel, in addition to the fixed-point service delivery already in place. The goal of reducing population growth is now joined by a greater emphasis on providing services to meet women's needs through more integrated functioning of the Ministries of Health and of Population Welfare (Sathar, 2001).

In spite of the usage stress on hospital infrastructure, primary care facilities are poorly utilized. In addition to the quality of healthcare, many other factors determine health seeking behaviour, some generic obstacles and others experienced particularly by women. "Cost has undoubtedly been a major barrier in seeking appropriate health care, including consultation fee, medicine expenses, and fare spent to reach facilities, among others."

Women's mobility is another factor. Some studies on women's access to health services in Pakistan have emphasized the role of 'restricted mobility' as a major impediment faced by women (Khan, 1998; World Bank, 2005). Pakistan Rural Health Survey (2001) problematizes that the majority of the women reported that they are unable to attend a medical facility unaccompanied. Mumtaz and Salway alternately, while acknowledging women's mobility is circumscribed, illustrate the complex and contested nature of women's mobility. They show that life cycle characteristics (age and number of sons) predict unaccompanied mobility, while education and higher socio-economic status predict accompanied mobility, and that poor women's higher unaccompanied mobility was associated with a loss of prestige and susceptibility to sexual violence whereas in richer women, such movement did not constitute a target for male exploitation, nor did it lead to a loss of status. The authors find that the

focus on women's unaccompanied mobility is a result of western-driven lens of autonomy and independence.

Household economics also limit the choice and opportunity of accessing services. Physical distance to utility, availability of transport are other factors which limit women's access to the medical facilities.

World Bank points out "The public health sector by and large has been underused because of insufficient focus on prevention and promotion of health ... lack of openness, weak human resource development, lack of integration, and lack of healthy public policy," (World Bank, 2005).

Institutional Setup

Health Services in Pakistan are supplied by two separate ministries:

1. Ministry of Health
2. Ministry of Population Welfare

The Ministry of Population Welfare deals with the provision of family planning and some reproductive health services. The state attempts to provide healthcare through a three-tiered healthcare delivery system and a range of public health interventions.

1. Basic Health Units (BHUs) and Rural Health Centers (RHCs) form the core of the primary healthcare structure and are meant to provide all maternal and child health services.
2. Secondary care including first and second referral facilities providing acute, ambulatory and inpatient care is provided through Tehsil Headquarter Hospitals (THQs), and District Headquarter Hospitals (DHQs)
3. THQs and DHQs are supported by tertiary care from teaching hospitals.

Following the introduction of the devolution plan of Government of Pakistan, districts have been given administrative autonomy in the health sector (even when at times not supported by fiscal autonomy). The two major initiatives introduced are the Lady Health Worker program of the Health Ministry, and the Village Based Family Planning Worker of the Population Welfare Ministry.

Management of services on the ground was devolved in 2001 from the provincial to the district Departments of Health (DoH). Each district now has an Executive District Officer of Health (EDO-H), under whom all the health facilities, including district headquarters hospitals, have been placed. The procurement of medical supplies also has been devolved to the district government.

Typically each administrative unit or Union Council (typically covering a population of about 10,000 individuals) has a BHU where primary health services, including maternal and child health and family planning services, are provided. MCH centers, which are fewer in number, offer midwifery services and are equipped to handle routine deliveries. Rural health centers are fairly large with 20-30 staff and act as referral centers for four to five BHUs and offer limited inpatient services and emergency care. Maternal and child health services provided within this framework of health facilities include female paramedics such as Lady Health Visitors and Trained Birth Attendants. In addition, the Ministry of Population runs Family Welfare Centers that provide family planning and reproductive health services. However, access to services is limited by the coverage of health facilities, as well as by women's mobility constraints. Two important national programs seek to overcome these constraints by bringing maternal and child health services to people's doorsteps. These include the Expanded Program on Immunization (EPI) which provides immunization services through clinics and active outreach through immunization camps, and the Lady Health Workers Program (LHW) (WB, 2004).

Policies

Increased investment in the health sector, with a clear aim to decrease the gender inequality is a central element of the government's agenda. This has been reflected in the Pakistan Poverty Reduction Strategy (PRSP) I and II, National Health Policy etc. One of the objectives of the National Health Policy is to promote gender equality in health. Moreover, Pakistan has also committed itself to meeting all eight Millennium Development Goals. Three out of eight Millennium Development Goals are directly related to health sector such as: reducing child mortality, improving maternal Health and combating HIV/AIDS, TB, Malaria and other diseases. Encouragingly, health policy changes introduced since the mid-1990s, as well as since the introduction of the devolution reforms, suggest that improvements are occurring (WB, 2005).

A National Maternal and Child Health Strategic Framework (NMCH)

NMCH was developed for 2005- 2015. In the first five years, the strategy is to be implemented through an NMCH Program. Program priorities include: introduction of a cadre of community-based skilled birth attendants, basic and comprehensive EmONC services, nutrition interventions (including breast-feeding, appropriate and timely complementary feeding) and other child and neonatal health interventions. The program places strong emphasis on creating demand through advocacy, community mobilization and health education, and on piloting incentives for mothers to deliver at health facilities. It also envisages improving services through management and program innovations, strengthening and upgrading training schools, and strong monitoring and evaluation. It is hoped that through this program greater gender equality will result in the domain of health.

Women Health Project

The Women Health Project focuses upon capacity building in management, skill development, knowledge building; promotion of safe delivery kits; awareness raising and; development of data base. The Nursing Instructors are being provided training for modern teaching methods. As its a continuous activity the project is distributing free of cost 'Safe Delivery Kits'. If the management skills of women are improved it is hoped this will lead to a systemic equality where women are given better managerial positions in the future.

Expansion of the Lady Health Workers' Program

The Lady Health Workers (LHWs) program is recognized as a success story in the Health sector. Launched in 1994, with an aim to bridge the gap between communities and static health units, the numbers of LHWs has risen from 70,000 in 2004 to 100,000 currently. The additional 30,000 LHWs were deployed to relatively underserved areas, indicating a greater poverty focus in the program. Some innovations have been introduced, including a direct role for LHWs in immunization.

Population Policy 2002

The overall vision of the policy is to achieve population stabilization by 2020. The key priorities include: a multi-sectoral approach and coordination across all levels of government; public private partnerships; advocacy campaigns with policy-makers and opinion leaders, and effective use of the media; expansion of social marketing in urban and semi-urban areas, and in rural areas by associating registered medical practitioners, hakims, homeopaths, chemists and community-based organizations; promoting male involvement through a cadre of male workers recruited in the rural areas to engage in regular dialogue with male community members and to sensitize elders and parents to the benefits of small families.

Key reforms include: Decentralization of administrative, financial and program powers to the province and further to the district level; provision of family planning services in the primary health structure. These reforms are in various stages of implementation. Public-private partnerships and a strong focus on monitoring and evaluation are key aspects of reform that cut across most programs. An extensive effort to contract out primary health services to NGOs has been initiated following the success of a pilot in one district of Punjab which showed significant improvements in service utilization and client satisfaction. Other models are also being tested including contracting in technical assistance to build district capacity. The HIV-AIDS program relies entirely on NGOs to deliver services to high risk populations. Strengthening monitoring and evaluation is central to the MNCH Strategy, the Population Policy, the Lady Health Workers Program and the HIV-AIDS Program (WB, 2006)

Child and Maternal Health Care

Data suggest that some progress in child and maternal health was made between the 1990-1991 and 2006-2007 rounds of the Demographic and Health Surveys (Nishtar, 2007). By 2007, nearly half of infants (47 percent) had been immunized with five recommended childhood vaccinations by age 12 months. In 1990, only 22 percent received the recommended vaccines. And by 2007, most mothers surveyed (61 percent) had at least one antenatal care visit with a health professional, up from 30 percent. One in three babies born were delivered at a health facility by 2007, up from 13 percent in 1990-1991.

But much still needs to be done. Each year, an estimated 400,000 infants die and nearly 16,500 mothers die from pregnancy-related causes. The government acknowledges one of the major reasons of high maternal mortality as **malnutrition**, which affects 34 per cent of pregnant women, with a calorie intake 70 per cent less than recommended level. Nutritional deficit in women, especially during pregnancy, so prevalent in Pakistan is also a reflection of the low status of women in the country. The woman is often the last person to eat in a poor household.

Furthermore, while the **infant mortality rate** dropped from 91 infant deaths per 1,000 live births to 78 deaths per 1,000 between 1990 and 2007; it is still high by world standards. Regional variations show that the national average of five hundred deaths per hundred thousand births, but in Balochistan, it is 673.

As per the latest PSLM survey, 53% of mothers who had given birth in the last three years went for **pre natal consultations** during their last pregnancy as compared to 52% in 2005-06. The attendance rate is much higher in urban (73%) than in rural areas (45%). In rural areas, Punjab has the highest attendance and Balochistan the lowest (PSLM, 2006-07).

Tetanus toxoid injections are given to women during pregnancy to protect infants from neo natal tetanus, a major cause of infant mortality that is due to unsanitary conditions during childbirth. As per the PSLM survey, 56% of mothers received this injection during their last pregnancy as compared to 64% in 2005-06.

68% of births take place at home as compared to 50% in 2005-06. In rural areas, 78% deliveries take place at home as compared to 44 percent in urban areas. The most commonly used source of assistance overall is **Trained Dai and traditional birth attendant** (49%) followed by family member/relative (14%) (PSLM, 2006-07). Percentage of births attended by Skilled Birth Attendants (SBAs) has increased from 18% to 31% over a 10 year period (from 1996-97 to 2005-06) (Nishtar, 2007: 28).

Post natal consultation rates even though improved in 2006-07 are much lower than the prenatal rates. 24 % of mothers received a post natal check up within 6 weeks of delivery during their last pregnancy in 2006-07 as compared to 22percent in 2005-06. Private hospital or clinic is used by majority (51%) followed by government hospital/RHC and BHU (23%).

However, this can also be interpreted as a relative shift away from the public sector service utilization. We don't have data on the quality of the service provided.

One of the established determinants of **Maternal Mortality**, anemia among pregnant women, has reduced to half during the last four decades, from 18% in 1965 to 36% in 2001-02. However, trends for this measure have been very unstable, such that it should not be assumed that there is a steady and lasting improvement (Nishtar, 2007).

Reproductive Health

The relationship between women's social status, contraceptive use, fertility decline, and child and maternal mortality is well established, and is reflected in trends in Pakistan.

As per the PDHS 2006-07 Preliminary Report, **Total fertility rate** in Pakistan is 4.1. Urban areas equals 3.3 and rural areas equals 4.5. This means on average, a Pakistani woman who is at the beginning of her childbearing years will give birth to 4.1 children by the end of her reproductive cycle.

According to the PDHS report, pill is the most widely known **method of contraception** (91.7 % of currently married women). However, Condoms, withdrawal and the rhythm method are the most commonly used methods (17.2 %, 17.1%, 16.8%).

The **contraceptive prevalence rate** (Percentage of all currently married women aged 15-49 years who are practicing any form of contraception) is 30%, compared to 60% in Bangladesh.

Modern methods of contraception¹ are more commonly used (22%) as compared to the traditional methods (8%). Female sterilization is the most common methods being used (8%) followed by condoms (7%), withdrawal (4%) and rhythm (4%). The contraceptive use rate amongst currently married, non pregnant women is 34 percent.

As per the data, there is an almost two and a half times increase in contraceptive use between 1990-91 to 2006-07. Use of both modern and traditional methods increases with education level. More than four in ten married women with some secondary education (43%) use a method, compared to only

¹ Contraceptive methods are grouped into two types- modern and traditional. Modern methods include female sterilization, male sterilization, pill, IUD, injectables, implants, condom and emergency contraception. Traditional methods include periodic abstinence, withdrawal, and folk methods

25% of those with no education. A. Islam notes that the Contraceptive Prevalence Rate varies widely within the country, and is primarily concentrated in urban centers.

Trends in contraceptive use in Pakistan (percentage of currently married women using any method)

Year	Percentage of women
1996-97	24
1998-99	17
2000-01	28
2001-02	19
2003	32
2005-06	26
2006-07	30

As per the PDHS Preliminary Report, the plateau in contraceptive use is attributed to the following factors: Non devolution of programme leading to ownership of the programme at provincial and district level, Lack of support from the health sector, including its LHW programme, and disconnect between the community and the service providing facilities caused by abolishing the Village Based Family Planning Worker component.

There is emerging evidence that women are increasingly aware of family planning and birth control options. The government has run a highly subsidized contraceptives programming, and advertising campaign ‘do bachay hi achay’ (it’s good to have only two kids). While fertility rates have somewhat reduced, women’s awareness of birth control does not always translate into their ability to use it; this then leads to critical issues over bodily autonomy and control of women’s bodies and decision-making. Though advocacy work is increasingly targeted at males and has led to a degree of success, traditional distrust of any perceived interventions in the private realm persists, and in fact, has deepened. Theories such as conspiracies to stunt growth of Muslim populations persist – in NWFP, people have refused to use iodized salt and rejected, even violently, the administration of polio drops to children for fear that this was a ploy to make them sterile. Two doctors were killed in 2008 for this reason. Taboos around sexuality and myth construction around women spacing child birth create barriers for contraceptive usage and for addressing the issue in public discourse. In a public hearing on media channels held by the TV regulatory authority PEMRA in April 2008, GEO TV was accused of promoting obscenity and vulgarity as it showed advertisements for contraceptives. Earlier, a Senator, stated that the population welfare program of the government was part of a global effort to promote sexual waywardness in the country. The Jamaat-i-Islami demands a complete ban on advertisements of family planning programs, dubbing them unIslamic. In 2004, the NWFP government initiated an “Anti-Obscenity Drive” in which posters advertising condoms and birth control pill boxes were heaped and torched in Peshawar by the then-Provincial Minister of Religious Affairs. Another senior religious Minister asked Pakistani Muslim women to resist family planning

for the sake of Islam so their children don't grow up in a Muslim-less world. For many following months, many chemists in Peshawar city stopped stocking these products.

The agreed maternal and child health targets as part of the MTDG (Medium Term Development Framework Target) and the PRSP of are to:

Category	Target by 2015
Reduce the Under 5 Mortality Rate to	80 per 1000 live births
Reduce the Infant Mortality Rate to	63 per 1000 live births
Increase the proportion of fully immunized children aged 12-23 months and immunization for measles to	More than 90%
Increase the LHW coverage by	100%
Reduce Maternal Mortality Ratio to	140
Increase the percentage of births attended by Skilled Birth Attendants to	90%
Increase the contraceptive prevalence rate to	Over 55%
Increase the proportion of women 15-49 years who had given birth during the last three years and made at least one ante-natal care consultation to	100%

Unsafe Abortions

Unsafe abortion is a major healthcare issue in most developing countries since its causes include poverty, gender inequality and a poor human rights' record. Globally, approximately 20 million unsafe abortions are carried out every year of which nearly 97 per cent are in developing countries and half of these are in South-East Asia. It is further estimated that 13 per cent of all maternal deaths are caused by post-abortion complications. As per a report launched by National Committee for Maternal and Neonatal Health in collaboration with the US-based NGO Ipas and the Packard Foundation (2007), an estimated 980,000 unsafe abortions are carried out in Pakistan every year which translates to one terminated pregnancy in every six. While society refuses to discuss the medical aspects of the issue, focusing erroneously on morality and religion, the fact is that 90 per cent of these cases involve married women with three or more children. Every year, 250,000 Pakistani women suffer post-abortion complications at the hands of unskilled, purported "healthcare providers," and 3,000 of these women die.

Women take the decision to terminate a pregnancy in order to limit family sizes or for financial reasons. When doctors, who fear legal repercussions or demand exorbitant fees, refuse to help them, such women resort to untrained staff at unregistered clinics and as a result, often suffer complications such as sepsis, hemorrhage, uterine perforations and visceral injuries. Long-term effects can include infertility, disability and pelvic inflammatory diseases.

As per a Population Council report, majority of men oppose the use of contraceptives but agree to abortion. It is unfortunate given that Pakistan is signatory to many international conventions on women's reproductive rights.

HIV/AIDS

HIV and AIDS has been addressed as part of the 7th Target of the 6th MDG; the two indicators stipulated to measure the progress towards achieving the target include, HIV prevalence among 15-24 year old pregnant women and HIV prevalence among vulnerable groups.

Heterosexual contact is the most common means of transmission, followed by infection from tainted blood products, contaminated drug paraphernalia (needles/syringes), male-to-male sexual relations, and mother-to-child transmission. The first Pakistani citizen with HIV/AIDS was reported in 1987. Until the mid-1990s, most subsequent cases occurred among men infected while living or traveling abroad. By 1999, about three-fourths of reported HIV infections occurred among migrant workers returning from the Arab Gulf states. After that, HIV and AIDS began to appear among Pakistani commercial sex workers, injecting drug users (IDUs), and prison inmates (USAID, 2005).

In 1988, shortly after the first diagnoses of HIV/AIDS in the country, the Ministry of Health of the Government of Pakistan established the National AIDS Control Programme (NACP), based at Pakistan's National Institute of Health. The National AIDS Control Strategy focuses mainly on HIV prevention based on a multisectoral response and focused on capacity development, expansion and decentralization of services, surveillance and research on youth and most-at-risk populations, blood and blood product safety, management and control of sexually transmitted infections (STIs), and anti-discrimination advocacy (USAID, 2005).

According to UNAIDS/WHO/Ministry of Health estimates, there were 86,000 (0.1% of the total adult population) people living with HIV and AIDS at the end of 2005. By end- December 2006, the total number of HIV cases tested positive was 3381. The number of full blown AIDS cases was 372. The total number of deaths caused by HIV/AIDS is 165 up till December 2006. It is estimated that the over all prevalence rate of HIV/AIDS is <1% among general population while it is 50% in some of the high risk groups like injecting drug users (IDUs) (Economic Survey, 2007).

HIV and AIDS prevalence among pregnant women ages 15-24 years

Years	Pregnant women with HIV and AIDS (%)
2001-02	0.03
2004-05	0.30
MTDF 2010 target: 0.07 MDG 2015 target: 0.05	

Source: Government of Pakistan Millinium Development Goals Report 2005.

Women and Mental Health

The mean prevalence rate of mental illness in Pakistan is 34%. However, while 10%-33% of males suffer from mental illness, the incidence in women is much higher, ranging between 29% and 66%.

Women living in rural areas are reported higher levels of stress as compared to those living in the urban areas (Nishtar, 2007: 161).

The confinement and dependency experienced by housewives, financial difficulties and poverty, emotional deprivation, personal tragedy and low self-esteem are all factors that contribute to women's mental health problems. Post-natal depression in mothers who give birth to daughters instead of sons is also high. Sexual, physical and mental abuse suffered by women, both communally and interpersonally, also makes them feel insecure and emotionally unstable. While men can engage in aggressive behavior or turn to substance abuse to externalize their depression, women are unable to do so due to social constraints, and internalize emotional trauma. Substance abuse among women, particularly refugees, is on the rise.

Mentally ill people are held in contempt and ostracized by society, resulting in people's reluctance in acknowledging mental problems, and seeking help for them. The first step to address mental illness is usually through religious healers. As per the focus group discussion, only when traditional and alternative healing techniques have failed or the problem has deteriorated to a great extent, are the mainstream health-care facilities accessed. Islamization has further worsened the situation, as it discourages discussing mental illness in public or with strangers.

During the focus group discussion held at Lahore, a psychologist was of the view that "Mental health is misused in Pakistan and women are thrown into the asylum because the brothers do not want to give them their share of the land." Hence, the government needs to take pro-active measures to ensure that these instances do not occur but at present no action is being taken against the perpetrators of this heinous crime. The psychologist was of the opinion that in the rural areas, feudalism and religious and cultural issues are the root cause of inequality. Feudalism amounts to some people taking control of the economy and not giving others any rights. In the same manner working women who are working at homes as hired help sometimes have their entire household dependent on them. Awareness of their rights is needed. They are in a sort of "Learnt Helplessness" when you are cornered and you only care about your freedom and are callous of events around you.

Occupational Hazards

According to the focus group discussions, a vast majority of women are unaware of the labor laws governing occupational health and safety. As a result, they continue to keep working under inhuman conditions in the informal sector, and in agriculture and fisheries. Working in confined and polluted spaces in brick kilns leads to lung infection, damages eyesight, and causes skin problems and depression. In the industrial sector, factories lack proper hygiene and expose workers to risk without proper exhaust facilities, fire exits, waste disposal and emergency medical aid. In agriculture, women

are exposed to the harmful effects of pesticides which lead to respiratory problems, skin diseases, tuberculosis, gastrointestinal infections and increased risk of cancer.

Domestic Violence

Domestic violence has recently received much attention as a global threat to women, and emerging comparative work posits it as a significant contributor to morbidity and mortality for women across countries and cultures. Data suggests that profound physical and psychological sequelae are endemic following domestic violence, including depression, stress-related syndromes, chemical dependency and substance abuse, and suicide are consequences observed in the context of violence in women's lives. A study by Sathar and Kazi shows that wife beating is common in rural Punjab where they found 35 percent of the women had been beaten by their husbands and 7 percent beaten regularly. The study seems to suggest that age contributes positively to women empowerment but it does not seem to discourage wife-beating, as about 52 percent of women above age 34 years report that husbands beat them and 8 percent of these women report regular beating. However, they found education an important factor in controlling domestic violence. These figures can be considered indicative, as further substantiated by a study on domestic violence and health of Pakistani women by Fikree and Bhatti. They found 34% women who reported ever being physically abused. Additionally, they report 15% being physically abused whilst pregnant and 72% of physically abused women were anxious/depressed. Physical abuse was identified as a major predictor of anxiety or depression.

Gender Related Constraints in accessing/utilizing the Health Services:

Limited Mobility: a number of studies on women's access to health services in Pakistan have emphasized the role of 'restricted mobility' as a major impediment faced by women in accessing the health services (Sathar and Kazi, 1997; Khan, 1998; Mumtaz and Salway, 2005; World Bank, 2005). According to PRHS (2001), majority of the women reported that they are unable to attend a medical facility unaccompanied.

Restricted Decision Making: Women are typically not empowered to make independent decisions regarding their perceived health need for health. Majority of rural women reported the need for permission, usually from a male family member, before accessing a medical facility (PRHS, 2001).

Limited information: Access to information can compound the constraints women face in accessing the health services. Illiteracy rates are high and this in conjunction with limited mobility reduces the opportunities to learn from the outside world.

During the personal interview with a leading doctor and health NGO founder it came to the fore that the issue of gender could not be looked at in isolation and broader parameters needed to be developed for ensure equality for women, since she noted that societies which are economically developed have a greater role for women.

For this she felt the government needed a set of regulatory measures and there should be rule of law because if there is no rule of law then the gender sensitive policy will have little impact. In her view, donors waste resources by putting them only in gender. There were many things faulty in the system, for example, donors give money for immunization programs, LHWs sell the medicines to the markets rather than dispense it to patients. Checks and balances are needed to run the system which are lacking.

It is good to set benchmarks of number of women in a particular position but you must start with the number of women going to university to ensure that competent women enter the medical field. Other measures that can be taken are, for example, in immunization, the number of girl children immunized by the LHWs.

According to the focus group discussions, social sector ministries have poor capacity and as an advocacy agency the MoWD role is essential but regulatory measures have to be matched with advocacy measures.

The current health policy is flawed since the government thinks that they are running a social welfare state. The government should realize that they do not have the capacity to run a welfare state and that our regulatory environment is open to the private sector. Hence we require a fundamental change from command and control to market harnessing of these players. A minimum of 20 years is needed to put the system on track. The problem in Pakistan is that the strategic direction needed for institutional change is lacking.

It is thought that one policy that the government should ensure is transparency, the rest will follow. The previous government had an initiative on maternal child health, there have also been the Women Protection Bill, increased representation of women in parliament, opening up of media, civic actions which all are a part of the rights based approach to development. So it can be said that some progress was made.

There has certainly been a change in the past decade in terms of women, there is now greater recognition on the part of the middle class that girls should work to ensure an income later on and that an added income is beneficial economically to the household.

The Health Management Information System has been taken up by the Federal Bureau of Statistics and there is some gender disaggregated data where available in their collecting tools.

It is felt that a reconfiguration of policy is needed with cascade changes at many levels. Hence the mechanisms of governance and the way in which they deliver need to change.

Chronic Issues	Emerging Issues
Poverty	Attacks on NGOs providing family planning services
Low social and Economic status of women	Heightened resentment of anything considered as 'western'
Early marriages and frequent pregnancies	Social Status, mobility and security are the critical concerns for the female service providers
Son preference	Work place sexual harassment
Violence against women	Inadequate facilities (infrastructure, supplies, medicines, transport and reliable referral support at higher levels)
Lack of access to clean water and sanitation	Refresher courses for Lady health visitors and midwives
Illiteracy	Consistent advocacy and action for sex disaggregated health data (EPI, HMIS, LHW-MIS, HR database)
Lack of access to information	
Partriachal controls over women's sexuality	
Low health and nutritional status of women	
Illegal and unsafe abortions	
How to make women get more control over their biological processes rather than their bodies	
Community outreach	
Adequate monitoring and supervision of the health services and initiatives	
Absenteeism of health personnel at service facilities especially in rural areas	
Lack of female medical service providers	
Bottlenecks in Monitoring and Supervision of the medical service providers, especially in rural areas	
Low quality of service	

3.3. Agriculture, Forestry and Fisheries

Agriculture, Forestry and Fisheries

Summary Agriculture/Forestry/Fisheries

- Gender discrimination is pervasive in these three sectors.
- Majority of the women in rural areas engage in agricultural activities as unpaid family workers and are unable to enjoy the direct economic benefits of their services.
- Female ownership of an important asset or land appears to be extremely limited in Pakistan
- Technical know how should be provided to women in agriculture to enhance their income-producing opportunities.
- Until now not a single policy framework or administrative action with regards to socio economic uplift of fisher women and sustainability of their livelihoods has been taken by the government.

	Half Yearly (Jul-Dec) 2005-06		
Agriculture, forestry, hunting and fishing	Total	Male	Female
	44.8	38.4	69.9

Source: Labor Force Survey 2005-06

Agriculture is the main industry in Pakistan and hence plays an important role in Pakistan's economy. Agriculture and Livestock accounted for 23.1 percent of the GDP in 2004-2005. It employs 43.1% of the labour force, provides livelihood to 68% of the country's population living in rural areas, and contributes 60 percent share in export earnings from processed and unprocessed agricultural products (MTDF, 2005). Agriculture sector has grown at an average rate of 4 percent in the last two decades, although the share of agriculture in GDP has declined over the years due to the development of other sectors, it still remains the leading sector of the economy. The rates of women and men who are engaged in agriculture, forestry and fisheries in the labour force are 38.4 percent for men and 69.9% for women.

Agriculture

Majority of the women in the rural areas engage in agricultural activities as unpaid family workers. Women's participation in paid agricultural work is extremely limited. A significant portion of agricultural tasks such as weeding, watering, harvesting, threshing are carried out mostly by women. However, due to customs and traditions that facilitate men's access to markets, the role of women in

the overall economic development in general and agriculture sector in particular is usually underestimated and in majority of cases even ignored altogether

In agriculture sector, due to women's triple roles in the society, they usually have greater work loads than their male counterparts. This situation is further exacerbated by the out migration of men to larger cities for wage work, which increases women's responsibility for tending the family's agricultural lands. In the Northern Areas of Pakistan, as per the IUCN report 2003, one of the factors for additional workload for women in agriculture is social rivalry among tribes and/or individuals. For example, in some areas of Diamer, due to the enmity with other tribes, men do not come out to work during daylight and therefore women have to work in the fields more intensively (IUCN, 2003: 9)

Women associated with agriculture and irrigation sector face a number of problems, not only in Pakistan but in other countries also. Some of the problems in agriculture sector can be summarized as minimum labour wages, more working hours, lack of basic property rights as individuals, lack of access to control and management of land and other resources, lack of agriculture extension training and lack of credit etc.

The problems women face in irrigation sector can be summarized as under: women have no control on and participation in the decision-making processes; no clear-cut rights and as water users; and no representation in the irrigation-related agencies.

However a number of gender-related studies have shown that women's participation in agriculture and irrigation activities have a great impact on the situation. For example, some studies have suggested that in case of being directly involved in farming, women are likely to spend less from the earnings compared to men and that women are more interested in investments in improving land and other natural resources far more as compared to men.

But institutions like the Provincial Irrigation and Drainage Authorities (PIDAs), Area Water Boards (AWBs) at canal-level, and farmers organizations have no representation of women on them. This situation arose due to the fact that ownership of the land is the criteria for membership of these farmers' organisations that women cannot fulfill.

Policy makers and irrigation-related agencies should develop policies based on a sound understanding of the prevailing gender relations and they should include women stakeholders from the early phase of agricultural projects and irrigation reforms onwards the planning process for infrastructure development of farmers organizations. Gender analysis should be incorporated into all research, problem diagnosis, information and monitoring networks and formulation of solutions.

Reforms are also needed in the legal system to ensure legal clarity on women's land water rights and membership for farmers' organizations. Similarly, equal participation for women should be ensured in forums or networks for collective management arrangements-generally required for strengthening access to water at farm level. (Brohi, 2003 . <http://www.dawn.com/2003/06/09/abr11.htm>)

Land ownership

Another issue which is of prime importance in the agriculture sector is of the female ownership of the productive assets. Female ownership of an important rural asset, land, appears to be extremely limited in Pakistan. Data on ownership of assets such as land or access to credit by gender are not readily available from existing data sources. The Pakistan Rural Household Survey (PRHS) in 2001 has found that women owned only 2.8 percent of plots, despite the fact that 67 percent of villages surveyed reported that women maintained the right to inherit land. (WB, 2005).

Barriers to women's land ownership included family pressure, fear of social boycott, dependence on male relatives to deal with the outside world, legal complexities, fear of violence, customary tribal laws and discriminatory parallel judicial systems, like the panchayat and jirga.

Though Pakistan's Constitution values gender equality and Islamic Law also stipulates women's share in inheritance; legal complexities, lack of political will and discriminatory cultural practices lead to violation of women's land rights. Women themselves are treated as property in many areas especially where bride price tradition is upheld. Though illegal, property-grabbing, whereby women face eviction by their in-laws upon death of their husbands, is also common. Since women's land rights are closely linked to their social, political and economic status as well as other broader issues such as economic development and food security, therefore, it is essential to recognize and protect women's right to land.

Agricultural Extension

A number of income generating projects- Crop Maximization Project; Integration of Agriculture Research and Extension Activities; Introduction of Herbs as Crops etc are launched by the Government and are expected to provide direct benefits to women. National Fund for the advancement of rural women was launched three years ago by the MoWD in collaboration with Khushali Bank, First women Bank Limited and Agha Khan Rural Support Programme- It envisaged empowering 23000 women (covering 74000 households). This project is facing slow implementation. In the agricultural sector, knowledge about how to obtain credit and agricultural information needs to be provided to women in order to enhance their income-producing opportunities.

Because agricultural tasks tend to be gender specific, the work of seed preparation, fertilizing, and threshing falls to women, and these activities receive little or no support from agricultural extension

workers. Raising and tending livestock also falls primarily to women, and there is inadequate support available to women engaged in these activities to market their products. Technical know-how thus must be provided to women in agriculture, and the design of agricultural extension work needs to include women's tasks and needs.

According to a report by World Health Organisation (WHO) about 25 million agricultural workers in developing countries suffer from pesticide poisoning each year that includes a significant number of women. In Pakistan, about 30 per cent women are full-time farm workers while about 70 per cent are indirectly or directly engaged in farming. Pesticide poisoning is correlated with cotton crop which consumes 85 percent of applied pesticides. Women become victims of pesticides while performing different agronomic practices in cotton fields. Different research reports expose the plight of these poor female workers.

It said that picking cotton by women is also common during pregnancy and breastfeeding, which posed additional risks to the health of women and their children. Cotton pickers and their family members consume water which is also contaminated with pesticides and these pesticides also enter the food chain because of exposure of soil and livestock to them and the cotton seeds that were processed to produce edible oil.

There is a need to implement the Agriculture Pesticide Rules, 1973, the United Nations Food and Agriculture Organisation's International Code of Conduct on the Distribution and Use of Pesticides and the 2005 National Environment Policy which promote and integrates pest management and discourages the use of agro chemicals.

Lack of Gender Disaggregated data

There are problems with the collection of reliable gender disaggregated data. Women's contribution to the national economy is not yet counted in the GDP. The Federal Bureau of Statistics data on women's employment (Labour Force Surveys) neither accurately captures women work in the agriculture nor in the nonformal/unorganized sector of the urban economy (GoP, Planning commission, 2005). Women are not only deprived of enumeration in the filed but also of the adequate remuneration, skills training, legal protection, social protection etc.

Forestry

Pakistan has a perilously low proportion of forest area — a paltry 4 per cent which is much below the recommended minimum of 25 per cent. Importance of forest wealth could be gauged from the fact that forest cover in Germany is 30 per cent, France 27 per cent and the UK 10 per cent.

Men and women often have different productive and reproductive roles with regard to forest resource management. Men and women often play different roles in planting, protecting or caring for seedlings and small trees, as well as in planting and maintaining homestead woodlots and plantations on public lands. Men tend to play a greater role than women in extracting timber and non-wood forest products for commercial purposes. Women typically gather forest products for fuel, fencing, food for the family, fodder for livestock and raw materials to produce natural medicines, which help to increase family income.

Women in the north and in other forest covered areas of Pakistan are actively involved in gathering timber and wood for household purposes and for fodder as well for producing natural medicines. But sadly, their contributions in this sector aren't documented. There is a dire need to conduct surveys and studies which highlight the role played by women in this sector.

Fisheries

In the past the women usually accompanied their men family members on fishing trips. There was no major division of work. The fishermen usually would take whole family to a fishing trip to remote islands, where the whole family was engaged in fishing as well as cleaning and drying fish. However, with the commercialization of fisheries, expansion of fishing business into an industry, and the overcrowding of the non-indigenous fishermen everywhere from the deltaic creeks to the deep waters of coast the women were slowly and gradually pushed out of the fishing activities.

According to our primary research, not a single policy framework or administrative action with regard to the socio-economic uplift of fisherwomen and sustainability of their livelihoods has been taken by the government. Lack of acknowledgement of the role of the women in the fisheries sector can be judged from the fact that not a single word can be seen about the fisherfolk women in the government policy documents, laws and rules etc. Handbook of Fisheries Statistics of Pakistan – the annual publication of Pakistan's Marine Fisheries Department last published in 1993, has no mention of the women, despite carrying a complete chapter on fishermen population. Similarly, the deep-sea fishing policy of 1995 as well as the current amended policy do not address women.

Karachi witnessed a big assembly of women, working in fishing sector at Karachi Press Club, when Pakistan Fisherfolk Forum² (PFF) organized the first ever Fisherwomen Convention on July 10, 2005. Points raised at this convention were that Fisherwomen equally participate in fishing activities; they go into waters along with male members to catch fish, weave nets, repair boats, dry fish and sell the catch in the market but with the commercialization of fishing these women have been marginalized.

² Pakistan Fisherfolk Forum [PFF] is registered organization, launched on May 5, 1998 by a large number of fisherfolk community representatives and NGO activists.

The convention stressed that the government should provide these hundreds of thousands of fisherwomen workers not only with some alternative employment opportunities and compensations but also adequate training to claim their share in this sector.

At the Focus Group Discussion held in Karachi members of the Pakistan Fisherfolk Forum voiced their grievances against the government. In fact members of the Focus Group were of the opinion that there is no framework for agriculture, fishery or forestry in the country and gender discrimination is pervasive in these sectors. Islands have been sold by the government leading to the discrimination of indigenous people. Deep-sea trollers illegally venture within 200 nautical miles for fishing and they take away livelihood of the fisher folk as this leads to loss of livelihood which affects the women and the divorce rate has become very high. Since oil prices have increased women have started going to work to clean in the Defence Housing Authority houses. Here they face transport problems, but if they go to work at companies they are even more vulnerable and face sexual harassment.

Chronic Issues	Emerging Issues
Work done by women in the fields is seen as an extension of their household duties and goes unnoticed and unaccounted for in the data collection	Reforms are needed in the legal system to ensure legal clarity on women's land and water rights and membership for farmers organizations. Similarly, equal participation for women should be ensured in forums or networks for collective management arrangements-generally required for strengthening access to water at farm level.
It is difficult to assign monetary value to the work which is done by women, if the produce is not being sold in the market as is being used for household consumption	Since women's land rights are closely linked to their social, political and economic status as well as other broader issues such as economic development and food security, therefore, it is essential to recognize and protect women's right to land.
Majority of the women work within their own villages due to the mobility concerns. This has a dampening effect on the women's wages	There is a need to implement the Agriculture Pesticide Rules, 1973, the United Nations Food and Agriculture Organisation's International Code of Conduct on the Distribution and Use of Pesticides and the 2005 National Environment Policy which promote and integrates pest management and discourages the use of agro chemicals
Minimum labour wages, more working hours, lack of basic property rights as individuals, lack of access to control and management of land and other resources, lack of agriculture extension training and lack of credit etc.	Women in the north and in other forest covered areas of Pakistan are actively involved in gathering timber and wood for household purposes and for fodder as well for producing natural medicines. But sadly, their contributions in this sector aren't documented. There is a dire need to conduct surveys and studies which highlight the role played by women in this sector.
Women have no control on and participation in the decision-making processes; no clear-cut rights and as water users; and no representation in the irrigation-related agencies.	
Barriers to women's land ownership included family pressure, fear of social boycott, dependence on male relatives to deal with the outside world, legal complexities, fear of violence, customary tribal laws and discriminatory parallel judicial systems, like the panchayat and jirga.	

3.4. Economic Activities

Economic Activities

Summary Economic Empowerment

- True economic empowerment for women remains elusive due to lack of attention and resources granted to the issue of women's economic empowerment.
- Women are increasingly working in the labour force but their voices are often excluded from international debates.
- The unemployment rate for women is many times higher for every age group; they are last to get jobs and first to lose them.
- There are no laws that contain explicit provisions for equal remuneration for equal work for women, protection of women from sexual harassment at workplaces, protection of labour rights for domestic workers and protection of labour rights of home based workers.
- Major barriers responsible for low female participation rate include inadequate recognition of their contribution, women's immobility, ignorance about opportunities and societal perception of women as lower status dependents.
- The major challenge is to create acceptance of a more public and active role for them that opens the pathways for their empowerment.

Chomsky in his book "Power and Prospects" acknowledges that in the contemporary world "You have a free choice: the labour market, the workhouse prison, death, or go somewhere else..."; Increasingly across the developing world, state and non-state actors are working to ensure the integration of women into this 'tough' labour market. It is thought that women's economic empowerment will lead to their autonomy and vice versa hence a great deal of emphasis is laid in the contemporary discourse of gender on the "free will" of women to decide whether they wish to work, where they wish to work and what career they wish to follow.

Despite the existence of an international global consensus on the importance of women's economic empowerment, expressed through such agreements as the Beijing Platform for Action, and the Millennium Development Goals, progress on many of these objectives has stagnated and in some cases has even been reversed.

Due to the lack of attention and resources granted to the issue of women's economic empowerment, mixed with a lack of coherence between macro-economic policies and development policies and programmes, true economic empowerment for women remains elusive. It is an issue however that demands attention in an increasingly globalizing and interdependent economy.

In many countries women are more likely to work for longer hours than their male counterparts for less pay and are more likely to face a situation of abject poverty. In subsistence economies women are

likely to carry out tasks such as carrying water and collecting fuel and in many countries (Pakistan being one of these). Unpaid domestic work by the mother has a direct affect on the quality of life of children and other household members. Women are increasingly needed by the labour force (especially during pandemics and economic restructuring) but their voices are often excluded from national and international debates on finance and development. According to the UNFPA, “The differences in the work patterns of men and women, and the 'invisibility' of work that is not included in national accounts, lead to lower entitlements to women than to men. Women’s lower access to resources and the lack of attention to gender in macro economic policy adds to the inequity, which, in turn, perpetuates gender gaps. For example, when girls reach adolescence they are typically expected to spend more time in household activities, while boys spend more time on farm or wage work. By the time girls and boys become adults, females generally work longer hours than males, have less experience in the labour force, earn less income and have less leisure, recreation or rest time. This has implications for investments in the next generation. If parents view daughters as less likely to take paid work or earn market wages, they may be less inclined to invest in their education, women's fastest route out of poverty.”

While specific definitions for empowerment vary, the one provided by the World Bank states empowerment to be: the process of increasing the capacity of individuals or groups to make choices and to transform those choices into desired actions and outcomes. Central to this process are actions, which both build individual and collective assets, and improve the efficiency and fairness of the organizational and institutional context which govern the use of these assets. Scholars agree that empowerment relates not just to the choices that a woman has but the power that she has in exercising these choices freely. Often autonomy and empowerment are equated since both grant control over one’s own life (Jeejeebhoy 2000). However, other scholars differ in this regard, claiming that there is a difference between autonomy and empowerment since the latter can be attained through interdependent means (Malhotra and Mather 1997; Govindasama and Malhotra 1996; Kabeer 1998). Therefore, it can be said that a woman’s income increases her autonomy and her involvement in key decision making processes. It is reasoned by Amartya Sen that education and participation in paid work and important determinants of female ‘agency’ in a society’s decision making process (Sen 1990). Data indicates the above to hold true since increased freedom of movement granted by labour force participation has a direct effect on participation in other aspects of public life. It is also evident that women engaged in paid labour “...were remarkably well informed about the state of political and economic development in their villages, patterns of behaviour among other villagers, and the nature of gender relations among their communities.” (World Bank, Pakistan Country Gender Assessment 2005)

A study based on urban women working in the manufacturing sector in Pakistan found that despite the limited control over their own earnings working women exercised greater authority in household

decision-making than women who had no source of income (Khattak 2001).

When looking at the case of Pakistan, crucial aspects of women's autonomy are "mobility, access to resources, decision-making inside and outside home spheres, economic autonomy, domestic violence and interspousal communication." (Sathar and Kazi (2000)

Mobility is lowest in the South of Punjab and the North West semi-irrigated areas, perhaps due to the evidence of greater '*purdah*' in these areas. Mobility to a great extent is associated with women's participation in life outside the home and is a strong indicator of their freedom to access important places and spheres otherwise beyond their control. Economic class is seen to have an ambivalent influence on the autonomy of rural women since paid employment for women in the rural areas is not common and women often fill in the agricultural role of men who seek employment outside the village. This economic empowerment of sorts has the potential for autonomy in the rural household.

However, the women participation in the labour force of Pakistan is still among the lowest in the world. The crude labour participation rate for women in urban areas is only 5.9% with 55.3% of the urban workforce engaged in informal sector activities. (Mirza, PIDR 1999)

Furthermore it is thought that, "Women in the urban economy have a heavy concentration at the top of the socio-economic hierarchy – 35% of urban working women are 'professionals, technicians and associate professionals' – and in the informal sector they perform home-based and low paying piece-rate work, including crafts like sewing, crochet, and embroidery. Between these two poles women are only marginally represented, in the office sector. To date only 1.2% of the urban working women are engaged in clerical work." (Mirza, 1999)

However, since the 1990s women have been entering the workforce as receptionists, secretaries, telephone operators, draftswomen, designers, and computer operators. Though medicine and teaching still seem to predominate other professions, now law, marketing and banking and human resource are also considered viable careers. For lower-income women, hawking at upscale shopping areas, working at beauty salons are all career options. In Pakistan, the concept of '*purdah*' with its religious and cultural manifestations – reigns supreme. The mixing of females in the public space (i.e. with men) is seen as a fall in grace of the particular family to which the women belong. However, due to inflation, taxes, withdrawal of price subsidies and price controls, together with stagnating wages and high unemployment it has become near impossible for men from lower middle class and even the middle class to maintain a standard of living for their families without the women of the family contributing with their share of the earning. Although women might be earning, this does not translate into equality at the work place where they often have to resort to 'creating social distance', 'developing socially obligatory relationships', 'integrating male colleagues into a fictive kinship

system' and creating 'women's spaces'. (Mirza, 1999) This implies that new gender constructs are developing at the workplace and gender relations that were normally perceived as sexual per se are now open to re-evaluation.

It is believed that labour force participation will lead to greater happiness on the part of women due to the enhancement in financial autonomy that it entails. However, this is not necessarily the case and there is literature that suggests that women's domestic power is heavily dependent on social context. Cain, et al. (1979) discovered that Indian women who participated in income earning work had greater autonomy than Bangladeshi wives. Indian wage labourers working in Malaysia, however, had very little domestic power since wives turned over their wages to their husbands. In the same manner, most of the Pakistani working women are not very different from their Bangladeshi counterparts or Indian wage labourers in Malaysia. Ali and Haq (2006) see this as the reason for lower proportion of working women being happier than non-working women. It seems that the majority of Pakistani women seek work out of need and the money earned by them is used either for the household needs or is taken over by the husband. Not only this, women in Pakistan in most cases bear the double burden of house and work and economic independence rarely leads to individual independence.

If the labour force participation by occupation is taken into account, it can be seen that a much higher percent of urban men than women are engaged in white-collar jobs (clerical, sales professional). Only 18% women compared to 33% of men report working in clerical jobs. Despite the existence of the quota system in Pakistan, according to the National Commission for the Status of Women (2003) women's work tends to be concentrated in education and health sectors. Perhaps this is a reflection upon women's need and their families need to assign to them roles that are "socially acceptable." Other than white-collar jobs women work, as mentioned earlier tends to be home based manufacturing. As defined by the International Labour Organization (ILO) home based work is "work carried out by a person for remuneration in his or her home or in alternative premises of his or her choice, other than the workplace of the employer." There is a lack of data in this arena of work even though a lot of research has been conducted on the plight of home-based researchers.

Gender Inequality in Economic activity

Economic activity rate for over 15 years of age	For girls and women	32.7
	Ratio: female rate to male rate	117
Employment in agriculture	% of total female employment	65
	% of total male employment	38
Employment in industry	% of total female employment	16
	% of total male employment	22
Employment in services	% of total female employment	20
	% of total male employment	40

Source: Human Development report 2007/2008

Constitution

Labour legislation does not discriminate against anyone on the basis of sex. The Constitution guarantees the right of work for both men and women. Article 18 states “Subject to such qualifications, if any, as may be prescribed by law, every citizen shall have the right to enter upon any lawful profession or occupation, and to conduct any lawful trade or business”. Articles 25 and 27 provide provisions for non-discriminatory and equal opportunity employment to the citizens of the country. Article 34 adds the dimension of affirmative action in favour of women. Women are not allowed to work in a few areas for health and safety reasons.

Legislative Framework

According to the Constitution, labour is a ‘concurrent subject’ i.e. it is the responsibility both of the federal and provincial governments. Labour legislation is usually enacted at the federal level, but the responsibility for enforcing it falls on the provinces. The labour regime in Pakistan is founded on 42 laws. Labour laws do not cover workers in the informal sector, e.g. small shops, Workshops, domestic services sector as well as the agricultural work force, where the bulk of women work. The government’s official Medium Term Development Framework 2005 – 10 mentions the “...continued invisibility of women’s economic contribution to the GDP and ... the continued lack of accurate gender disaggregated data”.

The Female Labour Force Participation while still quite low is increasing. In 1981 it was 2.1% and had moved up to 9.9% by 2001-2002. The LFS 2005-6 states the gap between rural and urban women’s participation (54.6 % rural women and 15.8% urban women) does not reflect the number of women engaged in paid economic activity in cities, primarily as they fall in the ‘informal’ sectors of economy. The GoP notes in its status report on CEDAW that “The unemployment rate for women is many times higher for every age group. This points to the fact, true of most developing and many developed countries, that women are the last to get jobs and the first to lose them.” The factors the government identifies are, “Many women prefer to remain at home as homemakers rather than join the work force. Many may be prevented from working by family or spouses or other factors such as the need to take care of children. It is also possible that many women are not qualified enough to beat men in open competition for jobs. There may also be a bias against recruiting women by some employers in the informal sector.”

The recent amendments in the labour laws promulgated through the Finance Act 2006 are anticipated by PILER to impact women adversely by allowing for longer workdays and introduction of late evening shifts. The amendments in the Shops and Establishments Ordinance 1969 increases daily working hours from eight to twelve, abolishes the compulsory weekly holiday, and sets aside protective provisions of the previous Factory Act that bars women’s work before sunrise and after sunset.

The World Bank finds that almost sixty per cent of women involved in the labour force are unpaid workers, whereas among those who participate in the labour force, only nineteen per cent of men are unpaid family workers.

It also notes that the mass of women work in the informal sector. “Rural women tend to be concentrated in agriculture, while urban women tend to work predominantly in unskilled service jobs such as personal and household services... or at the most, in home-based manufacturing work.” All these sectors offer extremely low wages, and all are part of Pakistan’s ‘informal economy’.

No trade unions exist which can serve the interests of unprotected women and that there is no concern for their protection by factory owners and key decision makers. She highlights that “Moreover, the women themselves lack the capability to organize themselves into an entity which is assertive enough for raising and solving important issues.” In the latest official data, out of 247,539 members of 1201 registered trade unions in 2002, there were only 2134 women members. (Huma Nawaz Syal)

Various reports point out that there are no laws that contain explicit provisions for equal remuneration for equal work for women; protection of women from sexual harassment at the workplace; protection of labour rights for domestic workers and protection of labour rights of home based workers.

That women have no recourse to judiciary was proven by a survey conducted in 2005 by Pakistan Institute for Labor Education and Research (PILER). In a span of labour courts of Karachi, Sukkur, Lahore, Faisalabad, Peshawar and Quetta, none of the cases in court were filed by women. The reasons quoted were “Male-dominated gender-biased labour judiciary and governance structures, lack of unionization among women workers, lack of legal information and lack of access to legal, technical and financial support networks and institutions.”

Women who are older, better educated, female head of the household, or coming from smaller better off urban families are more empowered to take decisions on their own about whether to get a job or not. (Naqvi and Shahnaz) In contrast, younger, poorly educated women who are from larger families enter the labour market not out of their own choice. Decisions whether they go out and get a job are made by other members of the households at times without their consultation. Among the reasons preventing women from entering the labour market, they emphasize the existence and dominance of patriarchal relations. “Almost half of the women indicate that they are not allowed to work because their husbands and/or fathers do not want them to work outside the house. This indicates that to increase women’s empowerment and their participation in economic activities a lot of work needs to be done to change the mindset of husbands/father and other male household members.”

Highlighting the ramifications of women’s paid work on women’s autonomy, the World Bank suggests that women who participate in paid work are far more likely to participate in community and

political activities, and in paid work as an avenue through which women's civic participation can be enhanced in Pakistan.

The Pakistan Rural Household Survey (PRHS) in 2001 found that women owned less than three per cent of plots, despite the fact that sixty seven per cent of villages surveyed reported that women maintained the right to inherit lands.

According to one interview respondent although the inheritance law is present it takes very long especially in the lower courts if women want to pursue their claim of inheritance in court. The respondent gave the example of a case he knew (where the woman was fighting for her share of the property), which took nine years in the court to be solved.

Policies

Economic empowerment of women is the prime aspiration and priority. Women are the poorest of the poor and poverty has a feminine face. Now there is a growing realization at the policy making level that gender disparities and inequalities cannot be accepted and government has initiated a number of programs/projects and taken practical steps to reduce gender inequalities. Some of the major initiatives include:

The Ministry of Women Development (MoWD) has implemented various pilot projects as part of their economic empowerment component under the National Fund for the Advancement of Women (NFAW). These include the Patti Development Project, Chitral being executed in partnership with Agha Khan Rural Support Programme (AKRSP), Skill and Micro Enterprise Development amongst Gwadar Women in collaboration with Khushhali Bank, Economic Empowerment of Rural Women in collaboration with First Women Bank and Economic Empowerment of Women in Tharparkar District in collaboration with Thardeep Rural Development Programme (TRDP).

The National Gender Reform Action Plan (GRAP)

- The federal and all provincial governments have approved Gender Reform Action Plans (GRAPs) during 2004-05 that suggests the following intervention areas:
- Women's employment in the public sector
- Policies and fiscal reforms
- Capacity development interventions
- Women's political participation
- Institutional restructuring for more effective gender mainstreaming
- Support actions to create an enabling environment

GRAP was launched by the Government of Pakistan with the hope to promote a coherent gender reform agenda to align policies, structures, programs and projects for enabling the Government to implement its national and international commitments to gender equality. The GRAP has yet to be successful and has been heavily critiqued by NGOs and donors alike. In fact some major donors have shown complete disillusionment with the implementation of the GRAP. According to the participants of a focus group discussion held in Lahore by SDPI, Civil society acts as a watchdog in Pakistan. GRAP needs a good collaboration and it is felt that the political will towards gender is only due to the international pressure and the financial resources that are attached to gender in the current development debate. In the National Plan of Action the process failed because the government did not accept internally that the process failed, policies are made as if for a foreign country, not for Pakistan – keeping the cultural, religious context in mind.

The Poverty Reduction Strategy Paper

Though the interim PRSP (IPRSP) of Pakistan didn't address the issues of gender but the full PRSP includes this issue. One of the noteworthy additions to the Poverty Reduction Strategy in the full PRSP is the focus on some economy-wide issues like gender mainstreaming, employment and environment.

The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)

Pakistan signed CEDAW in 1995 and ratified on March 11, 1996. Pakistan submitted its first implementation report in 1998. CEDAW has 16 articles and two general recommendations which cover all aspects of life, such as education, employment, and equal access to health care. The two recommendations deal with violence against women.

The National Plan of Action (NPA) for Women

Pakistan made a commitment at the UN's Fourth World Conference for Women in Beijing and prepared the National Plan of Action for Women (NPA). The NPA was launched in August 1998 and covers the following 12 critical areas of concern as identified in the Beijing process:

1. Women and Poverty;
2. Education and Training of Women;
3. Women and Health;
4. Violence against Women;
5. Women and Armed Conflict;
6. Women and the Economy;
7. Women in Power and Decision-Making;
8. Institutional Mechanism for the Advancement of Women;
9. Human Rights of Women;
10. Women and the Media;
11. Women and the Environment;
12. Girl Child Rights.

National Policy for Development and Empowerment of Women

The National Policy for Development and Empowerment of Women was approved on 6th March 2002 by the Cabinet and announced by the President of Pakistan at the National Convention for Women held on 7th March 2002. The policy suggests a number of different activities in three intervention areas:

- *Social* empowerment of women (education, health, law and access to justice, violence against women, women in the family and community, and the girl child)

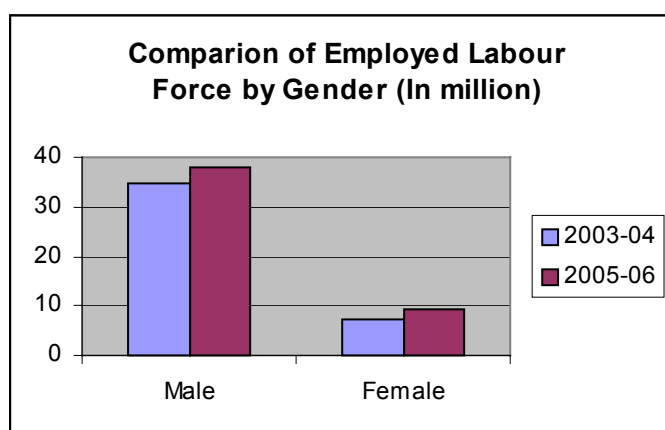
- *Economic* empowerment of women (poverty, access to credit, remunerated work, women in the rural economy and informal sector, and sustainable development).
- *Political* empowerment of women (power and decision making)

Facts and figures of Pakistan's Labour Force

Pakistan is a country with about 25 million youth of 18-25 years age group but a very small percentage 1.7 percent are able to make contribution in national economy by applying their training and education (Labour Force Survey 2005-06). Trend of Pakistan's labour force over four years is shown in Table.1.

Table 1

Labour Force (In Millions)				
	1999-2000	2001-2002	2003-2004	2005-06
Employed	36.3	39.6	41.75	46.94
Unemployed	3.1	3.6	3.48	3.11
Total	39.4	43.2	45.23	50.05



The trend of civilian labour force of Pakistan by provinces and location is shown in Table 2.

Table 2

Civilian Labor Force of Pakistan and Provinces by Rural and Urban (Million)									
Province	Civilian Labor Force								
	1999-2000			2001-2002			2003-04		
	Total	Rural	Urban	Total	Rural	Urban	Total	Rural	Urban
Pakistan	39.4	27.72	11.68	43.14	29.37	13.8	45.23	30.71	14.52
Balochistan	1.4	1.19	0.21	1.74	1.43	0.31	1.91	1.5	0.41
NWFP	4.53	3.81	0.72	4.95	4.13	0.82	5.07	4.24	0.83
Punjab	25.79	18.47	7.32	27.03	19.05	7.98	27.85	19.76	8.09
Sindh	7.68	4.25	3.43	9.45	4.76	4.69	10.41	5.21	5.19

Employment status by sex is shown in Table 3.

Table 3

Distribution of Employed: Employment Status and Sex (%)									
Employment Status	1999-2000			2001-2002			2003-04		
	Both Sexes	Male	Female	Both Sexes	Male	Female	Both Sexes	Male	Female
Employers	0.8	0.9	0.1	0.8	0.9	0.3	0.9	1.1	0.1
Self-employed	42.2	46.4	16.7	38.5	42.4	15.7	37.1	41.4	15.9
Unpaid family helpers	21.4	16.7	50.1	20.8	16.4	46.9	24.1	18.3	52.8
Employees	35.6	36	33.1	39.9	40.3	37.1	37.9	39.2	31.2
Total	100	100	100	100	100	100	100	100	100

Major Barriers in low female participation rate

From Pakistan's perspective there are many barriers in low female participation rate. The following are the major ones:

- The principle barrier in overcoming gender inequality is societal perception of women as lower status dependents. A fact reinforced both by customary practices and the laws of the land.
- Other obstacles include invisibility of women's work and inadequate recognition of their contribution within the household and by extension in society. As a result women's work is menial and low paid, even when time and energy consuming, contributing relatively minimally towards poverty eradication.
- Women remain uninformed about opportunities, assets and services, and they have neither ownership nor control over resources.
- Women's mobility is restricted, skills not always marketable and voice not heard. In other words women are largely disempowered.

The major challenge is to create acceptance of a more public and active role for them that opens the pathways of empowerment for them. [Poverty Reduction Strategy Paper-II]

Women's Participation in the Informal Sector

The term informal sector is commonly used to refer to that segment of labour market in the developing countries that has absorbed significant numbers of jobseekers, mostly in self-employment, and to workers in very small production units (ILO, 2000). Informal activities are often characterized by low levels of capital, skills, access to organized markets and technology; low and unstable incomes and poor and unpredictable working conditions.

Informal activities are often outside the scope of official statistical enumeration and government regulations, and beyond formal systems of labour and social protection (ILO, 2000).

The limited availability of formal sector employment is, however, particularly problematic in the developing countries' struggle with the interconnected problems of employment creation, poverty alleviation and income distribution. In Pakistan, informal employment accounts for over 40 per cent of total employment.

In Pakistan, women's presence in the informal sector is however higher with rural non-agricultural workers making up 70 % of the informal workforce and 61.6% in urban areas (LFS 2003- 04). Women in this sector are usually atomized as home based piece-rate workers in both urban and rural areas, as contractual workers or in brick kilns and mines. Having no control over production processes women are vulnerable and dependent on those supplying them with work, often middlemen. Low levels of remuneration do not contribute to women's empowerment; in fact this kind of work is often the cause of additional burdening and oppression for them.

Women's informal sector work is closely associated with poverty, for instance in Pakistan 60% of home-based workers belong to households that are below the poverty line. The *Pakistan Participatory Poverty Assessment* (PPPA) also found that women's informal work was one of the most used risk mitigating strategies of poor households. However the level of female earnings remains low and usually supplements the income of the household. Only 7% women in a recent survey of the phenomenon reported their work as the main source of income for the household (NCSW Draft Report, *Op cit.* p.46)

There was no official policy to regulate the informal sector up until 2002 when the new *Labor Policy* was put in place. Under the policy for the first time Home Based Women Workers (HBWW) were recognized and labor welfare coverage was extended to them.(NCSW Draft Report. *Ibid.* p. 60)

However no action has been taken so far to implement the policy. *National Policy for Development and Empowerment of Women, 2002*, also calls for the recognition of women's "real economic contribution and productivity in both the formal and informal sectors in national economic indicators." The proportion of workers in informal sector, excluding agriculture, increased from 66 per cent in 1999-2000 to 73 percent in 2005-2006 [Poverty Reduction Paper II]

According to the Focus Group Discussion held at Karachi, home based workers work for example in the bangle industry in Pakistan but are not accepted as workers. They have no social security and recently a movement was developed for these women in Sindh which negotiated with the government and so a Protection Bill has been signed in recent years. However, the goods these women produced were taken through middlemen (garments, leather, bangles) and the middlemen exploited the women by making huge profits themselves but not passing any of these to the domestic workers.

Sector wise break up of employment over four years including formal and informal sector is shown in Table 3.

Table 3

Employment By Sector (%)	1999-2000	2001-2002	2003-2004	2005-06
Total	100	100	100	100
Agriculture	48.4	42.1	43.1	43.37
Non- Agriculture	51.6	57.9	56.9	56.63
Formal	17.7	20.5	17.1	15.37
Informal	33.9	37.4	39.8	41.25

Technical training

Around 540 technical and vocational institutions have the capacity to produce only 200, 000 skilled people every year which is inadequate as compared to the demand of the economy and the country's population. (LFS-2005-06).

Distribution of employed labor force by major industries division is shown in Table 4.

Table 4

Distribution of Employed: Major Industry Divisions (%)									
Major Industry Divisions	1999-2000			2001-2002			2003-04		
	Both Sexes	Male	Female	Both Sexes	Male	Female	Both Sexes	Male	Female
Agriculture, forestry, hunting and fishing	48.4	44.4	72.9	42.1	38.2	64.6	43.1	38.1	67.3
Manufacturing and mining	11.6	12.1	8.4	13.8	13.6	15.2	13.7	13.5	14.7
Construction	5.8	6.6	0.5	6.1	7	0.3	5.8	7	0.3
Wholesale and retail trade	13.5	15.3	2.6	14.8	17.1	1.9	14.8	17.5	1.7
Transport, storage and communication	5	5.8	0.2	5.9	6.9	0.4	5.7	6.9	0.1
Community, social and personal services	14.2	14.1	15.1	15.5	15.2	17.4	15	14.8	15.8
Others(includes electricity, gas and water, financing, insurance, real estate and business services and activities not adequately defined	1.5	1.7	0.3	1.8	2	0.2	1.9	2.2	0.1
Total	100	100	100	100	100	100	100	100	100

Access to credit

The Government of Pakistan has made significant efforts to increase urban women's access to credit through formal institutions like the First Women Bank (FWB) established in 1989. The bank is

controlled; managed and run by women and caters specifically to the special banking needs of women. It offers traditional and non-traditional credit and banking facilities. Through a special fund provided by GOP the bank offers a special low rate of mark-up and no collateral for loans up to Rs. 50,000. Approximately Rs. 30 million from the special fund of Rs. 48 million has been disbursed. However, a glance at credit figures of FWB reveals that only 16 percent of its own resources were disbursed in 1995. Such significantly low absorption of its funds can be attributed to weak institutional capacity as well as ineffective linkages with the target communities. FWB is improving its out-reach to women in rural areas through the assistance of NGOs.

Some donor agencies like CIDA, SDC, NORAD, and JICA have supported entrepreneurial training programmes for female entrepreneurs with the First Women's Bank (FWB), a non-traditional banking facility, offered by this institution, which is engaged in the disbursement of traditional credit to women. UNICEF has provided support to FWB for staff salaries. ILO is also providing assistance for skill training for increasing women's employment opportunities. Credit for micro-enterprise development is an emerging area for World Bank support. The World Bank and KfW, German banks have recently extended a credit facility of \$26 million and DM6 million respectively for the promotion of micro-enterprises particularly female entrepreneurship in Pakistan.

Women empowerment Projects

1. Pakistan decent work country programme (2005)

The GoP and ILO made a labor focused program in September 2005. The primary goal of the ILO today is to promote opportunities for women and men to obtain decent and productive work, in conditions of freedom, equity, security and human dignity. Decent work sums up the aspirations of people in their working lives - for opportunity and income, for rights, voice and recognition, for family stability and personal development. The decent work is captured in four strategic objectives:

Labour Law Reform • Employment Generation through Human Resource Development specifically by way of Skill Training Expansion of Social Protection including the Informal Economy Promoting Tripartism for Social Dialogue

2. Labour reforms and Asian Development Bank's role in Pakistan:

ADB has endorsed the Government's reform program and has provided an assistance of \$3.2 billion during 1999-2002 in support of the reform effort and investments for poverty reduction and economic growth. Over the last decade, the ADB's development policy in Pakistan has undergone changes in response to the country's development needs, shifting from an emphasis on infrastructure projects to a more defined focus on poverty reduction, through supporting good governance, sustainable pro-poor growth, and inclusive human and social development. On the basis of this strategy, ADB and the Government of Pakistan signed a Poverty Reduction Partnership Agreement in September 2002.

Protection of Agricultural Labour: Under the ADB-assisted Sindh Rural Development Project, approved in 2002 for \$50 million, issues of sharecroppers and bonded labor involved in the agricultural sector have been addressed.

Social Protection Strategy Development Study: A TA grant of \$350,000 has been approved in August 2003 to assist the Government in translating its policy objective of poverty reduction into effective social protection programs through identifying priority areas of intervention, with a special focus on self-sustaining protection mechanisms.

Labor Regulations and Implementation of Labor Policy: ADB is currently assisting the Government in examining the existing labor regulations with a view to effecting possible improvements in the regulations and enhancing their effectiveness for the mutual benefit of both employers and workers.

ADB-ILO Memorandum of Understanding on Compliance with Core Labour Standards: ADB and the International Labor Organization (ILO) have signed a memorandum of understanding earlier this year, whereby ADB has agreed to incorporate compliance with core labor standards in all aspects of its operations in its member countries.

Child Labor: ADB approved a technical assistance (TA) grant for \$150,000 in July 2001 for the Ministry of Labour, to support the implementation of the National Policy and Action Plan to Combat Child Labour.

Labor & Industrial Policies

- Labor policy 2002
- Labor inspection policy 2006
- Labor protection policy 2006
- Employment policy
- National policy to combat child labor

Chronic problems	Solutions to the problems
Lack of economic opportunities	Government initiated projects of microfinance, First Women Bank etc.
Income is not the same of men and women	Government should have and implement a policy of economic equality
Increased work does not lead to happiness	
Sexual harassment at workplace	Women create social distance at the work place
Limited mobility	Better transport and policing system

Practical Factors impeding change	Practical factors assisting change
Quality of women's qualifications is low	Marginal increase in women's employment statistics
Few options and nature of jobs traditionally open and considered acceptable for women	Availability of micro-credit and other forms of credit to women
Transportation and safety concerns	Affirmative action in recruitment introduced in a few organizations
Few vocational training centers for women	Skills and capacity building initiatives by government and private sector
Nature, timing, and distance of work	Women more active in service sector in urban areas
Permission of male head of households often required	
Social condemnation of 'working women'	

Structural factors inhibiting change	Structural factors assisting change
The incidence and threat of sexual harassment and violence	Levels of education slowly increasing
Women's decision-making status in families is low	Representation of women in Parliament and in other political structures
Mobility and visibility (pardah) concerns	Constitutional guarantees against discrimination against women
Non-recognition and devaluation of women's work	Organizations addressing issues of 'working women' present
Casualization of labor and feminization of poverty	Gender mainstreaming conditionality on loans to GoP
Non-application of labor laws and standards in the informal sector	
Low asset holding and property rights	
Changes in labour laws withdrawing protection available to women	
Public/ Private divide	

4 Recommendations

Recommendations

General Recommendations

There is a need to generate a comprehensive and a well thought out strategy to overcome the educational, social and economic backwardness of women to enhance their competitiveness.

Strengthening National Capacity

- Capacity building initiatives must attend to the capacity deficiencies with regard to gender equality- both the capacity of gender equality advocacy groups effectively to voice women's priorities in public decision making , and the capacity of public institutions to respond adequately to women's needs.
- Ministries of Finance and Planning need to strengthen capacity of technical staff to carry out gender-responsive budgeting. The capacity of gender focal points in sector ministries to coordinate gender responsive budgeting with counterparts in the Ministries of Finance and Planning and the national women's machinery also needs to be strengthened.
- National women's machineries should enhance their skills to participate effectively in national planning processes, monitor implementation and promote accountability mechanisms for gender equality. Women's organizations and gender equality advocates need to strengthen understanding of national planning and budgeting processes.
- The sustainability of new capacities needs to be safeguarded through broad-based partnerships and stakeholder forums to determine policy priorities, implementation strategies and accountability mechanisms. Donor partners can play facilitating roles, enabling countries to take ownership and follow through on commitments.

These capacity demands should be seen as part of a governance practice that enables the promotion of gender equality. Even when capacities are developed, governance structures should provide the incentives to ensure that capacity translates into performance, which in turn should advance gender equality and greater development effectiveness.

Sex Disaggregated Data

In order to carry out high quality gender analysis and effective gender capacity building and project development, it is imperative to have a gender disaggregated data based on differences in social, political and economic status. Proper dissemination of such a data base to all the stakeholders is also important.

Aid Effectiveness and Gender Equality

In order to achieve the MDGs and other development goals, it is imperative that aid is used effectively and responsibly to achieve the gender equality. Aid itself is very ‘political’ in nature. There is a big difference between how various donors perceive and give importance to the gender equality component in the project development.

According to the report launched by UNIFEM (2006), to support gender equality, the aid architecture should be based on the following premises:

- adequate financing for programmes that respond to women’s needs
- accountability systems for governments and donors to track and enhance their contributions to gender equality; and
- gender-sensitive progress assessments, performance monitoring and indicators for aid effectiveness.

Dissemination of work done on Gender Equality

There is a growing need to create a Project data base of the projects undertaken, planned and implemented by various Government organizations, NGOs and INGOs. Such a database, apart from serving as a repository of information, will also help in checking the replication of efforts.

Reports and policy papers should be translated into regional languages

Sector Wide Recommendations

Health

- Steps need to be taken to improve the quality and the access of the public primary health services, especially in the rural areas. Even when such facilities are available, their effectiveness is thwarted by the absenteeism of the medical staff and lack of medical supplies and equipment.
- It is important to consider women’s health needs beyond their typified roles of mother/caregiver. Attention should be paid to mental health issues of women and appropriate awareness campaigns should be launched.
- There is a need for strenuous efforts to reduce the maternal and infant mortality rates, which are highest in the region
- Due to the gender based constraints on women’s access to health services including restricted mobility and proscriptions against male-female interaction, essential maternal and child health services rely heavily on female health care providers. Thus it is important to ensure that effective measures are taken to deal with the long standing issue of female staff shortages especially in remote and under developed areas. Recent instructions from

Government to post women only in districts of residence of their parents or husband is a positive step taken in this regard. Other factors which need to be kept in consideration are :

- There should be a comprehensive human resource policy with respect to the female service providers. At present there is none either at the Ministry or at the health department levels
- There should be attractive stipend/incentive schemes to encourage girls from under developed areas to complete high school and acquire minimum qualification needed for induction into nursing, LHV and midwifery training.
- Attention should be paid to the salary scales of LHVs and midwives as at present they aren't lucrative enough to be an incentive for families to bear social costs attached with a working daughter.
- There is a need to tie up small loan schemes to newly qualified workers to encourage set up of private health centers.
- More focus is to be laid on filling existing vacant situations at the medical health centres. For example, in Sindh there are a number of vacant situations due to the long standing ban on new recruitments.
- Maternity benefits and child care facilities should be provided to women to decrease the drop out rates.
- Work place harassment remains a problem as neither the workers themselves nor the managers are equipped to handle such situations. 'Work Place Code of Justice' is still awaiting cabinet approval.
- As per a Population Council report (<http://www.dawn.com/2007/06/29/local14.htm>), majority of men oppose the use of contraceptives but agree to abortion. It is unfortunate given that Pakistan is signatory to many international conventions on women's reproductive rights. There is a need to create awareness amongst male members of the society in order to bring a meaningful change in society regarding women's productive rights.

Education

- Literacy rate in Pakistan is quite low, and it needs the attention of the Government and the NGO sector. It should be a high priority of development policy makers and implementation sectors in terms of financial allocation. Based on this, it is recommended that the education budget should be increased.
- The Government of Pakistan and the donor agencies should run incentive based programs in order to enhance enrolment levels and open up more technical and vocational centers especially for females. Through this research it is seen, that the biggest reason of school dropout is less number of next-stage institutions. There is a desperate need to increase such institutions and status of state-owned schools should be improved as well. The improvement

could also be made in terms of quality of education by providing incentives and facilities to schoolteachers as well.

- Alongside, Government should concentrate on Denni Madaris as well, keeping them registered, under supervision and providing them with financial support may reduce the risk of underground / anti state activities, it may also prove to be beneficial where poverty is extreme and transportation is poor. These institutions can provide a much-needed alternative for basic education.
- Though the implementation of these policies and the filtering down of the information may take time, even generation but one could be confident that if we provide better education to our generation today, we can reap its benefits in the long term. Moreover, concentrating on development in the education sector would help catalyze development in every other sector like health, governance, human rights etc.

Economic Empowerment

- The first and foremost step in increasing female participation in the labour market is to improve their access to education. Education makes workers attractive to employers and this ultimately leads to female emancipation. Policies that promote female education should be stressed upon.
- Apart from providing basic education, it is imperative to provide vocational education and training that builds specific skills for which there is a demand.
 - There is a need to training women in vendible skills and making arrangements for marketing their products without the involvement of middlemen.
 - Arrangements should be made to provide training to women in areas like banking, record keeping and cash management, in addition to house keeping. There is a growing need to focus on the Strategic Gender needs of women.
- Providing educational facilities to women will not solve the problems unless and until the problems of mobility are taken care of.
 - Programs should be designed to tackle the socio cultural practices that limit female participation in labour market.
 - Apart from setting up quotas for female workers, there is a need to encourage employers to hire females and that too from the local community.
 - There are a large number of women working from home. Government can sponsor entrepreneurship training for such women and on the macro level should set up credit schemes, marketing support and access to new technology
- Creating a legal environment which encourages women's labour force participation
- In order to promote investment in women human capital, it is imperative on the part of government that all official development policies are made gender sensitized, providing equal benefits and opportunities to all segments of population. Employment in civil services and

public sector entities must be strictly on merit and not on special quota basis. Allocation of five or 10 per cent seats exclusively for women is a discouraging step rather an incentive for capable hands competing for a job on merit.

- Disparity regarding wage / remuneration among men and women is also a factor dampening women to get involved in a gainful economic pursuit. This in turn is the outcome of women / girls' deprivation of desired level of general and professional education and training needed for a job. However, now increasing awareness among women for their rights and potential opportunities for their participation in economic activities, a positive trend, is visible and should be further supported by having adequate policies.

Agriculture/Forestry/Fisheries

- In the Agriculture sector, there is a need to improve the knowledge about how to obtain credit and agricultural information for females. The agricultural tasks are gender specific, the work of seed preparation, threshing, and fertilising falls on women. These activities receive little support from agricultural extension workers. Moreover, all the information provided to farmers, on TV and Radio, is categorically focused on and addressed to men.
- There is a dire need to improve the information and documentation system in the labour market. Despite their all out participation in farm-related rural activities, women remain obscure in statistics relating to rural active work force as they work on their own farms taking it as part of their routine household duty. These issues have to be addressed in order to gather timely information about the economic roles of women.
- Policy makers should develop policies based on a sound understanding of the prevailing gender relations and they should include women stakeholders from the early phase of agricultural initiatives, including irrigation reforms, onwards the planning process for infrastructure development of farmers' organizations. Gender analysis should be incorporated into all research, problem diagnosis, information and monitoring networks and formulation of solutions.
- Reforms are also needed in the legal system to ensure legal clarity on women's land water rights and membership for farmers' organizations. Similarly, equal participation for women should be ensured in forums or networks for collective management arrangements.
- With the commercialization of fishing, women's roles in the Fishing sector have been marginalized. Government should provide these hundreds of thousands of fisherwomen workers not only with some alternative employment opportunities and compensations but also adequate training to claim their share in this sector.
- women need to be imparted vocational skills in the areas of livestock, dairy farming, fish pond cultivation, fruits and vegetable preservation and packing etc to enable them to get self-employed by setting up their own businesses and also to provide employment to others.

- There is a need for Gender-responsive forestry policies and programs that seek sustainable forestry practices, while explicitly taking into account the opinions, needs, and interests of both men and women as incorporating gender issues into sustainable forest management helps to:
 - Promote equal access of women to land ownership and to other resources necessary for effective socio-economic participation (e.g., land, capital, technical assistance, technology, tools, equipment, markets and time).
 - Train both women and men in methods to increase their productivity through new forestry technologies, including nursery techniques, site selection, selection of species, land preparation, planting, weeding, and maintenance.
 - Train female forestry extension agents and increase their awareness to the prevailing patterns of women in the use of forest resources, including their particular needs and constraints.
 - Enhance awareness in men and women to the value of forests and sustainable forestry management.
 - Ensure support for women's craft and home-based forestry industries, through credit utilization, business management, and marketing.
 - Enhance women's participation and cooperation in community groups or forest resource management committees created for project management.

6. Gender Information Sources

6.1. List of Organizations/individuals related to Gender

Name of Organization	Contact Person (Area of specialization)	Designation	Date of interview	Contact Address Tele &E-Mail
Government Organization				
Ministry of Education	Habib-ur-Rehman	Deputy Education Advisor	03-06-08	Ministry of Education Policy and Planning Wing 051-9261396 habibd614@yahoo.com
Ministry of Education	Mirza Tauhi-ur-din Ahmed	Project Manager	19 th May 2008	Planning Wind 051-9260774
Ministry of Women Development	Mehmood Saleem Mehmood	Secretary		Ministry Of Women Development, Islamabad
Planning Commission	Suhail Safdar	Secretary		Planning Commission
PIMS	Nafees Fatima	Joint Executive Director		PIMS
National Party	Abdul Wahid Baloch	Central Coordination Secretary	20-05-08	National Party, Quetta
International Organization				
Lead Pakistan	Hyder Shar	Research Officer	26-05-08	051-2651511 hshar@lead.org.pk
UNIFEM	Aisha Mukhtar	Programme Officer	26-05-08	0300-8554394 aisha.mukhtar@unifem.org
UNIFEM	Alice H. Shackelford	Director		UNIFEM, Islamabad
USAID, PLSP, Karachi	Huma Ikram Ullah			0334 338 9949
NGOs				
Development in Literacy (DIL)	Rahedeem. S. Ali	Programe Coordinator	28-05-08	051-2215904 officepk@dil.org
Islamabad Policy Research Institute (IPRI)	Khalid Hussain	Research Officer	29-05-08	0333-5531848 letme_checkit@yahoo.com
KASHF Foundation	Hafsa Sajjad	Assistant Manager	04-06-08	042-5847812 Hafsa.sajjad@kashf.org
Islamabad Policy Institute (IPS)	A.D. Makin	Research Coordinator (Education)	04-06-08	051-2650971-3 admakin@hotmail.com
Society for the Advancement of Education (SAHE)	Dr.Fareeha Zafar	Director	10-06-08	042-5868115 fareehazaf@gmail.com
RSPN	Shandana Khan	Director		
TWWA	Nusrat Zaman	Social Organiser	6-06-08	TWWA, Peshawar
SABAWON	Saira Jabeen	Assistant Coordinator	-do-	SABAWON, Peshawar
Aurat Foundation	Saima Muneer	Organiser	-do-	Aurat Foundation, Peshawar
Dost Foundation	Dr. Nighat	Social Organiser	-do-	Dost Foundation, Peshawar
NET	Zubaida Noor	Chairperson	-do-	NET, Peshawar
AHAN	Farooq Ahmed	Assistant Manager	20-05-08	AHAN, Quetta

Name of Organization	Contact Person (Area of specialization)	Designation	Date of interview	Contact Address Tele &E-Mail
	Magsi			
SANJOG	Project Manager	Saima Gul	-do-	SANJOG, Quetta
SEHER	HR officer	Anila Younis	-do-	SEHER, Quetta
SPO	Coordinator	Faisal Baloch	-do-	SPO, Quetta
Mehargarh Academy of Social Sciences	Mohsin Aman	Social Organiser	-do-	Mehargarh Academy of Social Sciences, Quetta.
Pakistan Institute of Labour Education and Research (PILER)	Fareeha Sultan	Research Associate	02-06-08	021-6351145-7 piler@cyber.net.pk
Shirkat Gah	Khawar Mumtaz	Advisor	04-06-08	042-5836554 khawar@sgah.org.pk
CNBC (TV Channel)	Ahmed Mukhtar	Anchor of womens' rights talk shows (Media Person)	27-05-08	051-111-262275 ahmed.mukhtar@cnbcpakistan.com
Heart File	Sania Nishtar	Executive Director		Heart File, Islamabad
Indus Resource Centre, Karachi	Sadiqa Salahuddin			Salahuddin_sadiqa@yahoo.com
WWF-P Karachi	Jamal Mustafa Shoro			shoro@live.com
Pakistan Fisher Folk Forum	Khadim Sindhi			khadimsindhi@gmail.com
Labour Education Foundation, Karachi	Nasir Mansoor			nasirazz@yahoo.com
PILER, Karachi	A Ercelan			
Action Aid, Karachi	Hina shahid			0300 237 7472
SAARC, Karachi	Sadia Baloch			0345 2217196
PFF, Karachi	Zulekh			0344 20 94501
LEF, Lahore	Jalvat Ali	Coordinator	16-05-08	
SPO, Lahore	Salman Abid	Regional Director, SPO	Do	
Academia/Civil Society/Media				
	Dr. Zubair Khan	Ex. Finance Minister	07-05-08	
Government College University, Lahore	Mehreen Shahid	Clinical Psychologist and RA	16-05-08	meshahid@gmail.com
GCU, Lahore	Aqeel Victor	RA	-do-	
National College of Arts, Lahore	Dr. Ayesha Pamela Rogers	Academic Coordinator NCA	-do-	
Sustainable Development Study Centre, GCU, Lahore	Amin U khan	Director SDSC	-do-	
GCU	Dr. Nuzrat Yar Khan	HEC Professor	-do-	
Mast FM 103 (BBC)	Amir Sohail		-do-	
Free lance Journalist	Moazam Bhatti		Do	

6.2 List of Reports/References related to Gender

Title	Author	Year	Publisher
Education and Training			
Development of Education in Pakistan	Dr.Pervez A.Shami and Kh. Sabir Hussain.	2006	Academy of Education Planning and Management, Ministry of Education, Islamabad
Quality of Education: Learning Achievement at Primary Level	Dr.Pervez A.Shami and Kh. Sabir Hussain.	2005	Academy of Education Planning and Management, Ministry of Education, Islamabad
Retention and Transition Patterns of Children at School Education 1995-96 to 2004-05	Dr. Pervez A. Shami, Mirza Tauhiduddin Ahmed and S.Dawood Shah	2006	Academy of Education Planning and Management, Ministry of Education, Islamabad
Capacity Building and Training of School Management Committees	Shahrukh Rafi Khan and Fareeha Zafar	1999	Sustainable Development Policy Institute, Islamabad
History of Education Policy Making and Planning in Pakistan	Kaiser Benali	1999	Sustainable Development Policy Institute, Islamabad
Language Teaching and Worldview in Pakistani Schools	Tariq Rahman	1999	Sustainable Development Policy Institute, Islamabad
Universal Basic Education in Pakistan: A Commentary on Strategy and Results of a Survey	Haris Gazdar	1999	Sustainable Development Policy Institute, Islamabad
Willingness to Pay for Primary Education in Rural Pakistan	Najam us Saqib	2004	The Pakistan Development Review
Does Education Abroad Help to Alleviate Poverty at Home? An Assessment	Christopher Colclough	2005	The Pakistan Development Review
Education Quality and Labour Market Performance in Developing Countries: Some Evidence from Pakistan	Ather H. Akbari and Naeem Muhammed	2000	The Pakistan Development Review
The Determinants of Students Achievement in Government and Private Schools in Pakistan	Monazza Aslam	2003	The Pakistan Development Review
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Definitions

Literacy Rate: “ Literacy is the acquisition of basic skills of reading, writing and numeracy”.

GER: “ GER is the number of children enrolled in government schools (any stage) divided by the number of children of that school age stage”.

NER: “ NER is the number of children (Age 5-9 years) enrolled in any stage divided by the number of children aged 5-9 years”.

Transition Rate: The number of Pupils admitted to the first grade of a higher level of education in a given year expressed as a percentage of the number of pupils enrolled in the final grade of the lower level of education in the preceding year, the number of repeaters will be subtracted from it, if available”