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Improving Gender Outcomes

The Promise for Pakistan

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TABLE OF CONTENTS

1. IMPROVING GENDER EQUALITY IN PAKISTAN	1
I. Gender Inequality in Pakistan: An Overview	4
II. Gender Assessment Methodology	9
III. Outline of the Country Gender Assessment (CGA)	14
2. FAMILY LAW AND CUSTOME IN PAKISTAN	17
I. Inheritance	18
II. Marriage	23
III. Discussion of Results and Implications for Policy Interventions	34
3. IMPROVING GIRLS' SCHOOLING	40
I. Delivery of Educational Services in Pakistan: The Institutional Setup	41
II. Dimensions of the Gender Gap in Education and the Experience during the 1990s	43
III. Distance and School Enrollment	47
IV. Will Building Schools Increase Enrollment?	53
V. How can Levels of Girls' Schooling be raised? Some Policy Recommendations	57
4. IMPROVING HEALTH OUTCOMES FOR WOMEN AND CHILDREN	61
I. The Dimensions of the Problem	62
II. Why are Health Outcomes so Poor?	68
III. Delivery of Health Services in Rural Pakistan: The Institutional Setup	74
IV. What can be done to Improve Health Outcomes?	77
V. Recommendations for Policy	84
5. WOMEN AND WORK IN PAKISTAN	90
I. Dimensions of Women's Participation in the Labor Force	92
II. Measurement Issues: Addressing the Statistical "Invisibility" of Women's Work	98
III. Constraints on Women's Labor Force Participation	100
IV. The Relationship between Work and Autonomy	105
V. Promoting Women's Involvement in the Labor Force: Some Recommendations for the Public Policy	107
VI. Drawing Women into the Public Sphere: Political and Community Participation	109
BIBLIOGRAPY	116
ANNEX TO CHAPTER 2	122
ANNEX TO CHAPTER 3	127
ANNEX TO CHAPTER 4	135
ANNEX TO CHAPTER 5	143

LIST OF TABLES, FIGURES, AND BOXES

CHAPTER 1: IMPROVING GENDER EQUALITY IN PAKISTAN

Small Steps to Date, Large Strides Ahead

To have an adequate appreciation of the far-reaching effects of disparities between women and men, we have to recognize the basic fact that gender inequality is not one affliction, but many, with varying reach on the lives of women and men, and of girls and boys.

~ Amartya Sen¹

1.1. Among all world regions, South Asia stands out as a region with a high degree of gender inequality—that is, inequality in opportunities, resources, and rewards enjoyed by men and women. Even among South Asian countries, however, gender disparities in Pakistan are pronounced, as they cut across all classes, sectors, and regions of the country. The issues of gender inequality in Pakistan are widely known and well documented. What we still understand quite poorly, however, is what drives these gender differences and what policy levers we have at hand to effect change, where necessary. This Gender Assessment aims not only to characterize gender inequalities in multiple dimensions, but to move beyond describing the challenges Pakistan faces in tackling gender issues and identify implementable policy levers that will be most effective in alleviating gender gaps. Achieving this objective will require in-depth understanding of both economic and non-economic issues. Because existing data provide only a partial grasp of factors driving gender inequalities, the Gender Assessment has combined data analysis with a number of sources of in-depth information on sociocultural, legal, and political environments. To overlook the critical influence of sociocultural norms on families' reactions to policies and programs could lead to the creation of initiatives that are unsuccessful, even if they provide all the right economic incentives.

1.2. The analysis in the Gender Assessment focuses on girls' and women's disadvantages in education, health outcomes, and labor force participation. A common thread emerges in all these dimensions: though their sources are numerous and varied, these gender gaps are all traceable to women's lack of access to key services and life opportunities, to restrictions on female mobility, and to lack of information and education. Social, cultural and economic conditions and institutions appear to affect access to schools, medical services and jobs opportunities differently for women than for men. In most cases, women's access is highly circumscribed, requiring increased and concerted provision of public services to compensate for these restrictions. Not surprisingly, we find that women's education matters for a whole range of outcomes – from girls' schooling and health to earning opportunities. The issue of restricted mobility is in fact even more fundamental to gender gaps in Pakistan than is women's lack of access. In many cases, limits on their education, labor force participation, and political involvement are the direct result of intense circumscribing of women's physical movement outside the household. In education, access issues pertain to both school availability (public and private) and availability of female teachers. In health, access remains an issue for women and girls. The network of public health facilities and outreach workers (such as the Lady Health Workers) is critical for female health, and much can be done to make this system more effective. Women's income-earning opportunities also are powerfully shaped by limitations on their mobility, ease of obtaining information, and education.

1.3. The recent Policy Research Report on Gender (2001)² extensively analyzed gender issues across the developing world and provided evidence of the types of reforms and policies that can promote gender equality. The Policy Research Report also stressed that there are no one-size-fits-all policies for promoting gender equality. This Country Gender Assessment (CGA) examines what policies would succeed or fail in the Pakistani context. The CGA builds on Pakistan's Poverty Assessment (2002), which demonstrated that economic growth in Pakistan throughout the 1980s and 1990s did not produce commensurate social improvements. With a gross national income (GNI) per capita of \$470 (2003) and 32.6 percent of the national population below the poverty line, Pakistan remains classified as a low-

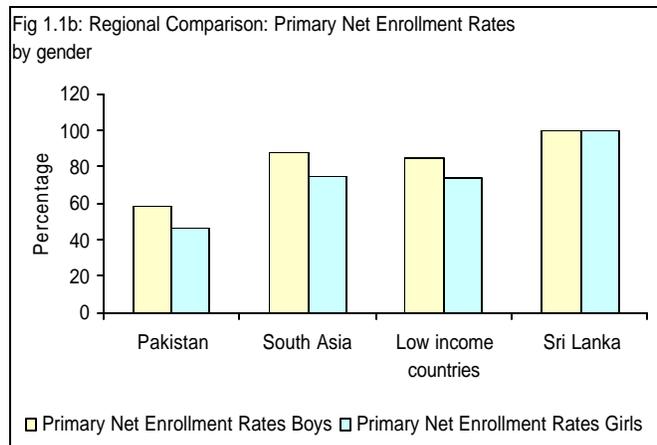
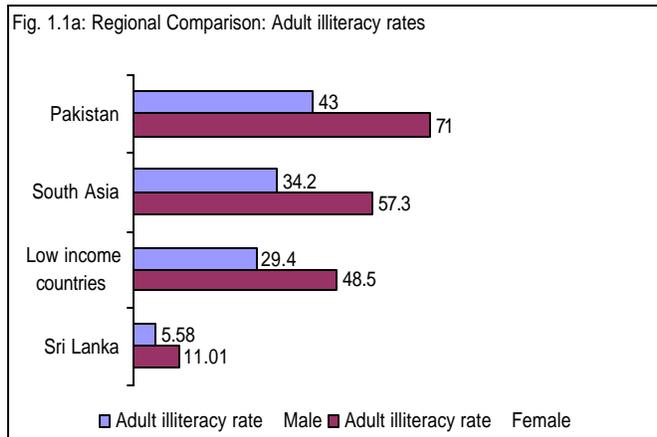
income economy.³ At the end of the 1990s, its social indicators both were poorer than those of other developing countries with similar per capita incomes, and they improved more slowly than those of countries with similar growth rates.⁴ Levels of illiteracy are among the highest in the region, while school enrollment rates are the lowest. Figure 1.1 reveals large gender gaps in literacy and enrollment, relative to the rest of South Asia and to lower-income countries in general.

1.4. The economic revival program introduced at the end of the 1990s is beginning to produce good results, turning the deteriorating macro situation of a few years ago into a rapidly improving one. Devolution has decentralized many financial and legislative decision-making responsibilities to provincial and lower-level local governments, with the goal of improving accountability and service delivery. The budget deficit has fallen, inflation has remained below five percent, the current account deficit in the balance of payments has turned into a surplus, and exports have begun to grow again after years of stagnation.

1.5. All of these developments help create an environment conducive to reducing gender disparities, to which policymakers have laudably committed themselves in recent years. Specific policies aimed at improving outcomes in girls' education and female health are important initial steps in alleviating gender disparities. Of great significance is the Poverty Reduction Strategy Paper's (PRSP)⁵ alignment with the Millennium Development Goals (MDGs) and its identification of gender equality as an explicit goal (see Box 1.1).

1.6. If Pakistan is to achieve its development goals, much needs to be done in terms of refining existing initiatives and introducing new ones. Far deeper and more sweeping initiatives are needed if long-standing trends in gender inequality are to be reversed. Inducing society to value gender equality as a collective objective requires a cultural shift that can only occur over a long period of time—far from an instantaneous process. When society's perceptions of women actually begin to change, the deeply-entrenched social practices that so restrict women will likely be modified. What role does public policy play? Changes in laws and institutions that allow women greater access to the public sphere will enable them to pursue activities that further enhance their autonomy and continue to elevate their status. These are incremental changes that contribute to equalizing opportunities for women. Such changes may encourage parents to educate their daughters, for example, which in turn will better endow women to make sound health-related and economic decisions within the household, as well as on political bodies where policy can actually effect change in their society. Such increased involvement and empowerment of women can set in motion a gradual process that begins to elevate their image and status in society. One

Figure 1.1: Regional comparisons



Source: Figures for Pakistan calculated using PIHS 2001. Figures for low-income countries, South Asia and Sri Lanka taken from Genderstats (World Bank), 2004. Illiteracy rates pertain to those 15 and older.

example of this iterative process is evident in the integration of women into politics through the 33-percent reservation of seats on local councils.

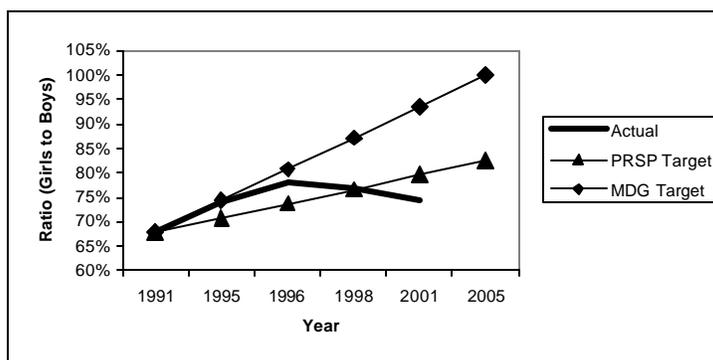
Box 1.1 Attaining the Millennium Development Goals (MDGs): What are the gender issues?

By committing to achieve the MDGs by 2015, Pakistan’s government implicitly has assumed the responsibility of ameliorating gender disparities in its social, economic, and political spheres. While only one of the eight MDGs explicitly cites the promotion of gender equality and the empowerment of women, gender issues are in fact germane to achieving all eight MDGs. Gender gaps in a country’s political, social, cultural, and economic dimensions each have their own effect on that country’s development trajectory, yet their effects are also interactive. Especially important is the achievement of universal education; reductions in the gender gap for education are self-perpetuating, for increases in educational attainment are transmitted to subsequent generations. Female education advances other development goals: not only does it make women more productive both inside and outside the household; evidence overwhelmingly shows a mother’s education to have a beneficial impact on family size, the well-being of her children, and her use of community services.³ Outside the home, women’s education raises productivity in both wage employment and agriculture,⁴ and enables women to meaningfully participate in the political process.

A primary indicator for eradicating gender disparities is *equality in educational opportunity*, as measured by school enrollments. In Pakistan, allocations for basic education have increased, yet public expenditure on education as a percentage of GDP has remained low, comprising about 1.8 percent in 1998.⁶ How has public expenditure affected gender gaps in schooling? According to the Pakistan Public Expenditure Review,⁷ there is a significant gender gap among the lower-income quintiles, where girls receive much less in government resources per capita than do boys at both the primary and secondary school levels. Extending this analysis to understand how girls’ enrollment will respond to an *increase* in public education expenditure also reveals a gender gap among the lower-income quintiles—*the marginal impact of an increase in total spending is higher on boys’ enrollment than on girls’*—indicating that boys tend to benefit more than girls from public expenditure on education at both the primary and secondary levels.⁸

If this pattern of public expenditures does not improve, Pakistan will be hard-pressed to attain its goal of gender equality in education by the year 2015 (Figure 1.2).⁹ Even though the ratio of the number of girls enrolled in primary school (regardless of age), relative to the number of boys enrolled, showed some improvements in the first half of the 1990s, it has since taken a downward turn. In 2001, the ratio was 74 percent. Pakistan’s PRSP aims to reach a ratio of 82 percent in primary enrollment by 2005, much lower than the MDG target of 100 percent. If the 1990s’ pattern of public expenditures on education persists, achieving any significant improvement in girls’ enrollments seems unlikely with regards to this short-term goal, as well as for that in 2015.

Figure 1.2: Gender ratio in enrollments and MDG target



Source: Ratio of primary Gross Enrollments Rates for 1991, 1995 and 1998 taken from Pakistan Poverty Assessment (2002). Ratio for 2001 based on World Bank staff calculations using PIHS 2001. PRSP target taken from Government of Pakistan (2003).

1.7. What is to be done in the meantime, as institutional reforms and economic growth may make limited and slow progress? Active policy measures to promote gender equality in the present are crucial. The time is ripe for near-term approaches that can work around existing constraints on women and girls.

The analysis in this CGA has incorporated research and insights from scholars and civil society organizations in Pakistan in order to arrive at precisely these types of near-term approaches.

1.8. The remainder of this chapter is devoted to the following: (1) an overview of subsequent chapters’ findings on gender gaps in Pakistan; (2) a discussion of the methodology and data used in the CGA; and, 3) a description of the CGA’s structure. The overview examines the patterns and trends in indicators that reflect gender disparities arising from the economic as well as non-economic roles of men and women, during the decade of the 1990s (up to the year 2001). Data sources used include the 1998 Census and the 2001-02 round of the Pakistan Integrated Household Survey (PIHS).

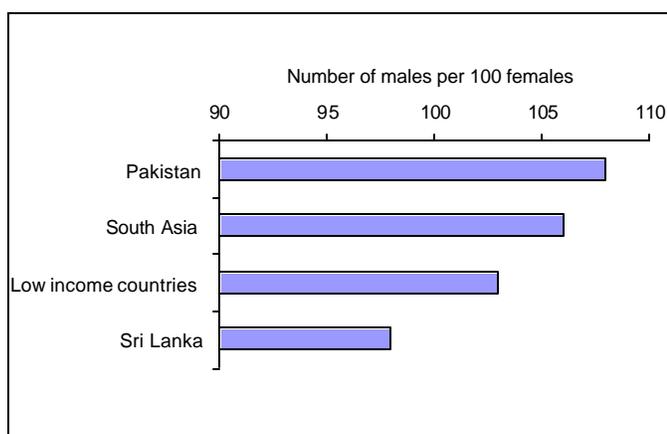
I. GENDER INEQUALITY IN PAKISTAN: AN OVERVIEW

1.9. With an area of 803,940 square kilometers, Pakistan borders India (in the east and southeast), Iran in the southwest, Afghanistan (in the north and northwest), and the Arabian sea to the south. The country is made up of two territories (Islamabad Capital Territory and the Federally Administered Tribal Areas) and four provinces (Balochistan, North-West Frontier Province, Punjab and Sindh). The most populous of these provinces is Punjab, which is home to roughly half the country’s total population of 148.4 million (2003¹⁰). Although Pakistan’s official language is Urdu, a host of other languages—including Baluchi, English, Pashto, Punjabi, Saraiki and Sindhi—are spoken throughout the country, as a range of ethnic groups make up the population. The largest of these groups is Punjabi; Pashto, Sindhi, and Saraiki each account for between 10-15 percent of the population; and Urdu, Baluchis and Afghans make up less than 10 percent each. Because the population is predominantly rural (about 68 percent), nearly half the labor force is involved in agriculture, forestry, fishing and hunting. In 1998, the labor force was estimated to be about 30 percent of the total population, and the unemployment rate was 7.8 percent.¹¹

Health

1.10. According to the 1998 Population Census, the sex ratio (the ratio of men to women in the population) in Pakistan is 108 males per 100 females.¹² The sex ratio frequently is used as an indicator of gender inequality in a society because it reflects gender differentials in mortality.¹³ A high sex ratio indicates premature death of females, the source of which could be a myriad of factors ranging from poor female access to health inputs to social factors resulting in sheer neglect. Pakistan’s sex ratio of 108 males per 100 females indicates excessive female mortality and surpasses even South Asia’s already high ratio of 106 (Figure 1.3). Even compared to other low income countries, Pakistan’s sex ratio is high.

Figure 1.3: Sex ratio imbalance in Pakistan: Too few girls



Source: Sex ratio for Pakistan based on 1998 Census. Sex ratio for South Asia, Low income countries and Sri Lanka taken from Gender Stats (World Bank) for the year 2000.

1.11. To bring attention to this fairly simple but powerful statistic, Amartya Sen used the sex ratio to calculate the phenomenon he called “missing women.”¹⁴ In an ideal world with no excessive female mortality, the sex ratio would be 95 to 98 males per 100 females.¹⁵ The difference between this benchmark and the actual ratio translates to the number of missing women—that is, women who could

have lived but did not because of premature death. Taking 95 as the benchmark, Pakistan’s sex ratio of 108 implies almost 8 million missing women. Sen calculated that more than 100 million women were missing due to the surfeit of female mortality in parts of the developing world, most notably South Asia, China, West Africa and parts of North Africa. Other social scientists have more conservatively estimated the range of missing women to be between 60 million to 90 million.¹⁶ All of these estimates confirm the enormous toll that excess female mortality is exacting on women in these regions of the world.

1.12. Because there is little evidence of prenatal sex selection in Pakistan, its sex ratio almost entirely reflects relatively poor treatment of girls after birth, rather than female infanticide. This phenomenon has been called “extended infanticide,” where girls have an elevated mortality rate in childhood because they may be denied inputs like food, nutrition and health care.¹⁷

1.13. Indeed, female child mortality exceeds male child mortality in Pakistan. Most recent estimates of childhood mortality show the female rate between ages 1 and 4 to be 24 per 1000 births, while the male rate in this age group is only 15 per 1000 births (Table 1.1). Among infants, male mortality rates exceed those for females, a pattern consistent with biologically expected sex-based differences in mortality rates.

Table 1.1: Early Age Mortality Rates

	Infant Mortality		Child Mortality	
	Male	Female	Male	Female
1980/81 – 1990/91	102	86	22	37
1997-2000	99	71	15	24

Notes: Rates per 1000 live births.
Source: Pakistan DHS 1990-91; Pakistan Reproductive Health and Family Planning Survey, 2000-01.

1.14. Infant and child mortality in Pakistan did decline throughout the 1990s. Child mortality rates do show a marked decline since the 1980s, with rates for both male and female children decreasing. Despite the decline, childhood mortality for females has remained higher than that for males. In Pakistan, mortality rates other than those for very young ages are largely unknown. Life expectancy at birth was about 59 years for both men and women in 1990 and rose to 63 years by the late 1990s. Prior to the 1980s, male life expectancy exceeded female life expectancy at birth.

1.15. Women in Pakistan tend to begin bearing children at a young age. Births also tend to be spaced close together: about one out of three births occur less than two years apart. Until the beginning of the 1990s, the average total fertility rate (TFR) in Pakistan exceeded five births per woman.¹⁸ The fertility rate has gradually declined since the early 1990s, and at the end of the decade it was just under five births per woman.¹⁹ This high fertility—along with low age at first birth and closely-spaced births—worsens women’s health and intensifies gender differences in health status. While data on maternal mortality are not directly available, approximately one woman in 38 dies due to pregnancy-related outcomes.²⁰ Because most deliveries are not carried out by trained birth attendants or doctors, complications arising during delivery can lead to disabilities, an outcome that has not received adequate attention in research.²¹

1.16. Studies from Pakistan consistently show a high incidence of malnutrition among children aged 0-5.²² A recent estimate of rural malnutrition rates (Table 1.2a) shows 65 percent of rural girls to be chronically malnourished (low height for age). A similar number of boys also are malnourished. Estimates of malnutrition rates through the 1990s display no evidence of gender gaps.²³ Anemia is more prevalent among females than males in each age category (Table 1.2b). Particularly in the 15-24 and 25-44 age groups, there is a clear pattern of high prevalence of anemia among women. This high prevalence in childbearing ages is of particular concern, since anemia is one cause of low-birth-weight babies.

1.17. In summary, health indicators reveal a whole range of female disadvantage. When the various indicators are pieced together to explain the existence of excess female mortality in Pakistan, it appears that gender differences in access to preventive and curative medical care could be responsible for the pattern of gender gaps observed in health outcomes. Further data analysis is presented in Chapter 4.

Education

1.18. The female literacy rate is very low in Pakistan, since less than a third (29 percent) of adult women (aged 15 and older) are literate.²⁴ The male literacy rate is higher at 57 percent. Adult women's low literacy levels primarily reflect extremely low attainments in female schooling among the country's older generations. While both male and female literacy rates increased throughout the 1990s, the gender gap in literacy did not diminish.

1.19. Mirroring the literacy gap are gender gaps in school enrollments among children of school age: girls' enrollment rates are lower than boys' enrollment rates. The primary Gross Enrollment Rate (GER) for girls is 61 percent. If this rate is adjusted for whether enrollment is age appropriate, then only about 46 percent of primary school-aged girls are enrolled in primary school. Called the Net Enrollment Rate (NER), this rate is 46 percent for girls and is lower than the GER, suggesting delayed school entry and grade repetition among girls. These patterns are common among boys as well, for whom the GER is 82 percent and, adjusting for age, the NER is 58 percent. The enrollment in grades higher than primary are low for both boys and girls; however, here too there is a gender gap: the net enrollment rate in post-primary grades (grade 6 and beyond) is only 27 percent for girls and about 38 percent for boys.²⁵

Table 1.2: Malnutrition and Anemia

a. Malnutrition rates amongst children under 5				
		1990-94	1998-99	2001-02
		Rural and Urban	Rural and Urban	Rural
Under Weight	Male	39.8	44.3	48
	Female	40.5	32	48
Stunted	Male	36	64.9	64
	Female	36.6	53.9	65
Wasted	Male	13.9	10.6	11
	Female	13.7	8.1	12

b. Prevalence of anemia			
		Urban	Rural
5-14	Male	32.5	41.5
	Female	40	42.7
15 - 24	Male	15.3	24.6
	Female	33.1	37.5
25-44	Male	8.7	19.5
	Female	37.1	37.3

Source: 1990-94: National Health Survey of Pakistan (1996), reported in Compendium of Gender Statistics Pakistan Socio-Economic Survey (1998-99). Malnutrition figures for 1998-99 from Pakistan Socio-Economic Survey. Malnutrition figures for 2001 from Pakistan Rural Household Survey, 2001.

Malnutrition

Percentage of children under 5 who are:

Under weight: Low weight for age (2 standard deviations below median weight for age of reference population)

Stunted : Low height for age (2 standard deviations below median height for age of reference population)

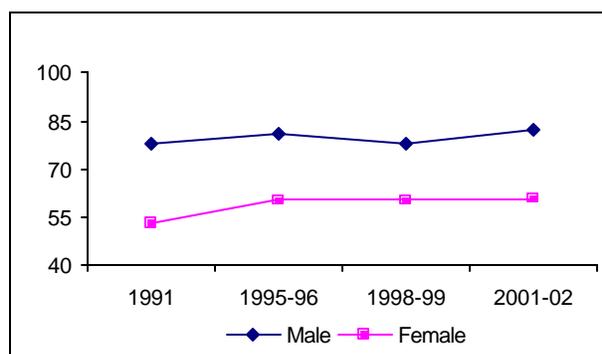
Wasted: Low weight for height (2 standard deviations below median weight for height of reference population)

Anemia

Percentage of individuals with moderate anemia (low hemoglobin content)

1.20. The gender gap in primary school enrollments has not narrowed appreciably over the 1990s (Figure 1.4). For most of the decade, the primary GER for girls remained approximately 20 percentage points below that for boys, except during the start of the 1990s, when the gender gap was slightly higher at 25 percentage points. A noteworthy and worrying trend is that in periods when the gender gap has narrowed, the decrease has been due to a decline in male enrollment rather than a rise in female enrollment. A similar trend is also observed if NERs are compared over time.²⁶

Figure 1.4: Primary school Gross Enrollment Rate, 1991 – 2001



Source: PIHS rounds for various years reported in Poverty Assessment, 2002.

1.21. These trends in the *average* NER mask the *marginal* growth in enrollments during the 1990s. A growth incidence analysis of enrollments between 1991 and 2001 suggests that changes in primary NER over the last decade were concentrated among the richer groups, who already had high enrollment rates in 1991 (see Chapter 3). There also were interesting variations by gender and region. In urban areas, both boys and girls belonging to higher-income groups registered growth in enrollments, but rural areas saw a distinct difference between enrollment growth for boys and girls. While only rural boys belonging to higher income registered growth in enrollments, rural girls belonging to both lower- and upper-income groups registered growth.

1.22. The trends and patterns in primary schooling throughout the decade and into 2001-02 suggest that much work is needed to meet the gender equity goals set in the PRSP—namely to reduce the gender gap in primary school enrollment by 2005 (see Figure 1.2 in Box 1.1). Detailed analysis of constraints to girls’ schooling is presented in Chapter 3.

Participation in the Labor Force

1.23. As in most developing countries, measuring the extent of female labor force participation in Pakistan is sensitive to the definition of work used and the duration (a week, month or year) considered. Measurement of male participation in the labor force tends to be less affected by these issues. According to the Pakistan Integrated Household Survey, which measures work participation over a reference period that is longer than that used by the Labor Force Survey, 67 percent of males and 25 percent of females were participating in the labor force in 2001-02.²⁷ This definition of labor force participation includes both paid and unpaid (family labor) work. Women who participate are much more likely to do so in unpaid work, while men are more likely to participate in paid work. Almost 60 percent of women involved in the labor force are unpaid workers. This is a very high rate compared to that of men; among those who participate in the labor force, only 19 percent of men are unpaid family workers.

1.24. The aggregate participation rate of 25 percent for females conceals substantial variation by age and across regions. Figure 1.5 depicts age-specific participation rates for females aged 15-49. The age-specific participation rates also vary between rural and urban areas, for rural women participate more heavily in the labor force than do urban women. Older women participate more in the labor force than younger women. Because the average age at marriage is about 22 for females, the age pattern of participation suggests that most women in the labor force are married. This trend is not surprising, given that in Pakistan marriage is nearly universal for both men and women over the age of 20. In addition, married women are expected to contribute to their husbands’ households, which potentially could explain why participation rates rise with age.

1.25. Female labor participation rates also exhibit considerable variation across provinces (Figure 1.6). Women in rural Punjab have the highest participation rates, while women in Baluchistan have some of the lowest participation rates in both rural and urban areas.

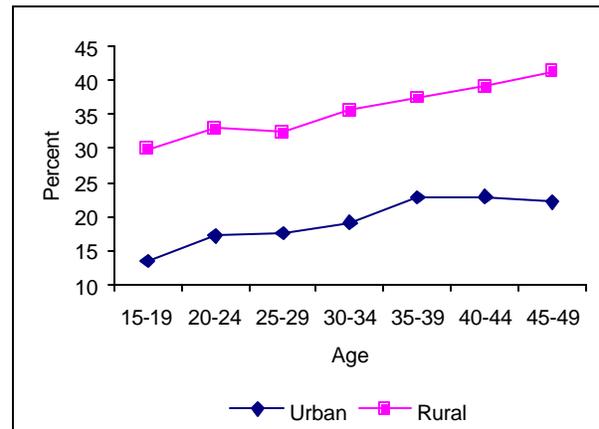
1.26. In addition to participating in work activities, whether paid or unpaid, it is important to look at female ownership of productive assets to better understand women's economic roles. Female ownership of an important rural asset, land, appears to be limited in Pakistan. Data on ownership of assets such as land or access to credit by gender are not readily available from existing data sources. The Pakistan Rural Household Survey (PRHS) (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. A 1994 survey in rural Punjab found that of the 1000 households surveyed, only 36 women owned land in their own names.²⁸

Political Participation

1.27. Recent legislation mandating reservation of seats for women in local governments, as well as in provincial and national assemblies, has substantially increased women's political representation. As a result of adopting the 33-percent quota mandated by the Local Government Ordinance (2001), women competed not only for the reserved and open seats on the union, sub-district (tehsil) and district councils, but also for the posts of Nazims and Naib Nazims. Out of a total of 40,009 seats that were reserved for women, 36,187 seats were assumed by women elected to various government bodies during the local elections of 2001 (Islam, 2002). The government also has introduced a similar reservation/quota system for women's representation in the Senate and in the national and provincial assemblies; about 17 percent of seats in the national assembly are reserved for women. Also mandated by the government is the 18-percent reservation of seats in provincial assemblies distributed across the four provinces

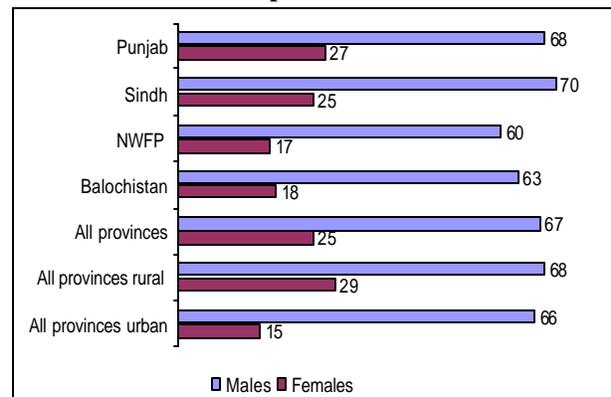
1.28. The unprecedented number of women elected to these government bodies following the quota adoption has opened up not only an enormous political space, but a strategic opportunity for women to have an impact in setting and implementing local government agendas. Despite seat reservation, however, political participation problems remain, as several factors continue to constrain women's effective involvement in politics at the local, provincial, and national levels. Evidence shows one such constraint to be related to information: women are significantly less informed than men about political matters, likely because of their relatively low access to political information. As discussed in Section VI of Chapter 5, women's political knowledge and involvement also may be inhibited by restricted mobility.

Figure 1.5: Female Labor Force Participation Rates by Age and Region



Source: World Bank staff calculations using PIHS 2001-02

Figure 1.6: Labor force participation rates by province



Source: World Bank staff calculations using PIHS 2001-02 data for individuals aged 10 and older.

1.29. Although the first tenure of local government has been characterized by lack of proper resource allocation to local councils, thereby impeding local governments’ effectiveness, in the coming years Pakistan can expect to see strong results from carving out a political space for women. Studies from other countries such as India have shown that, over time, communities benefit significantly when women are part of the local government.²⁹

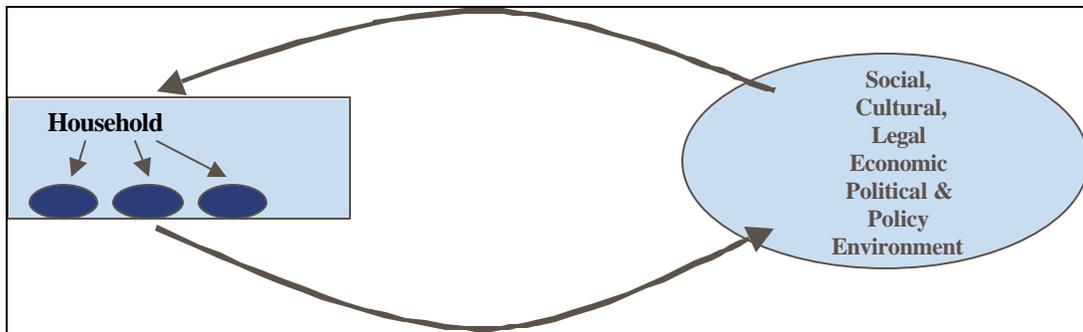
II. GENDER ASSESSMENT METHODOLOGY

1.30. The Gender Assessment has two basic objectives. *First*, it draws attention to the emerging gender issues in Pakistan. There already exists a large body of work in Pakistan that seeks to comprehend the underpinnings of gender inequality. The Gender Assessment synthesizes this work and extends it further with a view to filling knowledge gaps and ultimately obtaining policy recommendations. The means toward these ends is in-depth analytical work, in addition to a process involving consultation with relevant government institutions and inclusion of Pakistani experts in undertaking research on a number of important issues—most notably those relating to customary practices and legal matters. This process should help yield a set of policy recommendations that enable Pakistan to move closer to its stated policy objectives on gender. *Second*, the Gender Assessment aims to expand the Bank’s understanding of gender gaps in Pakistan and to provide a framework for enhancing the effectiveness of Bank efforts to encourage gender mainstreaming efforts in the country.

The Analytical Framework

1.31. The Gender Assessment framework centers on the family, building in the economic, social, cultural, legal and political constraints that families face. This multi-layered structure is critical to understanding how gender inequality develops, for factors both within and outside the family’s control influence gender inequalities (Figure 1.7). Many of life’s most basic decisions are made within the household: families reinforce gender roles, transmit gender norms from one generation to the next, and determine the opportunities available to family members based on their gender. These decisions can magnify or reduce gender gaps.

Figure 1.7: Framework of analysis



1.32. The CGA’s conceptual framework recognizes the importance of factors both inside and outside the family in determining how gender disparities in outcomes arise and are perpetuated. While household socioeconomic status affects gender disparities, gender gaps in outcomes are muted somewhat in higher income households but they tend to persist even in wealthier parts of Pakistan and in wealthier households. This is because gender disparities also are intimately related to and driven by customs, social norms and formal structures such as laws and regulations, The gender structures embedded in social and legal institutions affect gender relations and gender outcomes, and thus the scope for policy and action. For example, practices such as *purdah* (see Box 1.2 below for more details) or customs that may limit

female mobility have an impact on women’s access to the public sphere, including access to schools, medical advice and even income-earning opportunities. Male household members, on the other hand, face fewer restrictions on their movement outside the household. These cultural institutions thus establish the incentives, opportunities and constraints that determine peoples’ choices and actions. They also shape power relations within the family and society.

Box 1.2: Customs that influence women’s mobility patterns

One of the customs to strongly influence females’ lifestyles in Pakistan is the practice of *pardah*. Typically understood to be an Islamic injunction, *pardah* refers generally to a system of sex segregation practiced by keeping women concealed or in seclusion. Its practice is inextricably linked to issues of honor in the society and community observing it. By keeping women at a distance from men who are not immediate family members, *pardah* preempts the possibility of sexual advances toward women, along with the possibility of women responding to these advances. ‘Protecting’ a woman in this way safeguards her honor and, more importantly, preserves the honor of her family and community. This code of honor functions also to reinforce social control over women, particularly aspects of womanhood relating to independence and sexuality: not coincidentally, the rules of *pardah* do not apply to pre-adolescent girls or to older women who are beyond their childbearing years.

A primary feature of *pardah* is its requirement that women thoroughly cover themselves with clothing, although the strictness of practice fluctuates widely throughout Pakistan and across parts of South Asia. The most austere version uses the *burqa*, a black dress combined with a headcover, which completely veils the face and body. Less strict variations on the dress code include simply using a scarf to cover the head in public. In addition to defining customs of dress, *pardah* has the potential to constrain women’s mobility—especially in rural areas—by prohibiting them from traveling outside their homes if not accompanied by a male family member or group of women or children. The relationship between *pardah* and mobility is a highly complex one, however, and in some cases, *pardah* can even enhance female mobility. According to one woman, age 45, in northern Punjab:

I had no mobility problems with pardah. ... It ensures respect. If a woman with pardah goes out, she will be respected. If a school girl has to go alone and she is wearing burqa, she will be respected more.

Survey data from rural areas of Punjab and Sindh, gathered in the recent round of Pakistan Rural Household Survey (2004), show there to be large variation in observance of *pardah* across districts (Table 1.3). The sharpest differences are between northern Punjab, on the one hand, and southern Punjab and Sindh on the other. While overall observance is higher in Sindh and southern Punjab, the severity of *Purdah* conditional on observance actually is greater in northern Punjab; i.e., the proportion of observers with full body/face covering is substantially higher. This is no longer true, however, when we consider observance of *pardah* while outside the settlement in which the woman resides. Overall, nearly half of women observing *pardah* will not leave their settlement unless completely covered.

Table 1.3: Practice of *pardah* amongst rural women: Percent practicing *pardah*

	No	Yes
N. Punjab (total)	48.9	51.1
S. Punjab (total)	18.5	81.5
Sindh (total)	16.7	83.3
TOTAL	24.3	75.7

Source: Cross-tabulations from Pakistan Rural Household Survey, 2004.

1.33. Without understanding Pakistan’s cultural, legal, and social environments—and their respective influences on household dynamics, policy measures intended to promote gender equality will have very limited effect.

1.34. There are great benefits to using such a framework. By placing the household—and specifically decision-making within the family—at the heart of the framework, the Gender Assessment can “unpack” the process of household decision-making for the policy maker. This enables policy makers to choose from among the plethora of programs and program designs (available from national and international experience) those that are most appropriate for Pakistan, given its current conditions and circumstances,

as well as its goals for the future. Using this framework, the policy maker can better contemplate and address the following issues:

- i. Appropriate policy/program design:* Economic incentives alone, such as stipends for girls' education, are not likely to reduce gender gaps. What are the important non-economic factors that program design must incorporate?
- ii. Appropriate targeting of recipients:* Policy will need to specifically target girls and women to directly reduce gender inequities in access to resources and opportunities. It is important to always note, however, that prevailing non-economic conditions can make such targeted policy intervention ineffective. How can policy ensure that the targeted delivery of resources does indeed translate into equitable access to resources?
- iii. Appropriate policies to "level the playing field":* Are policies such as quotas or reservations the best means of reducing gender gaps? Here, lessons are forthcoming from the experience of the 33-percent reservation of seats for women in local government. Even with the introduction of such legislation, these seats went vacant in communities where women's mobility and public presence were most restricted. Should reservation policy be applied in labor force participation to draw women into formal labor markets? The analysis and discussion in subsequent chapters will address such questions and offer recommendations for related policy measures.

Sources of Data and Information

1.35. While existing survey data has provided much information about gender gaps in outcomes, more information is necessary to unpack the underlying factors that inhibit progress in reducing these gaps. Because so many factors derive from sociocultural conditions, understanding them requires more nuanced and detailed data sources than pre-existing data can accommodate, which in turn has required qualitative as well as quantitative methods of further data acquisition and analysis. The analysis also benefited substantially from insights obtained from papers written by Pakistani specialists on a range of topics covering women's political participation, gender issues in the water sector, issues in family law, and women's access to justice.

1.36. The Gender Assessment applies the method of combining qualitative and quantitative information to learn more about potential implementable policy design in areas such as education and health. Development studies are adopting this "qual-quant" approach as an analytical tool with increasing frequency.³⁰ The qual-quant approach is particularly useful in gender analysis because data on social and cultural characteristics—for instance, those reflected in marriage customs—are difficult to measure from quantitative household surveys and to some degree are region-specific. Qualitative data on marriage practices thus have helped inform the Assessment's understanding of them, including details on how property rights are ascribed and enforced under different, region-based norms.

1.37. *Primary household survey data.* The Gender Assessment combines the Pakistan Integrated Household Survey (PIHS) and the Pakistan Rural Household Survey (2001) or PRHS-I with the second round of Pakistan Rural Household Survey (2004) (PRHS –II). PRHS-II is a panel data set that follows about 2,000 households from PRHS-I. This second round expanded the community, facility and household questionnaire to capture, in greater detail, constraints on women's access to schooling, health facilities, credit, markets, institutions, as well as ownership patterns regarding land and other assets. The PRHS-II also provides quantitative data on a number of important gender issues, including female mobility and gendered patterns of inheritance, and on customary practices related to women and the incidence of domestic violence. The second round of the PRHS has provided this Assessment with a rich information base, allowing for identification of the critical constraints that impede progress in the outcomes summarized in previous sections.

1.38. *Qualitative study on gender.* The analysis in the Gender Assessment integrates quantitative information obtained from PIHS and PRHS with qualitative insights from a study on carried out in five rural sites in Sindh and Punjab (see Box 1.3 for a description of the data). The qualitative research also has enabled the assessment of how women can be effectively integrated into development initiatives that emphasize community involvement and participation—in a context where there are likely to be numerous constraints on female mobility and decision making.

1.39. A shortcoming of qualitative studies is that they tend to be based on a set of case studies on specific villages or communities, and this weakens the credibility and general applicability of inferences drawn from them. To address this issue, the qualitative study selected sites from a sampling frame for a representative rural household survey (see Box 1.3). In so doing, the qualitative study insights based on a few households in a community can be combined with quantitative data on all the households in that community. The qualitative study also brought to light questions that could be included in the quantitative household surveys seeking to analyze gender dimensions in Pakistan.

1.40. *Papers from Pakistani experts.* In a series of background papers, Pakistani experts have facilitated understanding of gender inequality with regards to customary practices and legal issues, access to water, and capacity-building of women representatives. From this series of background papers, the Gender Assessment derives important lessons regarding how customary practices and formal laws positively and/or negatively affect women. Women in Pakistan are vulnerable, since avenues for obtaining justice are very limited. In many areas, including family law, women have limited legal protection. Even where laws exist, women's ability to access the legal system is severely constrained by restrictions on their mobility, cultural norms that prohibit women's access to public spaces, and a general ignorance of rights and procedural problems in the justice system. The legal system does not encourage use by female victims for redressing violations of their rights. High costs and delays in obtaining justice further discourage women from trying to avail themselves of legal means to protect their rights. For victims of violence or those fleeing honor killing (the practice of killing a female family member perceived to have tarnished the family's honor), few legal remedies are available. There also is a lack of safe houses for these women, and reliable mediation mechanisms are not available. A number of civil society organizations as well as the government have taken steps to alleviate women's unequal access to justice. Given the magnitude of the problem, it is important to understand ways of scaling up current efforts to provide legal aid to women.

1.41. The background papers also address timely issues like the role of capacity-building for women leaders as the country prepares for the next round of local government elections (slated for 2005). The Local Government Ordinance 2001, which provided for 33-percent reservation of seats for women in all local councils, has created an unprecedented opportunity for women to participate in the country's political process. In the first round of elections, some 36,187 women were elected to these reserved seats. Most of the women elected in the 2000-01 elections were new to governmental decision-making and therefore had little knowledge of their rights, roles and responsibilities as councilors. While increasing the presence of women in the political arena was a necessary first step towards political empowerment, it is equally important to make women aware of their roles and responsibilities regarding the local government system if they are to make a difference in governmental decision-making. Recognizing this, several government agencies and non-governmental organizations currently are involved in building the skills and capacities of elected councilors. Examples include the Women's Political Participation Project (W3P) of the Ministry of Women's Development, Social Welfare and Special Education; and the Citizens' Campaign for Women's Representation in Local Government, convened by the Aurat Foundation. These efforts at training women councilors become increasingly critical as the country moves toward the second round of local government elections. It is important to assess these training programs and to distinguish those aspects of training that are working from those that are not.

Box 1.3: Qualitative study on gender

The main objective of the qualitative study was to shed light on some key gender issues that are difficult to tease out of quantitative data alone. The study focused on the following issues: women's participation in community mobilization activities, the interaction of social and customary practices as reflected in notions of female honor, restricted mobility, the practice of *purdah*, public and private violence against women, inheritance and marriage practices. The study also sought to understand constraints on girls' schooling and women's participation in political decision-making. Policy makers need such insights to understand how programs can be better designed and how women can be better engaged in community decision-making since the devolution reforms and increased political representation of women in local government bodies.

The qualitative survey was undertaken in five sites in rural areas of Punjab and Sindh. These sites covered five districts, with one site in each of the following districts: Lodhran (southern Punjab), Faisalabad (central Punjab), Chakwal (northern Punjab), Badin (Sindh) and Mirpur Khas (Sindh). In each site, interviews were conducted in the main village and in one settlement close to the village.

The study purposively selected these sites to ensure that both a Rural Support Program (RSP) and a non-government organization (NGO) engaged in community mobilization of men and women were active in that site. The RSPs invest in the social mobilization of women and men and have formed women's organizations across eighty districts in Pakistan. The site selection enabled the study to assess constraints and benefits associated with women's membership of community organizations set up by the RSPs.

Methodology

The interview team selected three types of female respondents for the study: married women, female Union Councilors representing the Union Council to which the selected site belonged, and the female Social Organizer responsible for the RSP's community organization in the site (an employee of the RSP). In all, sixty women from households, five female councilors, and five female Social Organizers (SO) were interviewed between May 2004 and August 2004.

A village -level census already had been conducted in the five sites as part of a larger quantitative survey of rural households in Sindh and Punjab, enabling the qualitative study to randomly select 12 married women between the ages of 20 and 45 in each site (six women were members of community organizations and six were not members). The selection process also ensured that in each site, equal numbers of women were selected from the main (or central) village and the settlement. Following the site selection, the team identified and contacted a female councilor representing that site's Union's Council, as well as the female SO responsible for that site's community organization, interviewing one of each per site.

Almost all interviews were taped, unless respondents were not comfortable with taping. Interviewers ensured that respondents were alone with them during the interviews, which were conducted in the local language. Interview transcripts subsequently were translated into Urdu and English, and then coded with the qualitative data analysis software, NU*DIST, for further analysis. The interviews combined a semi-structured format with open-ended questions, allowing respondents to discuss their views related to the interview topics

Variation across sites

What is common to all sites is the presence of the RSP that offers men and women the opportunity to mobilize into community organizations. The five sites also cover a range of regional differences that allow the study to compare and contrast findings each site. The sites represent a range of agro-climatic variations that affect livelihoods, particularly the nature of women's participation in work activities. For instance, Chakwal in northern Punjab is part of the rainfed (*barani*) areas where the population relies mainly on rain water for cultivation, causing agricultural output to vary considerably throughout the year. As a result, men in Chakwal have tended to seek employment outside the farm sector, while women have taken over the management of the family farm. In contrast to Chakwal are Lodhran and the Sindh sites that are part of the canal irrigated areas. Lodhran belongs to the heart of the cotton growing belt, where agriculture is more market-oriented and cotton-picking offers paid work opportunities for women. In the Sindh sites of Badin and Mirpur Khas, wheat is the major crop, followed by cotton. The Punjab sites (main village and settlement) are larger (in terms of number of households) than the Sindh sites. Land ownership rates are low, but range from a high of 52 percent of households in Chakwal to only 15 percent of households in Mirpur Khas.

III. OUTLINE OF THE CGA

1.42. The chapters that follow offer in-depth findings on gender gaps in the areas of education, health and participation in income earning activities. After presenting analyses of the key constraints to gender inequality in these areas, each chapter then highlights policy recommendations that can be implemented in the near term, with the objective of effectively narrowing gender gaps in that particular dimension. The report also discusses policy recommendations made by Pakistani experts on gender issues in areas such as legal provisions, access to justice and political participation in Pakistan.

1.43. Chapter 2 describes women's legal entitlements in family law (inheritance, marriage and divorce) and examines these in relation to customary practices as revealed by quantitative data (PRHS-II). This is a useful starting point for the CGA, as it brings to light the many ways in which legal and customary institutions impinge upon women's status in the household and in society. An important message of this chapter is that customary practices in Pakistan play a complex role in the lives of women. While many of these practices clearly violate legal provisions and are detrimental to women's welfare, there also are occasions when cultural practices appear to fill in the lacunae in laws or their enforceability and in so doing provide protection to women. Explaining these legal lacunae and related customary practices provides a foundation for understanding the constraints that influence Pakistani women's access to opportunities in schooling, health care, labor force participation, and involvement in the public sphere, as subsequent chapters discuss.

1.44. Chapter 3 investigates possible explanations for gender gaps in school enrollment. The chapter identifies constraints that impede both school attendance for girls and female teacher availability. The chapter argues for complementary strategies that can augment ongoing interventions and programs. Specifically, the chapter suggests a two-pronged strategy that addresses supply and demand sides. The supply-side strategy emphasizes school proximity, in addition to ways of augmenting availability of female teachers. The demand-side strategy considers initiatives to improve girls' ability to access schools through incentives (other than financial ones) that are involved in programs currently being implemented in Punjab and Sindh.

1.45. Chapter 4 explores ways to enhance the impact of policies and programs for improving women's and girls' health. The chapter investigates the determinants of female health, including the proximity to facilities, outreach programs such as the Lady Health Worker program, and access to health related information and education. The chapter finds that although a number of initiatives exist, modifications in service delivery can substantially improve the efficacy of these existing programs and policies.

1.46. Chapter 5 describes patterns and constraints to women's participation in income-earning activities. The chapter identifies both economic and non-economic determinants of gender gaps in labor force activities. Engaging in work—especially work outside the home—is one way in which women can obtain the opportunity to participate in the public sphere. This chapter collates the links between women's participation in income-earning activities, their autonomy, and their visibility in the public sphere that enhances their voice in the community and in political decision-making. This chapter concludes the report by describing how devolution, reservation of seats for women in the local government and the growth of efforts to mobilize women has opened up opportunities for Pakistani women to participate in civic affairs.

1.47. The report stresses the importance of learning from existing interventions through rigorous evaluations before scaling up the intervention or introducing new ones. Evaluations are a necessary basis for the successful scaling up of interventions, since evaluations provide the information that enables policy makers to judge which projects should be expanded. Evaluations also inform policy makers about which the aspects of program design are effective, and which are superfluous. Indeed, each of the policy

recommendations that this report suggests in the areas of education and health should be tested by means of pilot trials that assess the impact of the interventions. This will help assess the scalability and national applicability of the recommendations.

¹ Based on the text of an inauguration lecture for the new Radcliffe Institute at Harvard University, on April 24, 2001. A shortened version of this paper was published in *The New Republic* on September 17, 2001.

² World Bank, 2001.

³ World Development Indicators 2004, The World Bank.

⁴ World Bank: Pakistan Poverty Assessment, 2002

⁵ Poverty Reduction Strategy Paper (PRSP), Government of Pakistan, 2003

⁶ Poverty Assessment, 2002. As a comparison, it is interesting to note that in Sri Lanka education spending was 5.3 percent of the GDP.

⁷ Based on benefit incidence analysis of the impact of public expenditure on education on school enrollments of girls and boys. The expenditures are for 2000-2001, while data on school enrollments of girls and boys are from the 1998-99 Pakistan Integrated Household Survey.

⁸ Under the key assumption that public expenditures are proportional to public school enrollments, this exercise of estimating marginal benefit incidence is at best an approximation of the actual dynamic impact of change in education expenditure on outcomes, since it measures the impact of aggregate changes (e.g. change in total enrollment) on different groups (see Lanjouw and Ravallion, 1999 for methodological details) using cross-sectional data at a certain point in time.

⁹ Actual gross enrollments are obtained from various rounds of the Pakistan Integrated Household Survey. The PRSP target is that indicated in the PRSP (2003) report.

¹⁰ World Development Indicators database, August 2004. The World Bank.

¹¹ <http://www.prcdc.org/summaries/pakistan/pakistan.html>

¹² Calculated from the Census, *sex ratio* is defined as the ratio of the number of males to females in the population, and it is calculated as the number of males per 100 females (a ratio of 95 is considered normal). Census data is the most appropriate data source to use for calculating the sex ratio, as the Census is designed to produce a count of the entire population of the country. However, sex ratio in the population also is frequently estimated using household survey data, which can be problematic because the selection of households in the survey can affect the sex ratio estimated. See Deaton (1998) for a discussion.

¹³ The sex ratio also can be influenced by sex ratio at birth, migration, and under-enumeration of females.

¹⁴ Sen, 1990

¹⁵ Sen (1990), Coale (1991), Klasen and Wink (2001). Biologically, women tend to have lower death rates than men, so female death rates ideally should be lower than male death rates.

¹⁶ Sen (1989), Sen (1990), Coale (1991), Klasen (1994)

¹⁷ Miller, 1981

¹⁸ During the 1990s, Pakistan's fertility rate began to decline. The TFR appears to have declined to about 4.46 by the late 1990s (1998-99 PIHS). This decline has been accompanied by an increase in contraceptive prevalence rates. According to the 1998-99 PIHS, the contraceptive prevalence rate was 17 percent, which, though higher than in previous years, is one of the lowest in the region.

¹⁹ NIPS Report

²⁰ WHO and UNICEF estimate, 1996, reported in Tinker (1998).

²¹ Ashford, 2002.

²² Qureshi, Nazli and Sumro (2001) provide an overview of results from different surveys over time. Among children aged 0-5 years, the incidence of stunting—which reflects chronic or long-term malnutrition—shows an increasing trend, from almost 43 percent in 1977 (Micro-nutrient Survey) to 50 percent in 1990 (Pakistan Demographic and Health Survey) and 60 percent in 1998-99 (Pakistan Socio-Economic Survey).

²³ The Pakistan Socio-Economic Survey (SES) for 1998-99 shows a higher incidence of malnutrition among boys than among girls (Qureshi, Nazli and Sumro, 2001). Most research on gender disparities in nutritional status that is based on anthropometric measures tends not to find any statistically significant gender differences. For example, preliminary results from the PRHS (2001) on the incidence of malnutrition do not show any differences by gender (Pakistan Poverty Assessment (2002)). Haddad (1999) outlines three possible reasons for the failure to observe gender differences. First, excessive female child mortality causes the most malnourished girls to drop out of the sample. Second, anthropometric standards are age-sensitive, and a high incidence of age mis-reporting for females

could result in a large proportion of females appearing to be less malnourished than they really are. Third, the anthropometric standards are not gender neutral, since standards differ for females and males.

²⁴ Literacy refers to the capability to read and write.

²⁵ Net enrollment rates calculated for children aged 11-16. Source: Pakistan Poverty Update, 2003

²⁶ Pakistan Poverty Assessment, 2002

²⁷ Labor force participation is measured for those aged 10 or older. In contrast, most other countries in South Asia calculate labor force participation rates for individuals 15 and older.

²⁸ Kazi, 1999.

²⁹ Chattopadhyay and Duflo, 2001.

³⁰ This approach has been adopted in research on poverty where qualitative participatory poverty analysis is combined with data from household surveys. See, for example, proceedings from a workshop on qualitative and quantitative poverty appraisal, (Cornell University, 2001) and Kanbur's discussion therein.

CHAPTER 2: FAMILY LAW AND CUSTOM IN PAKISTAN

The Gender Gap between Policy and Practice

"The State shall protect the marriage, the family, the mother and child."
~ Article 35 of the Constitution of Pakistan

2.1 In order to understand the condition of women in a society, it is important to examine their status within the domain of the family. This is especially relevant in traditional societies where familial attachment and networks define many aspects of individual status and rights. It is also in the domain of the family that cultural practices have their greatest force, and laws which govern basic rights are likely to be first exercised. This chapter documents the legal position of women in the context of family laws in Pakistan and examines related customary practices that co-exist with these *de jure* provisions. An important message of this chapter is that customary practices in Pakistan play a complex and not entirely inimical role in the lives of women, so that understanding these institutions and their interaction with the law is an essential first step to improving the status of women in Pakistan.

2.2. The focus of the chapter is on marriage practices and the intergenerational transmission of wealth to women. Each of these is likely to have a very significant impact on the welfare of women and can tell us much about their options and choices in other spheres. Many customary practices related to marriage and the intergenerational transmission of wealth are without doubt flagrant violations of state as well as official Islamic law and clearly detrimental to women's welfare. However, there also are important instances where cultural practices can serve to protect women in an environment where legal protections are either absent or unenforceable. This is well known in many other contexts where traditional institutions 'step into the breach' left by absent or unenforceable legal protections. We examine some practices that appear to play this role in rural Pakistan. This is not to suggest that such customary practices yield optimal outcomes for women, but only that, given the lacunae in law and enforcement capacity, it may not be advisable to view all customary practices as equally injurious to women's welfare.

2.3. The chapter is organized as follows. Section I proceeds by presenting some background information on developments in family law in the country. Section II reviews women's legal entitlements in family property and then examines patterns of inheritance in the quantitative data and reviews alternative explanations for the patterns observed. Section III describes important customs in Pakistan's marital practices, providing an overview of marriage and divorce law regarding the rights of females. The chapter also incorporates recommendations by civil society organizations (CSOs) and legal scholars in Pakistan on how to make these laws even more effective. Finally, Section IV contextualizes these recommendations in terms of the chapter's broader themes.

2.4. The chapter relies on three broad sources of information: for law, publications of Pakistani experts, some of whom have written background papers for the Assessment; new survey data³¹; and a qualitative study (described in Box 1.3) in five villages in rural Sindh and Punjab.³² The survey includes detailed modules on both marriage and inheritance customs, providing a novel view of cultural practices from a large, representative survey. Survey data on such topics—especially that with any claim to representativeness—have rarely, if ever, been collected before in Pakistan. For the purposes of this chapter, the sample is divided into three regions: northern Punjab (districts Attock, Faisalabad, and Hafizabad), southern Punjab (districts Bahawalpur, Muzaffargarh, and Vehari), and Sindh (districts Badin, Larkana, Mirpurkhas, and Nawabshah). Southern Punjab generally is viewed as culturally and economically closer to Sindh, northern Punjab being on average richer and more developed. As will become apparent, there are striking contrasts in customary practices across these regions.

2.5. Legal scholars in Pakistan frequently have noted the lacunae in family law as it pertains to the rights of females and their position in the family.³³ Often mistakenly attributed to the tenets of Islam,

these lacunae result in part from South Asia's history of neglecting to codify official personal law (Islamic and otherwise), a history with origins in British colonial rule as well as regional variations in customary practice. These scholars note that comprehensive legal reform has repeatedly and intentionally overlooked family law, allowing the entrenchment of ancient, region-specific tribal practices so as not to offend local interests. This precedent was set in 1772, when the Warren Hastings Plan established a British-style hierarchy of civil and criminal courts across South Asia, until then a center of Muslim law. In matters regarding family law (such as marriage and inheritance), however, the Hastings Plan adopted indigenous customary norms, an approach that scholars agree was designed to minimize the risk of local rebellion against British rule.

2.6. The British reapplied this approach to family law in the 19th century, simply compiling the local customs of South Asia's various regions rather than uniformly codifying family law for the entire subcontinent. Traditional practice was to hold sway in each region, effectively reinforcing the gap between local custom and official law regarding the rights of women and girls. Even courts were barred from applying formal statutes unless local custom lacked any rule in a particular case or situation. Some of the time, customary routine prevailed in ways that were deleterious to females, who tended to be defined solely by their family role in a patriarchal society—i.e., by their need to be protected and to remain in the private sphere. Though this gap has narrowed since partition (in 1947) due to key pieces of legislation, the discrepancy between family law and customary routine has persisted to some degree, most obviously in the areas of inheritance and marriage law. In spite of legislation designed to codify and clarify females' liberties in Pakistan, cultural norms and religious beliefs routinely override statutory laws, often interfering with women's rights to family inheritance and to protection in marriage and divorce. According to Dr. Shaheen Sardar Ali, "Family law in Pakistan is a mixture of codified law and customary practices based on religious norms and administered in a secular, procedural framework of a modern day dispute resolution forum – the judiciary. ...Cultural norms and religious rules are just as potent a force, if not more, as legislative enactments."³⁴

I. INHERITANCE

Unto men a fortune from that which they have earned, and unto women a fortune from that which they have earned.
~ *The Qur'an, verse 4:32*

Women's Legal Entitlements to Inheritance

2.7. Women in Pakistan have the legal right to family inheritance, yet they rarely exercise this right. Rubya Mehdi, scholar of gender and property law in Pakistan, points out that although Islamic (*Shariah*) law and Pakistani state law both entitle women to inherit immovable and movable property (see Annex 1), under colonialism and independence alike, the rule in practice has been to deny women's control over their inheritance—of land in particular—and often their entire claim to it.³⁵ This is especially true in rural Pakistan, where the tribal nature of social organization undermines female inheritance rights. Rather than emphasizing the Islamic concept of immediate family, inheritance practices emphasize the importance of keeping property within the larger (tribal) family, which is always headed by men. Another explanation for the low incidence of female land inheritance is families' routine equation of dowry (money or property brought by a bride to her husband at marriage) with share of inheritance, though this is not legal and has been decried by government officials, activists, and civil society organizations in Pakistan.³⁶ Because few estates in rural Pakistan include any property other than land, and virtually none consist solely of non-land property, only the intergenerational transmission of land is considered in the following review of inheritance law and subsequent discussion of analysis results.

2.8. To grasp the complexity of inheritance practices involving Pakistani women, one must be aware of the legally pluralistic nature of family law in Pakistan, as well as distinctions between Islamic (*Shariah*) law, customary law, and state law. Non-Islamic law will not be discussed in this chapter, as laws specifically targeting Hindus, Christians, and other non-Muslim minorities in Pakistan typically have fallen outside the scope of family law since independence.³⁷ State law that has codified inheritance rules is based on *Shariah* law. Due to the powerful force of customary practice in the country, however, the inheritance rules most often followed are those based on custom, which can differ substantially by region and include those practiced by Muslims and non-Muslims. Because they typically supersede codified state law, these rules are accepted as ‘customary law’ on inheritance, according to Pakistani scholars of gender and Islamic law. Customary law tends to give much less recognition to women’s rights than does state law, which in some cases tends to be less generous to women than does formal interpretation of *Shariah* law.³⁸

2.9. Based on Islamic law, state law stipulates the share of women’s inheritance to be half that of men in similar relationships to them (e.g., a daughter would inherit one share for every two shares that a son inherits), due to the man’s greater responsibility for supporting the family. *Shariah* law also has distinct provisions for inheritance based on the inheritor’s relationship to the deceased: children who inherit along with parents are to receive a greater share than their parents, as a greater share of the child’s life lies in the future than does his/her parent’s; widows who have children or filial grandchildren are to receive one-quarter of the inheritance, while widows without any such descendants are to receive one-eighth; and a daughter is to receive one-half her father’s property if she has no sisters, while two or more daughters are to receive two-thirds of all heritable property between them.

2.10. State and *Shariah* laws’ clear designation of female inheritance rights notwithstanding, Pakistani women rarely receive their shares in immovable property, especially in rural areas.³⁹ This is in spite of high courts’ attempts to give special consideration to women’s interests when hearing disputes over land inheritance, often with the objective of relieving women’s sense of obligation to relinquish inheritance to male family members. In several contemporary cases, courts also have emphasized the duty of brothers to provide their unmarried sister with maintenance, whether she has never been married, widowed or divorced, *in addition* to any inheritance that is her due—*not* in exchange for it, as is the common practice.⁴⁰ According to experts, however, these cases are the rare exceptions: “...because of the barriers to women inheriting immovable property in traditionally patrilineal communities. ... [R]elatively a small number of cases come to the courts and moreover ... the superior courts decisions and attitudes are very different from that of the lower courts, which are more flexible and compromising towards the customary normative orders.”⁴¹

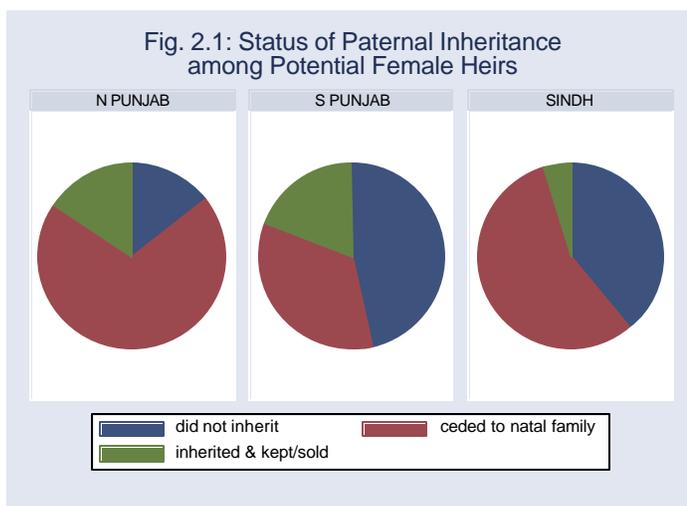
Results from Quantitative Analysis

2.11. Analysis of the PRHS-II survey data corroborates findings from previous studies of inheritance patterns in Pakistan: when women do inherit property, it typically is controlled by male heirs due to general powers of attorney, gift deeds, or voluntary relinquishment of the property by the female to the male heirs.⁴² Land remains controlled by male members, regardless of family wealth. Although in principle the family is likely to recognize female members’ *right* to inherit property, it is rarely the case that the female inheritor retains—that is, inherits and keeps or sells—the property. Women’s tendency to retain family property does not vary by family wealth, moreover. Analysis findings of regional variation in inheritance patterns suggest that women in Punjab are three to four times more likely than women in Sindh to retain inherited land.

2.12. To ascertain general patterns of landholding in Pakistan, PRHS-II asked all ever married women age 15 and older a set of questions concerning inheritance from their father, mother, and/or husband, as applicable. Around 45 percent of women whose fathers had already died reported that their fathers had land or other significant property at time of death, whereas the deceased mothers of only 5

percent of women had left an estate. Given the paucity of maternal inheritance, we focus here on transfers from the paternal side. Even so, the sample of potential female heirs is rather selective, though more so in Sindh, with 36 percent of father's having heritable wealth, than in southern Punjab (45 percent) and the wealthier northern Punjab (58 percent). The median landholding amount of fathers at death is about eight acres in both Sindh and northern Punjab, but less than half this amount in southern Punjab. Since few estates in rural Pakistan include any property other than land and virtually none consist solely of non-land property, only the intergenerational transmission of land is considered in what follows.

2.13. Figure 2.1 divides potential female heirs into three categories: (1) those who had no recognized inheritance rights; (2) those who had inheritance rights but relinquished them (in the vast majority of cases to a brother), or retained them but later returned the land to their natal family; and (3) those who inherited and either kept the land or sold it. On one level, there is little conceptual difference between categories (1) and (2); a woman may nominally have the right to inherit a share of her father's land, but, given her standing with regard to her brothers, she is under inexorable pressure to cede her rights to them or to other natal relatives. Looking, then, at category (3), there is a big difference across regions. Inherited land was retained by 16 and 19 percent of women in northern and southern Punjab, respectively, but by fewer than five percent of women in Sindh.



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2.14. Multivariate regression analysis shows that the likelihood of inheriting and retaining land does not depend on the size of the father's estate.⁴³ The same result holds if we consider the share of heritable land received by the woman (which equals zero in most cases). These findings indicate that inheritance practices in rural Pakistan are invariant to family wealth.

2.15. Even once a woman has secured possession of land inherited from her father, there remains the question of how much control she exercises over it. Among the 13 percent of women who were bona fide heirs, 13 percent of them subsequently sold their land. Of the remaining women, about 15 percent signed some form of *mukhtianaama*, a document granting a relative power-of-attorney over the land. Thus, most (of the few) women hanging on to land inherited from their father have managed to maintain operational control over it.

2.16. PRHS-II includes information on the extent of widow inheritance, but the samples are quite small. Broadly speaking, the situation of widows appears very similar to that of daughters; out of widows whose husbands had estates, only about 16 percent inherited and retained their husbands' land. In most cases where inheritance rights were relinquished, they were given to a son.

Explanations for the Gap between Policy and Practice in Female Inheritance

2.17. Why is land, by far the most important heritable asset in rural Pakistan, generally not transferred to women at the time of the father's (or husband's) death? One explanation, of course, is discrimination. Parents favor sons over daughters for many reasons, most of them culturally based. The practice of favoring sons over daughters when bequeathing land is rooted in patriarchal tribal traditions, which in the past did have a practical function; agricultural land was withheld from daughters to be "kept in the

family,” using the broader definition of family to signify the tribe or caste.⁴⁴ The high incidence of endogamous marriages—in which men and women from the same village are married, discussed later in this chapter—in contemporary Pakistan does not appear to daunt customary practice designed to keep property under tribal control, preventing the possibility that female family members take land with them when they marry and must move into their in-laws’ homes. Even though daughters are likely to remain in the village (and caste) when they marry, parents prefer sons over daughters because of deeply-ingrained beliefs that a son provides resources to family households, whereas a daughter absconds with them.

2.18. Botticini and Siow (2003) suggest an alternative explanation based on efficiency rather than parental preferences. In virilocal (by paternal descent) agrarian societies, sons invariably take over the father’s farm and, consequently, need to be given the right incentives to maintain and invest in the farm’s assets. If daughters were to share in agricultural land upon the father’s death, then brothers would have lower incentives to work hard on the land until their father’s death. Given that parents care about daughters’ welfare, but prefer not to bequeath wealth to them in the form of land for this reason, the daughters’ inheritance generally will take the form of dowry and will not include any land. Botticini and Siow present evidence (from medieval Italy) that, once dowry wealth is taken into account, daughters are not discriminated against in favor of sons in the disposition of parental property. Whether the same applies in rural Pakistan is an issue addressed later in this chapter.

Insights from the Qualitative Data

2.19. Interviews conducted in rural Pakistan (data is described in Box 1.3) indicate some proximate causes for Pakistani women not claiming their inheritance. A great majority of the 60 women interviewed expressed concerns that claiming their inheritance would violate custom and incur animosity from the natal family. They also tended to lack information about the exact share of heritable land to which the law entitles them.⁴⁵ Even those who had this information almost invariably gave—or said they would give—their share over to male family members (typically brothers) either because they felt they were abiding by a worthwhile cultural tradition, or because they feared the natal family’s (especially brothers’) reprisal if they took control of the share entitled them. None of the 60 women interviewed from the five sites in Sindh and Punjab (one of the three in Punjab, Lodhran, lies in southern Punjab) had claimed and retained the land that was their right to inherit. Only four women (6.7 percent) said they would claim it if they could, but these women either were unable to inherit land (two of the four were from families with no landholdings) or felt unable to actually obtain the property due to resistance from the natal family.

2.20. Table 2.1 displays percentages of women who had knowledge about their inheritance rights—among all 60 women, and among women interviewed per region and per site. Although almost all (95 percent) of the interview subjects were aware of their right to inherit land, a minority knew the amount to which they were entitled. Of the 24 women interviewed in the two Sindh sites (in Badeen and Mirpur districts), 23 knew of their inheritance right. Only five (22 percent) of these 23 had an idea of what amount was their due; moreover, the two women in Badeen who knew the amount both were under the impression that they were entitled to one-fourth of the land, instead of the one-third (technically speaking, one half of their brothers’ share) assured them by law.

**Table 2.1: Rural women’s knowledge and perceptions of their inheritance entitlements, by region
(Statistics are percent of those interviewed; frequencies are in parentheses)**

	Percent who knew of their legal right to inherit family property	Percent who knew what portion of the property they were entitled to inherit	Percent who would volunteer giving up inheritance to placate natal family/brothers	Total
Northern Punjab	100 (24)	45.8 (11)	62.5 (15)	100 (24)
Faisalabad	100 (12)	58.3 (7)	75 (9)	100 (12)
Talagang	100 (12)	33.3 (4)	50 (6)	100 (12)
Southern Punjab (Lodhran)	83.3 (10)	41.7 (5)	75 (9)	100 (12)
Sindh	95.8 (23)	20.8 (5)	79.2 (19)	100 (24)
Badeen	91.7 (11)	16.7 (2)	92 (11)	100 (12)
Mirpur	100 (12)	25 (3)	67 (8)	100 (12)
Average of All	95 (57)	35 (21)	71.7 (43)	100 (60)

2.21. Among all 60 women, those in the two northern Punjab sites (in the Faisalabad and Talagang districts) tended to be most informed about their privileges. All 24 women interviewed from northern Punjab were aware of their right to inherit land, though only 11 of these 24 knew how much they should inherit (and only four of the 11 were from Talagang). In Lodhran district, southern Punjab, 10 of the 12 women interviewed knew of their inheritance privileges, but only five knew how much they were allowed to inherit. Interestingly, although no one interviewed in Lodhran had accepted or would accept their share—just like in the other four sites—two Lodhran women did mention the possibility of conditional acceptance, saying that women should accept their portion of land if their brothers are not taking proper care of them. Most women—nearly 72 percent—interviewed in all five sites, when reporting that they would not consider taking their share, expressed wanting to make their brothers happy and voiced explicit fears that taking their inheritance would damage their relationships with their natal family members, namely their brothers and fathers. A large majority of women expressed these sentiments in every site, with the exception of those in Talagang, where only half (though a large portion, not a majority) reported voluntarily relinquishing their shares to brothers.

I think, I should not claim my share. I will not take it. My brother is dear to me. Brothers help in the hour of need ... If I will claim my share, the warmth of our relationship will be affected. If even brothers do not dislike it, their wives and children would definitely feel that. They say that we have taken share from them. Although, it is our right and we should take it but the relationship is affected.

~Woman from northern Punjab (Faisalabad), Age 30

I have never asked for my share, nor have they ever given it to me. Even if there comes a tough time, I will not ask for my share. If I ask for my share, others will not say anything, but my father and brother will become angry with me.

~Woman from Sindh (Mirpur Khas), Age 24

The few women interviewed who wanted to take their share were denied it and felt they had no recourse in leveraging the law that entitled them to it.

I have asked my brother to give me my share. ...But he says that I am married and it is my husband’s responsibility to feed me and take care of me. Here most of the women forgo their share; they want to take it but they don’t get it. They can’t do anything when they don’t get it; they remain silent about it.

~Woman from Sindh (Mirpur Khas), Age 22

If a daughter asks for her share, she is not considered decent and nice. My mother asked for her share so my mamoon (maternal uncle) and his family became very angry. They started fighting and we separated from each other.

~Woman from Sindh (Mirpur Khas), Age 40

II. MARRIAGE

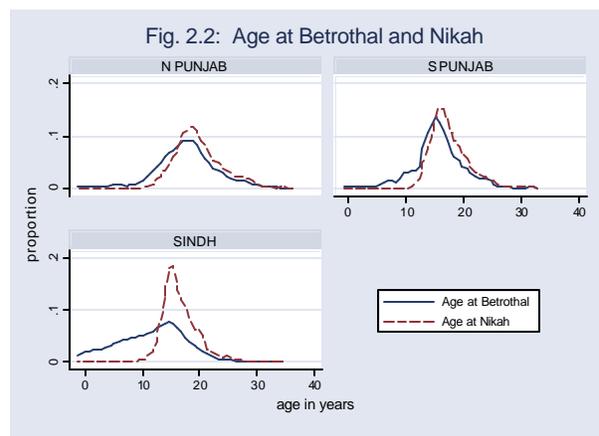
2.22. Despite landmark laws enacted in the 20th century to protect women’s rights in marriage⁴⁶ Pakistan’s legal scholars and human rights organizations agree that girls and women continue to confront profound disadvantages in marriage and divorce.⁴⁷ As with inheritance practices, cultural constraints on women’s rights in marriage and divorce are grounded not so much from Islamic law itself as in small sets of region-based customs and/or idiosyncratic interpretations of Islamic law, according to these scholars. Some of these customary practices that discriminate against women have thus been allowed to distort or overlook Muslim and state law on marriage and divorce. As this section will show, however, not all institutions of marriage currently practiced in Pakistan are necessarily harmful to women, let alone illegal. Blanket calls for the eradication of ‘backward’ customs must, therefore, be tempered with caution.

2.23. The following paragraphs address marital customs that are widespread in Pakistan, including child marriage, different marriage types such as first-cousin and watta-satta (where two different families trade their daughters for marriage), creation of the *nikahnama* (marriage contract), dowry, and endogamy, which has strong implications for women’s decision-making within the household. Though these are some of the most common customs related to marriage and divorce, only some of them have a tendency to impinge upon the rights of females. Two objectives of the analysis, below, are: 1) to better understand which customs tend to disadvantage females; and 2) to relay key recommendations—made by Pakistani scholars and civil society organizations—that aim to remedy the problems with these specific customs.

Age at Marriage

2.24. Since 1961, contracting marriage for any female under age 16 has been illegal in Pakistan. Well-known to human development experts and human rights advocates in Pakistan, the problems associated with child marriage are discussed in Annex 2. The age minimum of 16 was established as part of a set of legal initiatives—collectively known as *The Muslim Family Law Ordinance* (MFLO) of 1961—to improve the status of women in Pakistan (please see Annex 2 for elaboration). The 16-year age minimum was an improvement upon the previous age minimum of 14 for females and 16 for males, set in 1929 under the *Child Marriages Restraint Act* (CRMA), before which there had been no minimum age for marriage. The MFLO also required the consent of both male and female parties before the marriage could occur, another attempt to intervene with traditional practices in Pakistan that promote the early marrying-off of daughters by natal families. Of course, the definition of “consent” remains open to interpretation.

2.25. Data from the PRHS-II are ideally suited to analyze issues of age at marriage and consent. Women were asked both for the age at which they were betrothed and the age at which the marriage ceremony, the *nikah*, took place. Overall, the average age at *nikah* is 18 (median 17), and that at betrothal is only 14 (median 15), but this conceals considerable regional variation. In Sindh (see Figure 2.2), the average interval between betrothal



and *nikah* is nearly five years (median three years), whereas in both northern and southern Punjab the average interval is about two years (median 1 year). By the time they reach age ten, nearly 40 percent of girls in Sindh have already been promised in marriage, while the comparative figure in Punjab is just over ten percent and varies little between north and south. Moreover, a considerable proportion of girls in Sindh (about five percent) appear to have been promised in marriage at or before birth.

2.26. Focusing strictly on prima facie violations of the MFLO, one finds that 31 percent of rural women were married before age 16 (ten percent in northern Punjab, 26 percent in southern Punjab, and 43 percent in Sindh). The proportion of women who were promised in marriage before age 16, however, is much higher -- overall 57 percent (32 percent in northern Punjab, 50 percent in southern Punjab, and 73 percent in Sindh). Evidently, the law does not explicitly address child betrothals, since the girl presumably still lives in her natal home while she awaits marriage. As long as the marriage is ultimately “consensual,” the law is silent.

2.27. This brings us to the issue of consent. Practically no woman chooses her own husband in rural Pakistan. More precisely, 97 percent of women report that their parents or other members of their extended family made the choice for them, although the woman’s opinion was solicited in 12 percent of these cases. Here again we see a sharp regional contrast, in that the percentage of woman having had at least some input into the choice of husband is 27 percent in northern Punjab, 12 percent in southern Punjab, and only eight percent in Sindh. Women who have a say in the matter tend to be older at the time of betrothal than those who have no say at all, with a median age of 17 versus 14. Interestingly, the small minority of women whose opinions were solicited at the time of their marriage tended to approve of their families’ choice of husband. There are practically no cases of outright disapproval, and most cases of lukewarm approval or no expressed preference occur when the husband is a blood relative (and thus presumably well-known to the bride in advance of marriage). Still, just because a woman approved of her husband does not mean she necessarily wanted to get married so young in the first place.

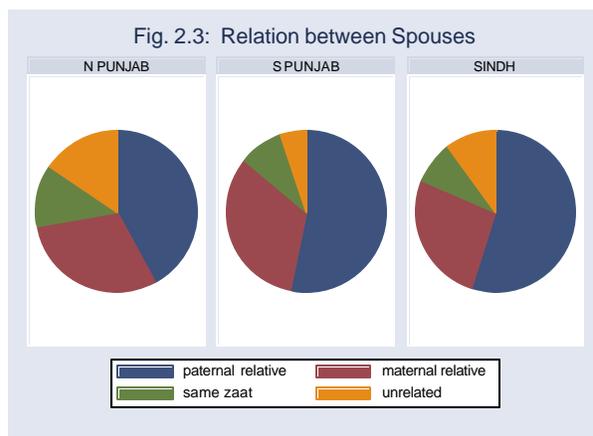
2.28. More generally, consent is a slippery concept. Minimally, it requires that the woman express “no objection” to the identity of her husband and perhaps the timing and conditions of the marriage. In practice, however, there may be no alternative for a girl but to accept the marriage arranged by her parents; it is a “take-it-or-leave-it” offer in which leaving-it is simply unthinkable. Thus, while the state can, at least in principle, ensure that minimum age requirements for marriage are met, consent is far more difficult, if not impossible, to verify and enforce.⁴⁸

2.29. In sum, legal protections regarding girls’ marriages appear to have limited scope and effectiveness: girls and sometimes their families often are ignorant of legal restrictions on child marriage; moreover, when their families do know of these rights, they can afford to flout them because enforcement is absent. Prominent civil society organizations, such as the Aurat Foundation, have in some cases taken up enforcement. Since its inception in 1986, the Aurat Foundation’s Legislative Watch Programme has redrafted several Muslim laws to make them more sensitive to gender issues. Reiterating several recommendations made by the Commission on Marriage and Family Laws, the Legislative Watch Programme has suggested additions and amendments that would make the *Child Marriage Restraints Act* more effective.⁴⁹ Some of the more important suggestions include the following: changing the definition of “child” to anyone under age 18 and effectively raising girls’ marriage age minimum to 18 years; and increasing punishments for adult males who marry children, as well as for guardians who knowingly allow their children to marry. Of course, the key issue will remain the enforcement of these restrictions on the ground.

Types of Marriage

2.30. As has just been noted, marriages in rural Pakistan are almost universally arranged by parents and other relatives with little input from the bride.⁵⁰ Under these circumstances, the interests of the family take center stage in the formation of unions. Examining the types of customary marriage that exist in rural Pakistan may reveal something of the nature of these familial interests.

2.31. First of all, PRHS-II data indicate that a remarkable 78 percent of marriages involve blood relatives, both paternal and maternal, and another 10 percent involve fellow *zaat*/biradiri (caste/tribe) members, leaving fewer than 12 percent of married couples completely unrelated to each other. The patterns are broadly similar across regions, although the preference for paternal relations is notably lower in northern Punjab (Figure 2.3).



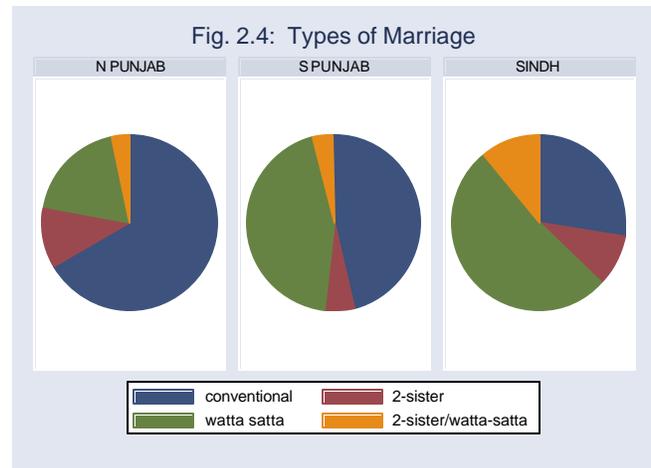
2.32. In the vast majority of cases where the spouses are blood relatives (93 percent), the woman knew her husband for a least a year before marriage—usually for all of her life. By contrast, 59 percent of women marrying an unrelated member of her own *zaat* met her husband for the first time on their wedding day. This figure rises to 87 percent for those women marrying unrelated men outside their *zaat*. The interval between betrothal and *nikah* also tends to be larger for marriages among relatives; in Sindh, this gap exceeds five years on average, compared to just over three years for non-blood relatives. Marriages between relatives thus are arranged further in advance of the wedding date than those between non-relatives.

2.33. Marriage between paternal relatives is said to be a means of keeping heritable wealth, particularly land, in the paternal lineage. Yet, the mechanism needs clarification. As noted earlier, few women in rural Pakistan directly inherit any property from their father. While women do receive bequests in the form of dowry, these are typically small amounts relative to the inheritance that their brothers receive, at least for landed households (see below). To be sure, marrying a paternal cousin keeps a woman's assets within her paternal lineage, but this is not a substantial motivation considering the sums involved. More salient, given that families indeed care about dividing wealth among their sons and daughters, is that marrying a paternal cousin enables a woman (and her children) to benefit from her grandfather's estate without actually inheriting it herself; she benefits through her husband's inheritance. As already discussed, in a context where the bulk of wealth is tied up in land and in which sons take over their fathers' farms, inheritance may be channeled through sons rather than daughters for efficiency reasons.

2.34. Considerations of property devolution are not the sole, or even an important, explanation for consanguineous marriage in rural Pakistan. The rate of marriage to paternal relatives among women with landless fathers-in-law is also high. Indirect inheritance of land by daughters cannot be a motivation in such cases. Marriage among maternal relatives is quite prevalent as well. In the context of India, Dyson and Moore (1983) suggest that cross-cousin marriage, in general, enhances the status of women as compared to marriage into an unrelated household. Women may be better treated, for example, in their cousin's household. As we will see, however, married women in rural Pakistan, unlike much of India, typically remain in reasonably close contact with their natal families, which may attenuate this particular advantage of cross-cousin marriage.

2.35. More than half of marriages recorded in the PRHS-II data are village endogamous, which is to say that the husband and wife are from the same village. The rate of village endogamy is 59 percent in Sindh, 53 percent in southern Punjab, and 45 percent in northern Punjab. Not surprisingly, a strong relationship exists between village endogamy and consanguinity. Nearly two-thirds (63 percent) of marriages between relatives occur within the same village, compared to 31 percent of intra-zaat marriages and 19 percent of completely unrelated marriages. It is not clear, of course, whether the desire for consanguinity (or inter-marriage within the zaat for that matter) leads to village endogamy, village endogamy leads to consanguinity, or some third motivation leads to both village endogamy and consanguinity.

2.36. Two unusual forms of marriage in rural Pakistan are, in order of prominence, *watta satta* (*adlo badlo* in Sindhi) and two-sister marriage. *Watta satta* is an exchange marriage whereby a woman and her brother (or some other male relative) from one family wed a sister and brother from another family, usually around the same time. The second form involves two sisters marrying two brothers (or other male relatives) from another household. Often (in Sindh at least) these two forms overlap (Figure 2.4). Remarkably, only 31 percent of Sindhi marriages take the ‘conventional’ form, compared to 51 percent of marriages in southern Punjab and 68 percent in northern Punjab. The majority of *watta satta* marriages occur between brother-sister pairs, though somewhat less so in Sindh (65 percent) than in southern and northern Punjab (73 and 80 percent, respectively). The second most popular *watta satta* arrangement, but still much less prevalent than brother-sister (16 percent of *wattas* overall), is when at least one of the counterpart couples are uncle and niece. Various other combinations occur as well, but none is very common.



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2.37. *Watta satta* may arise out of the strong preference for cross-cousin marriage, as just noted. If both brother-sister pairs involved share the same grandfather, then the *watta* effectively marries two sets of cousins. While the incidence of *watta satta* is lowest among women unrelated by blood to their husbands, the rate is still, in an absolute sense, quite high at 25 percent. *Watta satta* thus cannot solely be a mechanism for maximizing the number of marital links across related families. *Watta satta* may also be motivated by a desire to limit dowry (or bari) expenses, which normally must be paid up front. The advantage of marrying one’s daughter into one’s son’s wife’s family is that there may be no need to exchange dowries at all. This would be desirable when parents are severely cash constrained. We examine this hypothesis empirically below.

2.38. Women’s own views may provide insights into the roles of *watta satta* and two-sister marriage. When asked whether they would favor their own daughters marrying in a *watta satta* arrangement, 70 percent of current *watta satta* brides responded strongly in the affirmative, whereas 13 percent said they would strongly disfavor it. By contrast, only 27 percent of non-*watta satta* brides would strongly favor the institution for their own daughter, compared to the 44 percent who strongly disfavor. Opinion was less split regarding two-sister marriage, with 62 percent of women who are themselves in such an arrangement strongly favoring it for their own daughters, compared to 43 percent among remaining women. This suggests that women perceive advantages, but also associate a certain degree of stigma, to these marital institutions.

2.39. What might these advantages be? One way to approach the question is to ask how a woman's bargaining power is enhanced either by having her brother married to her husband's sister (*watta satta*) or by having her own sister as a sister-in-law (two-sister marriage). In the case of *watta satta*, qualitative data indicate that this arrangement normally involves a tacit agreement among the families for each husband to retaliate in-kind against his wife in case of the other husband's malfeasance. Thus, by maltreating his wife, a husband risks having his sister maltreated by her husband, a mutual deterrent which raises each wife's bargaining power within their respective marriages. Two-sister marriage may have a similar effect, but through a different mechanism. Two sisters living together in the same household as sisters-in-law are more likely to cooperate than two unrelated sisters-in-law living under the same roof. Thus, in case of disagreements with their husbands, each of the wives in the two-sister marriage has a stronger fallback position (i.e., cooperation with each other) than two unrelated wives. This gives them more bargaining power and may consequently lead to better treatment by their husbands and their husbands' families.

2.40. Are women in *watta satta* or two-sister marriages really better off than women in conventional marriages? This is a complicated question, both because of the difficulty in measuring women's welfare within marriage (see below) and due to the potential selection of women into these types of marriage. To the extent that women from poor families, or who are otherwise of low status, are more likely to enter into such arrangements, they may appear to be worse off; but this might just be a selection bias. The PRHS-II (2004) asks women several questions about the "quality" of their marriage, which can be used to construct an index of marriage quality.⁵¹ Regression analysis shows no significant difference in quality of marriage across *watta satta*, two-sister, and conventional marriages after controlling for the women's age, schooling, region of residence, and husband's land ownership. While this analysis does not necessarily fully surmount the measurement and selection problems just mentioned, it does, at the very least, suggest that women in these exotic forms of marriage are not treated *worse* than those in conventional marriage, as some Pakistani commentators have implied.

2.41. While more research is needed to uncover the predominant rationale for these pervasive marriage customs, one intriguing possibility emerges from the discussion thus far. In rural Pakistan, a woman would have little, if any, legal recourse in the event of maltreatment by her husband. It would be practically unheard of to involve the police, for example, in cases of domestic abuse. Perhaps the wife could temporarily return to her natal family, as explored later in this chapter, but this may entail stigma and shame of its own. Arrangements like *watta satta*, two-sister marriage, and even cross-cousin marriage may thus serve, at least partly, to fill a void left by the state. This argument, of course, presupposes that parents, in arranging their daughter's marriage, are also attentive to her interests — albeit, if only to avoid stains on family honor that might arise from a marital breakup.

The Marriage Contract (*Nikahnama*)

2.42. The institution of marriage (*nikah*) is central to Muslim family law. Scholars agree that the Islamic essence of marriage is a contract in which all parties involved are to honor multiple requisites that serve and protect the various parties.⁵² In light of marital practices that were particularly harmful to females during colonial rule (occurring even in the face of subcontinent-wide legislation to protect the rights of females in marriage), the government of Pakistan has taken pains to incorporate protections for women and girls into marriage law (see Annex 2) by emphasizing the importance of the marriage contract (*nikahnama*) and abiding by its requirements. While these laws have absorbed the sanctity of the marriage contract emphasized by *Shariah*, many are applicable to all citizens of Pakistan, and not just specific communities or religious groups.⁵³

2.43. The *nikahnama* is the centerpiece of the *Muslim Family Law Ordinance* of 1961. By requiring the registration of a marriage contract, and that it contain specific protections for both male and female

parties, the MFLO attempted to make marital practices more transparent and accountable to the law. The specific protections of women's rights to be incorporated into the *nikahnama* are detailed in the Annex 2.

2.44. Although the MFLO's *nikahnama* contained unprecedented protections for females entering into marriage, these protections have failed to bring sweeping improvements in Pakistan's marital practices. There are two reasons for this. First, as with other aspects of family law, requirements of the *nikahnama*—not to mention of previous family laws (i.e., the *Dissolution of Muslim Marriages Act* (DMMA) of 1939 and MFLO of 1961)—often are not met by practicing parties, as they conflict with customary practice; moreover, authorities rarely hold parties accountable for fulfilling requirements. Second, according to women's rights advocates in Pakistan, the relevant provisions in the family laws and *nikahnama* are too weak—e.g., they are too vaguely worded or lack meaningful content—to effectively intervene in customary marital practices that discriminate against women. CSOs and prominent legal scholars in Pakistan stress that the provisions most in need of change are those related to polygamy and divorce. Customary routine in both areas have put women at extreme disadvantages, tending to undercut their abilities to extricate themselves from marriages in which their basic needs and rights are not met.

2.45. In accordance with recommendations by the Commission on the Marriage and Family Laws, The Aurat Foundation's Legislative Watch Program has released several documents recommending changes to marital laws and to the *nikahnama* form as originally conceived in 1961.⁵⁴ Many recommendations involve easing the requirements that need to be met for a woman to rightfully seek a divorce.⁵⁵ Justice Majida Rizwi, who chairs Pakistan's National Commission on Women, also has urged that divorce law "...provide that a husband must intimate pronouncement of divorce to the competent authority within a limited period e.g., within a week from the date of pronouncement and violation must entail severe punishment than what is provided in law or a wife should be entitled to give the notice of *talaq* [divorce] where a husband fails to do so" because, so far, regarding divorce, "no period has been prescribed within which a husband must inform the competent authority that he has given divorce to his wife..."⁵⁶

2.46. In order to further restrict the practice of polygamy, it also has been recommended that the bridegroom should have to disclose his marital status in the *nikahnama*, which before only required the bride to disclose her marital status. Justice Majida Rizwi writes:

...the *Nikahnama* should have some additional clauses indicating if the bridegroom is already married, has never married or a widower or if marriage has been terminated through divorce in any form the same should be specified. Further if there is any existing wife that should also be mentioned. In such a case the particulars of the existing wife, the name and address should also be mentioned in the *Nikahnama*. Further in such cases if the bridegroom has taken permission from the first wife or the competent authority and a duly attested document to that effect be produced. Further if there are any children from the previous marriage, detailed information in regard to the said children and as to in whose custody children are and who is responsible to maintain them. The same particulars can be mentioned or asked about the wife also.⁵⁷

2.47. The Legislative Watch Programme also urges a looser definition of lack of "equitable treatment" in the DMMA's clause granting women the right to divorce polygamous husbands; the original provision allows divorce only if the husband, who "has more wives than one, does not treat her equitably in accordance with the injunctions of the Qur'an."⁵⁸ It is important to note that, despite lack of strong protection against second marriage, polygamy is rare in rural Pakistan. Data from the PRHS-I 2001-02 indicates that fewer than three percent of rural households nationwide contain polygamous marriages, although these figures do not account for men who may have other wives living in different households.

2.48. The PRHS-II is a rich source of information on marital contracts. According to these data, three-quarters of married women do not have a *nikahnamah* (or are not aware that they have one). There is, once again, a striking regional contrast: 69 percent of northern Punjabi women have a *nikahnamah* and 25 percent of those in southern Punjab, but only four percent of Sindhis. In addition, 72 percent of those who report having a *nikahnamah* have never read it or have never had it read to them. Given, then, that only seven percent actually have a *nikahnamah* and know what it stipulates, the scope of its protection seems severely limited. Indeed, practically no woman who had a *nikahnamah* reports that it gives her the right of divorce, though nearly a third do not have any idea one way or another.

2.49. Who obtains a *nikahnamah*? Multiple regression analysis shows that, aside from region, the only significant determinant of having a *nikahnamah* is the woman's education level (controlling for education of her father and spouse's father). Having a primary school education or less nearly doubles the odds of obtaining a *nikahnamah*, and having above a primary school education nearly triples the odds. There are two ways of interpreting this result. First, it is possible that even minimally educated (i.e., literate) women are in a stronger position vis-a-vis their husbands' families to demand a *nikahnamah*, compared to uneducated women. An alternative interpretation is that higher female educational attainment is merely capturing better treatment of girls more generally. That is, families who care more about their daughters will give them more education and, at the same time, will attach greater importance to the *nikahnamah*. Under either interpretation, the *nikahnamah* seems to have positive connotations for women.

2.50. One traditional element of the marital contract is the *haq meher*, a sort of severance clause whereby the husband agrees to pay a pre-specified cash amount to the wife in the event that he initiates divorce. Here, again, we have a custom that appears, at least in principle, to fill a legal lacuna, namely enforcement of alimony. To this extent, *haq meher*, negotiated by the parents of the bride and groom, mitigates arbitrary divorce, or at least protects women against its costs.

2.51. Nominally, *haq meher* appears to be quite important in Sindh, where 53 percent of women report an amount, according to the PRHS-II. This compares to 18 percent of women in northern Punjab and only six percent of women in southern Punjab. The amount of the *haq meher*, however, is often so low – 500 rupees or less in 30 percent of cases -- to render it a largely symbolic gesture. If we consider only *haq meher* in excess of the more respectable figure of 2500 rupees, these regional differences are attenuated. Only about 20 percent of Sindhi women have been promised such a generous *haq meher*, compared to nine percent in northern and three percent in southern Punjab. Nevertheless, these regional patterns seem to indicate that the *nikahnamah* and *haq meher* may, to some extent, serve as substitutes in protecting women's interests.

Dowry and other Marital Transfers

2.52. The role of dowry and other marital transfers is not well understood, whether in Pakistan or elsewhere, and this remains an active area of economic research. Also lacking is basic empirical information, such as who actually controls dowry assets after the marriage. This is a crucial question because, in theory at least, dowry compensates the bride for receiving only half (if any) of her brothers' share of inheritance. A second important question is whether dowry demands, as in the case of India, lead to violence against women. According to some Pakistani experts:

The custom of a dowry puts a premium on the bride. Demands for a substantial dowry are often made before the marriage. Subsequently, the bride is often humiliated or tortured [by the in-laws] for not bringing the expected amount. At times the bride is subjected to extreme violence. The violence takes many forms like burning, hanging the woman or killing her.⁵⁹

2.53. Despite the absence of precise figures on the extent of dowry violence in Pakistan, views such as these have led to the enactment of the *Dowry and Bridal Gifts (Restriction) Act* (1976), the *Dowry and Bridal Gifts (Restriction) Rules* (1976), and the *Dowry and Bridal Gifts (Restriction) Amendment Ordinance* (1980). The objective of these statutes is to restrict dowry and other marriage expenditures, even though such laws are practically impossible to enforce.⁶⁰

2.54. PRHS-II collects detailed information on transfers to the bride at the time of her marriage. Dowry, which comes from the bride's side, and bari, which comes from the groom's side are practically universal in rural Pakistan (at least in Punjab and Sindh). Both transfers are nominally intended to go to the bride, and the data indicate that, by and large, this is the case in reality. For each asset transferred, the survey asks women the extent to which it is exclusively hers to dispose of as she pleases. Tables 2.2 and 2.3 show the responses for what are by far the most commonly given dowry and bari assets, household goods (clothes, appliances, and utensils) and gold. In the case of dowry, only a fifth of recipients report less than full control, about equally split between partial and no control. Interestingly, especially in light of earlier findings, Sindh seems to be the most 'progressive' region in terms of security of property rights over dowry assets, whereas southern Punjab is the least secure by a wide margin. The story is similar for bari assets, although overall the extent of the wife's control is somewhat lower. This perhaps is due to the fact that bari comes from the family of the groom, and hence the husband and his family feel more entitled to it. Practically no women in the PRHS-II sample report receiving land as part of her dowry (this is true of bari as well), a finding consistent with the theory of dowry outlined above.

Table 2.2: Extent of wife's control over dowry

Region	Full	Partial	None	Total
Household Goods				
N. Punjab	87.9	5.4	6.7	100
S. Punjab	60.4	19.3	20.3	100
Sindh	91.7	4.1	4.1	100
All	82.5	8.5	9.0	100
Gold				
N. Punjab	81.0	7.0	12.0	100
S. Punjab	55.6	19.5	24.9	100
Sindh	93.2	3.9	3.0	100
All	79.6	8.9	11.5	100

Table 2.3: Extent of wife's control over bari

Region	Full	Partial	None	Total
Household Goods				
N. Punjab	78.2	8.9	12.9	100
S. Punjab	51.8	22.3	25.9	100
Sindh	89.0	3.4	7.6	100
All	77.1	9.5	13.5	100
Gold				
N. Punjab	67.1	10.7	22.2	100
S. Punjab	46.7	15.9	37.4	100
Sindh	86.7	6.1	7.2	100
All	72.6	9.5	17.9	100

Bequeathing wealth to daughters in the form of land creates a disincentive for virilocal sons to maintain and improve the land. According to the theory, a daughter's dowry should largely be in the form of cash or other assets (e.g., gold, clothes, utensils) whose value does not depend on the work effort of her brothers. In fact, the only productive asset to feature prominently in dowries is livestock. About 25 percent of dowries include livestock (buffaloes, most commonly), and they constitute about nine percent of dowry value on average. But this exception actually proves the rule, as livestock production in rural Pakistan is principally the responsibility of women. Consequently, bequeathing wealth to women in the form of livestock does not have negative incentive effects.

2.55. Given the generally high level of female control over dowry (and bari) assets just reported, how much wealth transfer to daughters does the typical dowry entail? PRHS-II data indicate the median

dowry to have a total value of about 10,000 Rs.(Table 2.4)—almost twice as large as median bari. Dowry and bari values are both much higher in wealthier northern Punjab than in southern Punjab and Sindh. The comparison between the value of the woman’s dowry and that of her brothers’ inheritance (calculated by dividing the father’s landholdings, valued at median land prices per acre, by the number of brothers) is revealing. Among women whose fathers had land, the median dowry is worth 15,000 Rps., whereas the median value of brothers’ inheritance is worth 100,000 Rps., or more than six times as much. Taken along with the low incidence of direct inheritance by women, these figures indicate that women from landed households are strongly discriminated against in favor of their brothers when it comes to the disposition of the patrimony. The situation is different, however, for women whose fathers do not own land. In this case, while the median dowry is only worth 7,500 Rps., the brothers are not getting any inheritance (although they may be getting *inter vivos* transfers in one form or another that are not captured in the data).

Region	Median value (Rupees)		
	dowry	bari	total
N. Punjab	31,250	16,000	49,500
S. Punjab	12,000	5,000	18,500
Sindh	6,350	3,650	11,900
All	10,,200	5,400	17,950

2.56. Multiple regression analysis shows that dowry increases significantly (1) with father’s landholdings, education, and whether he holds an important position; (2) with father-in-law’s landholdings; (3) if the woman has no sister, but not if she has no brother; and (4) with woman’s education, but only above the primary level. Thus, dowry depends strongly on the woman’s family wealth relative to the number of sisters that have to be provided dowry out of that wealth. This presents an interesting contrast to women’s inheritance, the probability of which, as we have already seen, does not vary by father’s wealth. In addition, higher dowries are associated with wealthier husbands, suggesting positive assortative mating on wealth. Finally, the *nominal* value of both dowry and bari at the time of marriage increase significantly with year of marriage, but the rate of increase is modest, on the order of 2-3 percent per annum. Thus, there is no evidence of dowry inflation, as in India, with its negative implications for the treatment of women.

2.57. Regarding marriage type, dowries are not significantly different across *watta satta* marriages and non-*watta satta* marriages.⁶¹ Bari expenditures, on the other hand, are substantially lower in *watta satta* marriages, but given the typical size of bari this difference does not seem to provide a compelling explanation for the high incidence of exchange marriage in rural Pakistan.

2.58. Finally, there is the question of whether demands for dowry or other post-marital transfers are the source of violence against women. Recent evidence from India (Bloch and Rao, 2002) suggests that husbands may use domestic abuse as a way to ‘extort’ greater dowries from wives’ natal families. According to PRHS-II, however, only about 15 percent of women in rural Pakistan say that their natal families ever provided support to their husband’s household. Far and away the most important occasion for such support was to assist in health expenditures, which could have been for the wife herself (house construction or major repair was a distant second). Moreover, only a small minority of respondents, less than nine percent, report feeling even the mildest pressure to obtain financial support from their natal families. Virtually none said this pressure was intense. Given this evidence, and the high level of control women say they have over dowry assets, there does not appear to be wide scope for dowry-related violence in rural Pakistan.

2.59. Taken together, the findings suggest that laws restricting dowry and other marriage-related transfers, to the extent that they are enforceable, may be counterproductive in Pakistan. In the first place, if we take seriously what women say about their ability to dispose of dowry assets, then dowry is the principal channel of female inheritance in rural Pakistan. It is not clear how cutting off this channel will

benefit women. Secondly, in rural Pakistan, there is little evidence of the kinds of negative consequences of dowry that have arisen in India. In particular, dowry inflation is minimal and ex-post demands for financial assistance from the natal household are modest at best. Thus, stamping out high dowries will not obviously lead to better treatment of women.

Women's Welfare and Autonomy within Marriage

2.60. It is perhaps fitting to conclude this chapter with an analysis, limited as it is, of women's welfare within marriage. Implicit in the chapter thus far has been the crucial role of the natal family, especially post-marriage. The discussion already has touched upon the high rate of village endogamy in rural Pakistan, but even those figures underestimate the proximity of natal households. According to the PRHS-II data, among the 10 percent of women whose natal families live in a neighboring village, 77 percent report that they can be visited within the same day (roundtrip), whereas, among the 16 percent (20 percent) of women whose natal families live within (outside) the tehsil, 63 percent (36 percent) are within a day visit. All in all, then, 78 percent of married women have easy access to their natal families in this sense.

2.61. Of these women with easy access, more than half report meeting members of their natal family on a daily basis. Even for those 22 percent without easy access, the majority meet with natal family members several times a year; moreover, 79 percent of women with easy access to their natal homes say that their family would shelter them for a few nights if need be, a figure that drops off to 61 percent for women whose natal families are not within easy reach. These numbers suggest that married women are far from being cut off from their natal home, as is so often the case in India, where marriage is substantially less village endogamous than in Pakistan. The households least hospitable to their married daughters our found in Sindh, where only about two-thirds of women would be welcomed back home in the event of a marital crisis. Women's expectations of financial support from their natal families show broadly similar patterns.

2.62. When asked whether they had ever temporarily returned to live in their natal home due to an estrangement from their husband, 21 percent of women answered affirmatively. Perhaps not surprisingly, this percentage is nearly twice as high in Punjab, both north and south, than it is in Sindh. These stays are typically quite short, though, with the modal period being less than a month, and thus probably reflect short-term marital upheavals rather than long-term breaches (divorce and separation are exceedingly rare in rural Pakistan, with just over one percent of women reporting themselves as such). It would appear, then, that the natal family, both in expectation and in reality, is a safe haven from the tribulations of married life.

2.63. One important indicator of women's welfare within marriage is the degree to which she has a voice in family decision-making. The PRHS-II asks married women to rank their say in various family decisions according to whether their preferences/opinions were always, mostly, sometimes, rarely, or never taken into consideration. Table 2.5 displays the results for five important decisions. One thus sees that 71 percent of rural women always or mostly have a voice in decisions regarding their children's schooling, 59 percent on whether to have another child, 56 percent on major consumption expenditures, 26 percent on community participation, and just 24 percent on working for pay. Surprisingly, given some of the earlier findings, women in Sindh appear to have the greatest voice in all decisions, except for those regarding community and political participation, in which case Sindh is a distant second to northern Punjab.

Table 2.5: Extent to which wife's opinion is taken into account in family decisions

Region	Always	Mostly	Sometimes	Rarely	Never	Total
1. Decisions regarding children's schooling						
N. Punjab	40.2	29.0	14.3	3.9	12.6	100.0
S. Punjab	42.8	20.6	17.9	1.9	16.8	100.0
Sindh	62.0	14.6	9.7	2.7	11.1	100.0
Total	51.4	19.7	13.2	2.7	13.1	100.0
2. Whether to have another child						
N. Punjab	34.1	17.2	11.9	9.1	27.8	100.0
S. Punjab	36.9	15.6	13.8	4.2	29.6	100.0
Sindh	50.8	15.6	7.3	4.5	21.9	100.0
Total	43.3	15.9	10.1	5.4	25.3	100.0
3. Major consumption expenditures						
N. Punjab	26.5	25.7	16.0	5.3	26.5	100.0
S. Punjab	26.4	10.8	17.0	2.4	43.4	100.0
Sindh	53.5	14.2	7.3	4.8	20.1	100.0
Total	40.2	15.9	11.9	4.3	27.7	100.0
4. Wife's participation in community/political activities						
N. Punjab	27.6	16.0	8.6	6.9	40.9	100.0
S. PUNJAB	5.5	7.2	6.2	2.0	79.2	100.0
Sindh	18.0	5.8	3.3	3.4	69.5	100.0
Total	16.9	8.8	5.4	3.9	65.0	100.0
5. Whether or not wife should work for an income						
N. Punjab	16.9	5.1	2.8	3.9	71.3	100.0
S. Punjab	16.6	5.1	3.2	1.5	73.7	100.0
Sindh	23.1	4.4	2.7	1.9	67.8	100.0
Total	19.6	4.8	2.9	2.3	70.4	100.0

2.64. Ordered probit regressions of the determinants of household decision-making authority show that wife's education matters, but only above the primary level. Women with some education below the secondary level are no more likely to have their opinion taken into consideration in any of the five decisions in Table 4 than women with no education at all. The seven percent of women with secondary-level schooling or above, on the other hand, have a significantly greater decision-making voice than do unschooled women in all five cases. Once again, however, one must be cautious about interpreting schooling effects in this context. Parents who treat their daughters better in general may provide them with both more education and a more considerate husband.

2.65. To sum up, two key findings emerge from this analysis. First, the strong tendency toward marital endogamy in rural Pakistan has positive implications for women’s welfare. Compared to India, for example, married women in Pakistan are much more closely connected, geographically and otherwise, with their natal households. This means that, in the event of marital trouble, women have someone to turn to, or at least some place to go to. As a consequence, one can surmise that Pakistani women have, *ceteris paribus*, higher marital bargaining power than their Indian counterparts. Second, the extent to which women in rural Pakistan take an active role in household decision-making depends strongly on the nature of the decisions. Women have much greater say in decisions internal to the household, such as those involving children, than they do in decisions on external matters, such as their participation in community activities and in the labor force. This finding confirms the overarching influence of *pardah* on the mobility and, ultimately, on the autonomy of rural women in Pakistan.

III. DISCUSSION OF RESULTS AND IMPLICATIONS FOR POLICY INTERVENTIONS

2.66. Given research by highly reputable legal scholars in Pakistan—together with some of Pakistan’s most prominent civil society organizations and human rights activists—it is clear that the lacunae in Pakistan’s family law have considerable consequences for females. Using both quantitative and qualitative data, the analysis conducted for this Gender Assessment confirms the distinct disadvantages to women and girls that result from certain marital and inheritance customs, many of which are filling gaps in related law and/or enforcement of the law.

Recommended Modifications of Family Law

2.67. Analysis results corroborate Mehdi’s (2002) expert study of gender and inheritance law in Pakistan, finding that women’s tendency to relinquish property inheritance to brothers stems from the expectation that brothers will continue to support sisters into adulthood and after marriage, as women traditionally have had few resources with which to support themselves and limited legislation with which to protect themselves. Fortunately, by enacting legislation that protects the rights of females in marriage and divorce—and now by focusing on increasing opportunities for female education, remunerated labor and political participation, as the following chapters will show, the Government of Pakistan is laying the groundwork for women’s self-empowerment, complementing efforts by prominent civil society organizations to educate the public and foster communities of support for women. This diminishes the traditional need for women to fall back on male members of the natal family; it also should encourage greater enforcement of statutes that protect and empower women.

2.68. In terms of bolstering women’s rights to inherit family property, Justice Majida Rizwi has recommended that inheritance law require families to document inheritance rights through the writing of wills, and that the state more strictly enforce adherence to legal documents:

In Section 4 of the Family Laws Ordinance, wherein an appeal is lying before the Shariat Appellate Bench of the Supreme Court, if the same is accepted, then amendment in the law will be needed to make it compulsory for every citizen to make a will in regard to his assets specifically where the issue of propositus children exists to provide for such children which is allowed under the Islamic laws. In different Islamic countries this mode has been adopted to overcome and solve the problems in regard to children of a propositus son/daughter. Such will, will not be subjected the limitations which exist under the inheritance law.⁶²

2.69. The empowerment of females in other family dynamics—such as choice in marriage, age of marriage, control over dowry, and household decision-making—also can be bolstered by targeted

modifications of marriage law. These modifications (many of which have been discussed above) primarily address the three marital customs determined to impinge most on the welfare of women and girls in Pakistan: child marriage, polygamy, and overly stringent requirements for females to initiate the dissolution of a marriage. Justice Majida Rizwi, The Aurat Foundation's Legislative Watch Programme, and other prominent voices advocating for women's rights in Pakistan have called for increased legal protections on women's rights in marriage and divorce by amending provisions regarding marriage and divorce in particular family laws. Suggested amendments that would make the *Child Marriage Restraints Act* more effective include: changing the definition of "child" or "minor" to anyone who is under eighteen years of age, thus raising the minimum marriage age for girls to 18; increasing the punishment for adult males (18 years and over) (18 years and over) who marry a child from a maximum of one month's imprisonment and/or a fine of 1,000 rupees (1929 provision) to a maximum of three years' imprisonment and/or a fine of 15,000 rupees if the bride is between 16 and 18 years of age, and a maximum of five years' imprisonment and/or fine of 25,000 rupees if the bride is under age 16; and increasing the punishment for guardians involved in a child marriage and for whomever knowingly conducts, performs, or directs any child marriage from the 1929 maximum (one month's imprisonment and/or 1,000 rupees) to the recommended punishment for adult males who marry the child (above).⁶³

2.70. Other Aurat Publications have suggested specific changes to the DMMA (1939) and to the *nikahnama* form as originally conceived in 1961 in order to ease restrictions on Pakistani women's rights to divorce. The recommendations primarily involve broadening the grounds on which a woman can rightfully seek and obtain a divorce. The specific recommendations can be found in Annex 3 of this chapter. Finally, the collective changes recommended by the Legislative Watch Programme and Justice Majida Rizwi (2004) to improve legal clauses pertaining to polygamy—though it is atypical of rural Pakistan—include changes to the *nikahnama* form as well as to DMMA provisions (please see Annex 3 details).

Building the Infrastructure to Encourage Women's Pursuit of their Rights

2.71. While modifications to family law constitute clear policy levers for improving the status of women in the family, activists and legal scholars in Pakistan stress the need to reinforce statutory measures by building community- and law-enforcement infrastructure that allows women to take advantage of legal protections.

Enforce strict record-keeping

2.72. Better record-keeping of family events such as marriage, divorce, birth and death is crucial to helping women seek legal aid and protection. State enforcement therefore must underscore legal recommendations for better record-keeping, such as Rizwi's suggestion that "Sub-Section 3 of Section 5 of the Muslim Family Laws Ordinance must be amended to provide that a marriage not solemnized by the Nikah Registrar shall be reported by the person who has solemnized such marriage within specified time."⁶⁴

2.73. Legal activist Zia Ahmed Awan, of the Lawyers for Human Rights and Legal Aid (LHRLA), emphasizes the importance of enforcing legal protections for women at all levels, remarking that the "...law ministry should review the pending assignments of law commission and take immediate action on those that are linked with the protection and promotion of human rights in the country" and that the government should create mechanisms for strict implementation of UN/International/Regional Protocols & Conventions being ratified by the country. Pakistan's Supreme Court, as well, "should take up the issue of women protection and monitor [the] government's action in this regard.... A Lady Ombudsman should be appointed to check the violence against women and redress their problems with independent judicial powers." At the police level, the police department "should establish monitoring cells at city and

provincial level to check the reported cases of violence against women... [T]he process of the investigation of cases has become outdated and the police department should take measures to adopt latest trends of investigation and develop a separate team to investigate the matter relating with the crime against women and children.” Regarding record-keeping, Awan suggests, “Police should collect national statistics to create a profile of the women victims of violence and also the perpetrators.”⁶⁵

Educate Women about their Rights and Protections

2.74. How to educate girls and women about their rights and sources of protection is a critical question in light of low rates of girls’ schooling and *purdah*-based restrictions on women’s mobility. CSOs such as the Aurat Foundation and Pakistan’s Society for the Advancement of Community, Health, Education and Training (SACHET) have been making critical contributions in this area, using media and community outreach efforts to mount campaigns that disseminate information about female rights regarding child marriage, dowry, and divorce. The beneficial effects of such information campaigns are inestimable, as evidenced by comments of one southern Punjabi woman (interviewed for the qualitative study), who had left a situation of domestic violence and then returned to change it for the better, after being informed of her rights in marriage and divorce (see her interview in Box 2.1; her comments are in italics, and the interviewer’s are in regular type).

Box 2.1: Exposure to Media Information on Women’s Legal Rights Does Make a Difference

How long has it been since you are back? *Two months.*

How are things this time? *I said that if you hit me now, I will go into court and say he hits me. And if you fight with me I will go to court. He said that your family will not let you go and I said I will go alone. It’s my right to go.*

Who told you this? *I saw it on the television.*

You have one? *No, I go to my mother’s house and see it there. They show this on it, say that it’s a right of women to do this.*

How long have you been watching television? *For four-five years.*

Ok, in the CO [local community organization for women], are things like women’s right to divorce discussed? *Yes. These things are talked about in the CO. [The Social Organizer] came and told us what rights we have. She says ask for your rights. She says it is your choice whether you want to go or not. No one can ever force you.*

This social organizer of the CO, did you find out more from her or the television? *That program on TV.*

Which one? *One is that khawateen time, there is this other one, I can’t remember its name.*

Doesn’t matter. Does it come in the morning or evening? *It comes in the mornings. It says in that women have a right to divorce. They ask for more dowry, those sorts of programs.*

You didn’t have a problem that the dowry is too little did you? *In our family there is no problem of dowry. We give dowry even when we are poor. They think that it’s our daughter, give as much as we can.*

Now you are happy with him, you want to stay with him? *Yes.*

~Female CO member, Age: 23; Lodhran

2.75. In order to continue progress made with public education initiatives, Zia recommends further action by CSOs, such as launching awareness campaigns—particularly in rural areas—on laws that protect women, addressing gender-based discrimination at grassroots levels, and moving “from a paradigm of reintegration and rehabilitation to an approach that protects and promotes the human rights of women in the country.”⁶⁶

Provide Safe Havens, Free Legal Aid, and other Encouragements to Women to Seek Justice

2.76. A major recommendation of women’s rights advocates is that the government address the lack of means by which females can access legal support and safety when they boldly go against convention—and often their families—to claim these rights. Zia recommends that a substantial amount of the budget “be allocated for the development of women,” which would include increasing their access to information and providing free legal aid at the district level for cases regarding the rights of women and girls.⁶⁷ It also includes granting judicial powers and allocating sufficient resources to Pakistan’s National Commission on the Status of Women. Law enforcement officials also need to be trained about the sensitivities of gender issues in law, which would be most effective if there were a greater number of female police officers: “Proper and trained women staff should be appointed at all women police stations to provide community friendly services. Women police station staff should undergo regular sensitization training to deal with the victims as well as general public.... The number of female police staff should be increased.”⁶⁸

2.77. Once women do utilize information about their rights and free legal aid, they need to be assured protection against retaliation, such as physical and/or mental abuse by disgruntled husbands, in-laws, or natal family members. According to Awan, “There is a dire need of support system for women victims of violence and government should immediately establish crisis centers/shelters for them.”⁶⁹ Government also should help CSOs develop “unconventional shelters.” CSOs also should engage in “strong networking with all service-providing GOs [government organizations] and NGOs [non-government organizations] to help the victims and survivors of violence” and, to further ensure adequate protection of rights, “CSOs should form watch groups to monitor the role of police and judiciary, especially cases pertinent to violence against women.”⁷⁰ With increased availability of safe houses, crisis centers, and responsive police protection, women no doubt will feel more assured that pursuing their rights is well worth the risks.

2.78. As discussed in this chapter, lacunae in the law and their attendant customary practices powerfully shape the landscape of opportunities for women and girls in Pakistan. The same types of constraints that deter women from claiming their rights and legal entitlements—such as heritable land, the freedom to not enter or to leave a marriage that is detrimental to their physical and mental well-being, and protection from self-sacrifice in order to protect their family’s honor—also inhibit their progress in other dimensions of society. As the following chapters will show, female opportunities for education, health care, labor force participation, and involvement in the public sphere all have the common quality of being curtailed by limitations that women in particular face in Pakistan. These limitations include restrictions on female mobility, low access to information, and a lack of leverage in decision-making both within the household and outside it, e.g., in the political arena.

³¹ The data used here are from the second round of the Pakistan Rural Household Survey (PRHS II), 2004. The survey covers 94 villages in Punjab and Sindh (the sample is broadly representative of the provinces) and was designed by Hanan Jacoby and Ghazala Mansuri of the World Bank’s Development Economics Research Group (DECRG). The Pakistan Institute of Development Economics, Islamabad collected the data, collaborating with DECRG. The chapter uses early results from Jacoby and Mansuri’s ongoing work.

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- ³² The qualitative study was done as a collaborative piece of work with another ongoing study, an evaluation of a Community Driven Development Project in Rural Pakistan.
- ³³ Ali 2000; Awan 2005; Mehdi 2002; Rizwi 2004;
- ³⁴ Ali 2000: 139. Dr. Ali is former Minister for Health, Population, Welfare and Women's Development for the Government of Pakistan and Former Chairperson of Pakistan's National Commission on the Status of Women. She currently is Professor of Law at the University of Warwick, in the UK.
- ³⁵ Mehdi 2002: pp. 25-41. See Annex 1 for a discussion on changes in state law on Muslim inheritance.
- ³⁶ *The Dowry and Bridal Gifts (Restriction) Act* of 1976 was the Government of Pakistan's first attempt to constrain the practice of dowry, which is discussed further in Section 3 of this chapter. Please see Annex 2 for more information on civil society organization efforts to restrict the practice of dowry.
- ³⁷ Non-Muslims have no representation on Pakistan's Commission on Marriage and Family Laws, which thus tends not to make recommendations for modifying family law regarding non-Muslims, and dispute settlements typically rely on cultural and religious norms specific to the minority group—much in the tradition of customary law practiced among Muslims as well. For more discussion on this topic, please see Pakistan, 1997. Report of The Commission of Inquiry for Women, pp. 20-21.
- ³⁸ Ali 2000; Mehdi 2002.
- ³⁹ Mehdi 2002; <http://pakistan.lead.org/media/report4jan04.htm>
- ⁴⁰ A detailed description of the precedent-setting case of Ghulam Ali v. Ghulam Sarwar Naqvi and related cases can be found in Mehdi 2002, pp. 34-40.
- ⁴¹ Mehdi 2002: 40.
- ⁴² Ali 2000; Mehdi 2002; <http://pakistan.lead.org/media/report4jan04.htm>
- ⁴³ Multivariate regression analysis also shows that while women's education has no significant effect, older women are more likely to inherit and subsequently retain land. Older women may be more likely to inherit because the property more often comes up for inheritance for women of higher ages than for younger women, whose fathers are more likely to still, be living.
- ⁴⁴ Ali 2000: 114; Mehdi 2002: 35;
- ⁴⁵ http://sachet.org.pk/home/news_updates/news_14.asp
- ⁴⁶ Please see Annex 2 for a list of laws cited in literature on family law and women's rights in Pakistan.
- ⁴⁷ Ali 2000; Mehdi 2002;
- ⁴⁸ In fact, there appears to be little enforcement of MFLO of any kind. Often family members simply will falsify a girl's age on her marriage certificate to avoid any questions from authorities, who typically will not attempt to ensure the veracity of the information reported (Ali 2000).
- ⁴⁹ "Suggested Additions/Amendments in Muslim Family Laws: The Child Marriage Restraints Act, 1929 (XIX of 1929)." Aurat Foundation, Legislative Watch Reports (Islamabad), various years.
- ⁵⁰ What little input there could be on choice of spouse is very constrained by limitations on girls' mobility and, above all, on her association with members of the opposite sex. Please see Annex 2 for details.
- ⁵¹ The questions are: (1) "Does your husband usually spend his free time with you?" (2) "Does your husband show affection towards you?" (3) "Does your husband respect you and your wishes?" (4) "How happy are with your overall relationship with your husband?". Questions (1)-(3) can be answered "frequently", "sometimes", or "never". Question (4) can be answered on a five point scale.
- ⁵² Ali 2000; Mannan 1995.
- ⁵³ Pakistan, 1997. Report of The Commission of Inquiry for Women, p. 19.
- ⁵⁴ "Suggested Additions/Amendments in Muslim Family Laws: Nikahnama Form"; "Suggested Additions/Amendments in Muslim Family Laws: The Dissolution of Muslim Marriages Act, 1939 (VIII of 1939)"; Aurat Foundation, Legislative Watch Reports (Islamabad), various years..
- ⁵⁵ The Aurat Publication's recommendations for looser grounds—compared to the DMMA's (1939) originally-specified grounds for female-initiated divorce—are discussed in Annex 3.
- ⁵⁶ Rizwi (2004), p. 6.
- ⁵⁷ Ibid., p. 7.
- ⁵⁸ "Suggested Additions/Amendments in Muslim Family Laws: The Dissolution of Muslim Marriages Act, 1939 (VIII of 1939)," Legislative Watch Programme, Aurat Publication and Information Service Foundation – Islamabad.
- ⁵⁹ Pakistan, 1997. Report of The Commission of Inquiry for Women, p. 39.
- ⁶⁰ For a description of *The Dowry and Bridal Gifts (Restriction) Act*, 1976, please see Annex 2 of this chapter.

⁶¹ Only *watta satta* marriages in which both counterpart couples are already married are included, since these cases are more likely to be motivated by a reduction in dowry or bari expenses.

⁶² Rizwi 2004.

⁶³ “Suggested Additions/Amendments in Muslim Family Laws: The Child Marriage Restraints Act, 1929 (XIX of 1929)”; “Suggested Additions/Amendments in Muslim Family Laws: Nikahnama Form”; “Suggested Additions/Amendments in Muslim Family Laws: The Dissolution of Muslim Marriages Act, 1939 (VIII of 1939)”; Aurat Foundation, Legislative Watch Reports (Islamabad), various years..

⁶⁴ Rizwi 2004.

⁶⁵ Awan, 2005, p. 20.

⁶⁶ Awan 2005, p. 22.

⁶⁷ Awan 2005, p. 21.

⁶⁸ Awan, p. 21.

⁶⁹ Ibid..

⁷⁰ Awan 2005, p. 22.

CHAPTER 3: IMPROVING GIRLS' SCHOOLING

"Seek knowledge from the cradle to the grave"

~Commonly quoted saying of the Prophet Mohammed

3.1. At the end of the 1990s, just one in every two children of primary school age (6-10) in Pakistan was enrolled in a primary school and one in three children age 11 and up was enrolled in middle or high school. This picture worsens substantially if we look at girls and is even more dismal for rural girls. Less than one in every two girls was in a primary school and just over one in every four was enrolled in a middle or high school. These numbers are low, not just in an absolute sense, but also in comparison to other countries at similar levels of income and, in particular, to the South Asian experience.

3.2. This low level of educational attainment among women has far-reaching consequences. Education makes women more productive both inside and outside the household.⁷¹ A mother's education has a beneficial impact on family size, the well-being of her children, and her use of community services.⁷² Outside the home, women's education raises productivity both in wage employment and in agriculture.⁷³ Schooling also enables women to meaningfully participate in the political process; research on women's political participation in Pakistan has identified illiteracy as a major obstacle in accessing relevant information and dealing with electoral procedures and political issues.⁷⁴

3.3. This chapter argues that while the current picture is far from desirable, there are grounds for cautious optimism if one looks at the experience of the 1990s. While this period yielded virtually no improvements in overall enrollment levels, enrollment rates among rural girls rose quite substantially, in both the lowest and the highest expenditure deciles. Since rural girls have lagged quite far behind, this is particularly encouraging.⁷⁵

3.4. Can we expect the coming decade to replicate and further improve this pattern of enrollment growth, particularly for rural girls? In this chapter, we carefully examine the experience of the past two decades and identify the growth levers that have pushed the process this far. We then look at the potential of these levers to get us to the next stage. In doing so, we identify some key constraints that are likely to become even more significant over the coming decade and argue for a innovative and multi-pronged strategy to obviate them. The key issue is that further improvements in enrollment and retention will rest substantially upon successfully pulling in poorer and spatially more isolated children.

3.5. Our analysis can be summarized as follows. First, school proximity is a serious constraint to female education. Policies that can decrease the physical cost of attending school for girls are likely to pay big dividends. How can we achieve this? While school construction will continue to be important, a more nuanced approach that also pays attention to the needs of scattered rural populations where dedicated community-level schools are never going to be feasible is also required. Second, even where feasible, school construction is likely to face another important constraint: there simply are too few educated women in many Pakistani villages. Why is this important? Female teachers are mandatory in government schools for girls, and are strictly preferred by private schools, but there are very significant barriers to female mobility which prevent educated women from relocating or commuting to where the jobs are. Hiring and retaining female teachers thus will continue to be a problem, and ironically this problem will be at its worst in precisely those areas which are currently poorly served.

3.6. This is a potential Catch-22 situation. The construction of a middle or high school is not likely to be warranted in every community; however, the absence of such schools *sufficiently* close by will pose a significant constraint on the development of primary schools, and—as we show below—will particularly discourage private primary schools. Once again, breaking this unfortunate cycle will require innovative interventions to get girls to middle and high schools without having to construct a middle or high school

in every habitation. Since cultural constraints are not likely to be amenable to short-run policy levers, the creation of a *cohort* of educated women in every village will require creativity in policy interventions. Given existing marriage, residence and migration patterns, however, educated girls are likely to remain in the villages where they come from and will thus constitute a ready pool from which the teachers of the next generation could be drawn.

3.7. This is not to argue that other factors such as income, parental education, parental attitudes and differences in returns to schooling between parents and children do not matter.⁷⁶ Clearly they do, and they also influence the differential schooling choices of parents for their male and female children. Some of these factors, though well understood in the literature, are unlikely to be amenable to policy, at least in the short-run. Others, particularly financial constraints, are already being addressed by several ongoing programs that provide income transfers via stipends, school meal programs, school books and uniforms. Our objective here is to identify constraints other than the purely economic that clearly impede both school attendance for girls and female teacher availability. We thus argue for *complementary* interventions that could substantially augment the efficacy and uptake of other ongoing interventions.

3.8. A two-pronged strategy to improve female education in the country is required. The first is a *supply-side* strategy that decreases the physical cost of attending schools for girls. This strategy calls for school proximity as a viable *policy lever* that can be used by the government to improve female education. A body of evidence, drawn from current and ongoing work, shows that such a policy is likely to yield high dividends. This chapter argues for the introduction of specific initiatives—beyond school construction—to improve school access. Secondly, the chapter also examines some current *demand-side* initiatives. While several such initiatives are currently underway, we know little about their impact. Systematic evaluations of these programs could teach us much about what works and how to design future policy.

3.9. The remainder of this chapter is structured as follows. Section I discusses the institutional arrangements for delivering education services in the country and reviews a number of the initiatives to improve schooling outcomes that are currently underway, with a view to examining how these impact outcomes for girls in particular. Section II examines educational outcomes over the decade of the 1990s. Section III examines the impact of school proximity on school outcomes. Section IV builds on the analysis of section III by examining potential constraints on supply side initiatives that focus on school construction, private or public, arguing that mobility constraints on women are likely to generate female teacher shortages, which will be more acute in currently underserved areas. Section V examines potential policy alternatives. The chapter utilizes a number of household data sources, the main one being the Pakistan Integrated Household Survey (PIHS) of 2001-02 and 1991. It also relies on early results from ongoing work.⁷⁷

I. DELIVERY OF EDUCATIONAL SERVICES IN PAKISTAN: THE INSTITUTIONAL SETUP

3.10. The achievement of universal primary education, with a particular emphasis on promoting girls' schooling, has been a government priority since the early 1990's. The Education Sector Reform (ESR) action plan (2001-2005) reiterated this. It is also a core component of the PRSP education strategy.⁷⁸ Reflecting this priority, the number of boys' and girls' public primary schools increased throughout the 1990s. By 2000-01, there were 127,709 public primary schools and 12,984 public middle schools in Pakistan.⁷⁹

3.11. Over this same period, there was also a substantial expansion of private schools. By 2000 there were about 32,000 private schools in the country.⁸⁰ Data from the Private School Census shows that these schools are playing an increasingly important role in primary education, both in absolute terms and relative to public schooling; moreover, growth trends indicate a marked increase in private primary

schools in rural areas.⁸¹ Interestingly, these for-profit institutions have focused mainly on co-educational schooling, in sharp contrast to the typical single-sex public school.

3.12. The growth in private schools appears, to a large extent, to reflect a rising demand for better quality schools. The PRSP notes that while the expansion of schools during the 1990s (under the Social Action Plan) increased school quantity, little attention was paid to school quality issues, including teacher availability. The ESR action plan includes a number of steps to address such quality issues.

3.13. In the post devolution period, responsibility for the delivery of education services has shifted, to a substantial degree, to provincial and district governments, which have put into place several programs to improve education service delivery.⁸² The federal government has, however, continued to play an important role through the setting of policy priorities as well as federal education programs. The National Education Policy (NEP), for instance, puts particular emphasis on closing the gender gap in education and improving school quality. Recognizing the growing importance of private schools in education, NEP also aims to encourage private sector participation. The ESR action plan outlines both short- and long-term strategies for achieving NEP goals, including the important 'Education for All' (EFA) goal.

3.14. One focus area of the ESR is the achievement of universal primary education. This is being implemented through the promulgation of the Compulsory Primary Education Ordinance. The goal of universal primary education is to be achieved partly through a change in the mechanism for allocating new schools. While schools were initially allocated to communities on the basis of population,⁸³ gender and need now will also play a role in school placement decisions. Our analysis, discussed later in the chapter, shows that this new approach could be quite effective in improving school enrollment and retention rates for girls.

3.15. The ESR also includes initiatives for a public-private partnership in the provision of education. Its main objective is to use such a partnership to enhance access to better-quality schools. Some of the strategies being considered on this front are to transfer the management of under-utilized public schools to the private sector, to encourage school placement in under-served areas through the provision of grants and soft loans, and to implement the "adopt a school" program.⁸⁴

3.16. The implementation strategy for the ESR also includes the provision of various incentive packages. One such innovative program, Tawana Pakistan, is a federally funded school-based meal program.⁸⁵ This program is implemented through district governments working in close collaboration with provincial Education and Health Departments. About 500,000 primary school-age girls (5-9 years) are being targeted under this program for a period of 3 years (2002 – 2005). The program, which currently is being implemented in 20 high-poverty districts all over Pakistan, hopes to reduce the gender gap in school enrollment and school retention at the primary-school level. The design of the program includes non-enrolled girls. In a typical school, the program intends to provide food (one cooked meal a day), vitamins, iron and de-worming medicine to 100 girls, of which almost two-thirds are non-enrolled girls. The non-enrolled girls are invited to join the meal program and get enrolled in the school. The program is currently under implementation; no external evaluation of the program is yet available.

3.17. A number of other incentive programs also have been introduced in different provinces. Middle school stipend programs currently are being implemented in Sindh and Punjab. The Sindh government has an ongoing scholarship program for girls in rural areas, which provides monetary support to girls who are enrolled in middle school. Punjab recently has initiated a stipend program for middle school girls through the Punjab Education Sector Reform Program. Each girl enrolled in a public sector middle school is given a stipend of Rs. 200 (less than \$4) per month, provided she has an 80-percent attendance rate. The program targets girls in 15 low-literacy districts in the province. About 175,000 female students are being covered by the program.

II. DIMENSIONS OF THE GENDER GAP IN EDUCATION AND THE EXPERIENCE DURING THE 1990S

The Picture in 2001-02

3.18. In 2001-02, only 58 percent of primary school-aged boys and 46 percent of school-aged girls were enrolled in primary school (Table 3.1). At the provincial level, participation in primary school was highest in Punjab and the lowest in Balochistan; the gender gap follows a similar pattern and was smallest in Punjab and largest in NWFP and Balochistan (Figure 3.1). The rural-urban divide is striking. At the primary level, enrollment rates for both boys and girls are around 65 percent (boys just above, girls just below). For boys the differential between rural and urban groups at 10 percent is perhaps not very high; for girls though, the difference is closer to 25 percent, largely due to much lower female enrollment rates in rural regions. Consequently, and this is common to both primary and secondary schooling, the gender gap is largely a *rural* phenomenon.

3.19. This gender gap can arise either because fewer girls enroll in schools to start with or because once they enroll, they are more likely to drop out. In fact, it is a combination of the two. At every age, a higher percentage of girls in rural regions have never attended school. The percentage of boys who have never enrolled, however, declines from 60 percent at age five to 20 percent by age eleven, suggesting that boys continue to enter school at older ages. For rural girls, the percentage never attending declines from age five to age nine, but remains stagnant thereafter at about 50 percent, implying that girls tend to enter school up to—but not after—age nine (Figure 3.2). Pakistan's education system is thus failing to attract girls, with a large percentage of rural teenage girls never having enrolled in school.

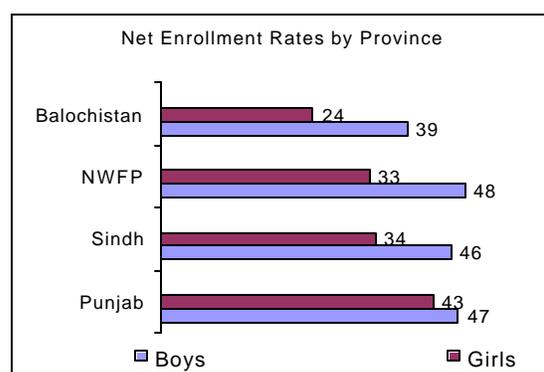
3.20. Among children who have attended school, girls drop out at a much higher rate, particularly in rural areas. The dropout rate is higher for older children and tends to accelerate after age 12, when girls drop out of school at a much higher rate than boys do (Figure 3.2). This is the age at which children are typically in middle school (classes 6-8). This acceleration in dropout rates around adolescence suggests that perhaps cultural practices surrounding adolescence and attainment of puberty may make it difficult for girls to continue attending school upon reaching that age. In particular, the norms of *purdah* and restricted mobility of females would be more strictly observed after reaching menarche, rendering access to schools more difficult for girls. We show below that such concerns significantly reduce school attendance for older girls. In such a context, supply side interventions, such as improvements in school quality, or demand side interventions, such as incentive schemes, are likely to be much more effective if they also explicitly address such concerns. We discuss this in more detail below.

Table 3.1: Net School Enrollment Rate, PIHS 2001-02

	Primary (6-10)		Secondary (Middle and High School) (11-16)	
	Male	Female	Male	Female
Urban	66.8	64.6	45.3	49.5
Rural	55.1	39.3	34.8	17.3
Overall	57.9	45.5	37.8	27.1

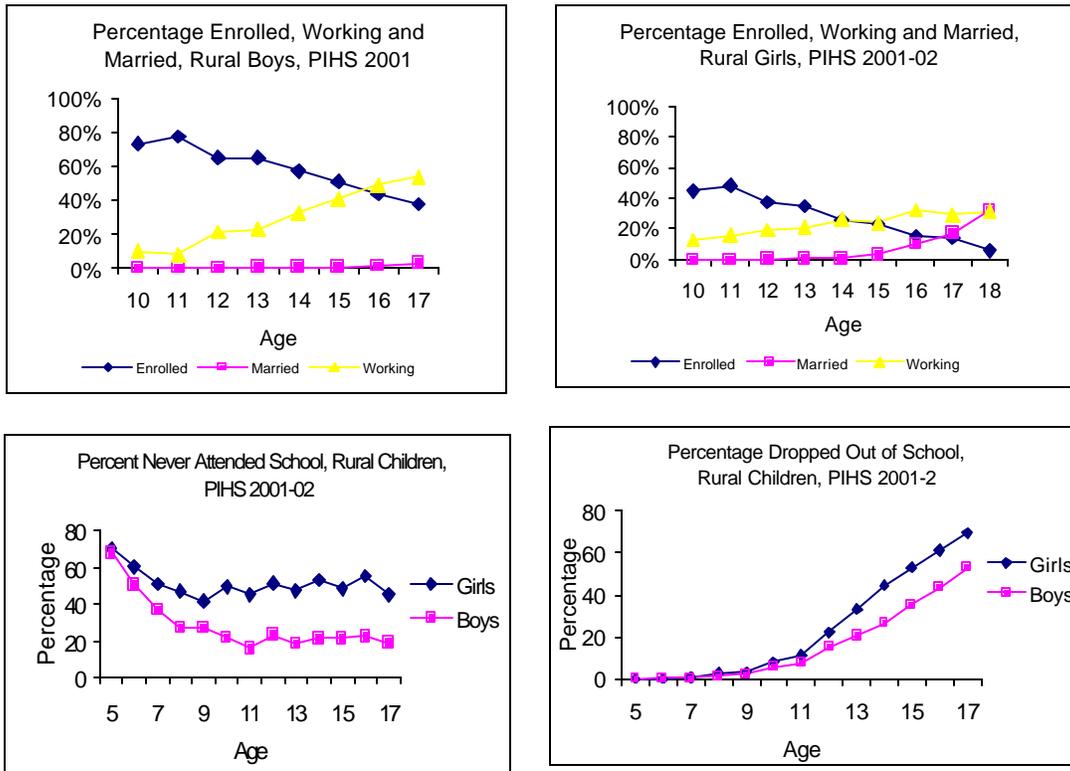
Source: Pakistan Poverty Update, (World Bank, 2003).

Figure 3.1: Enrollments by province



Notes: For the year 2001-02. Taken from the Pakistan Poverty Update (World Bank, 2003). This is based on PIHS. These enrollment rates cover both rural and urban areas.

Figure 3.2: Age Pattern of Enrollment



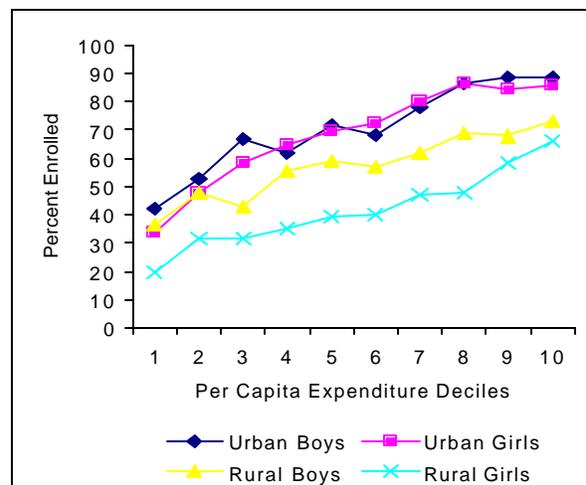
Source: These graphs are based on World Bank staff tabulations using PIHS 2001-02 data on rural children. .

3.21. Finally, while household income remains a very important determinant of school enrollment with much higher enrollment rates among better-off households (Figure 3.3), the data also reveal an interesting pattern of gender gaps: among rural households, the gap in enrollment persists across income (expenditure) groups. This has been noted by previous studies as well.⁸⁶

Experience during the 1990s

3.22. The snapshot in 2001-02 paints a dismal picture for female education, particularly so for rural areas. This average picture reveals little about the *marginal* growth during the 1990s, however. Which parts of the expenditure decile are growing fastest? How is growth in girls' schooling relative to growth in boys' schooling?

Figure 3.3: Enrollment and household socioeconomic status

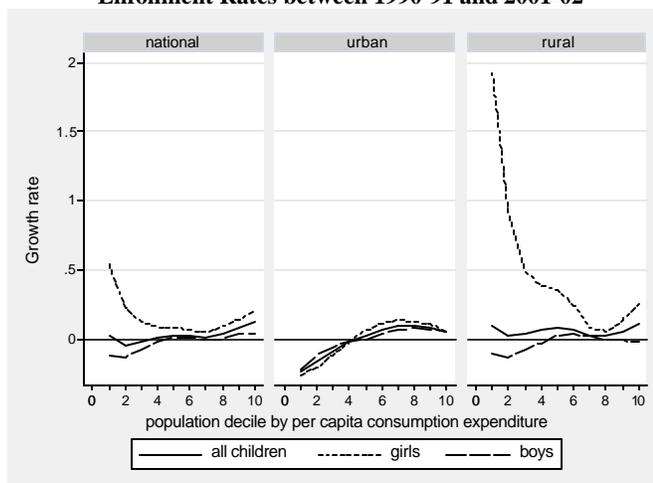


Source: These graphs are based on World Bank staff tabulations using PIHS 2001-02 data on rural and urban children. .

3.23. Figures 3.4a, 3.4b and 3.4c explore these issues by comparing the PIHS round of 1990-91 and 2000-01. That is, we match the expenditure decile in 1990-91 to the same income expenditure decile in 2000-01 and compute the average increase in enrollment for this decile, repeating the exercise for each of these deciles. The horizontal axis shows these income deciles ranked in order of increasing income and the vertical axis shows the growth rate. We use two different concepts of the growth rate. Figure 3.4a shows growth in *percentage points* and Figure 3.4b shows growth in *percentages*. That is, if a decile grew from 10 percent to 20 percent in enrollment, it would show a 10-percentage point increase in enrollment, but a 100 percent increase. Finally, Figure 3.4c examines the relationship between enrollment growth and the gender gap. In this figure, instead of ranking the deciles by expenditure, we rank them by enrollment growth. Thus, the first decile is the expenditure decile that showed the smallest enrollment growth during the last decade.

3.24. The overall picture is grim. At the national level, there has been very little change in the percentage of children enrolled. This is particularly disturbing given the emphasis on school construction over this same period. In fact, at 95-percent confidence intervals, we cannot reject the hypothesis that there has been *no change* during the last decade.⁸⁷ Further, the small change over the last decade was concentrated more in the richer groups, who already had high enrollment percentages to begin with. This picture masks considerable regional and gender variation, however. For *urban* areas, we find that the pattern of greater percentage-point increases for higher income groups is replicated across boys' and girls' groups. The differences are stark, with lower enrollment for almost all groups below the median.⁸⁸ For rural areas, there is a dramatic difference between boys and girls. While for boys the patterns are similar to those in urban areas, in the case of girls there is *higher* percentage-point growth among the lower and the upper income deciles.

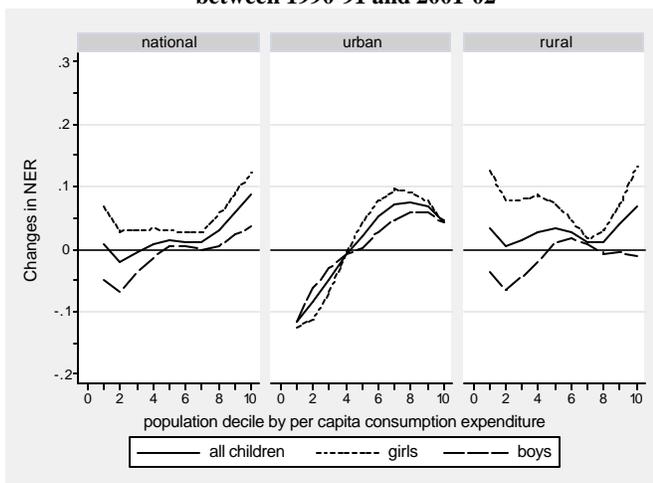
Figure 3.4a: Growth Incidence Curve of Primary School Enrollment Rates between 1990-91 and 2001-02



Source: PIHS 1990-91 and 2001-02.

Notes: Growth rates of primary school net enrollment rates between 90-91 and 01-02 are computed for each decile of per capita consumption expenditure distribution, and are then smoothed out by a non-parametric method (LOWESS). Deciles are computed for each region separately.

Figure 3.4b: Changes in Primary School Enrollment Rates between 1990-91 and 2001-02



Source: PIHS 1990-91 and 2001-02.

Notes: Growth rates of primary school net enrollment rates (NER) between 90-91 and 01-02 are computed for each decile of per capita consumption expenditure distribution, and are then smoothed out by a non-parametric method (LOWESS). Deciles are computed for each region separately.

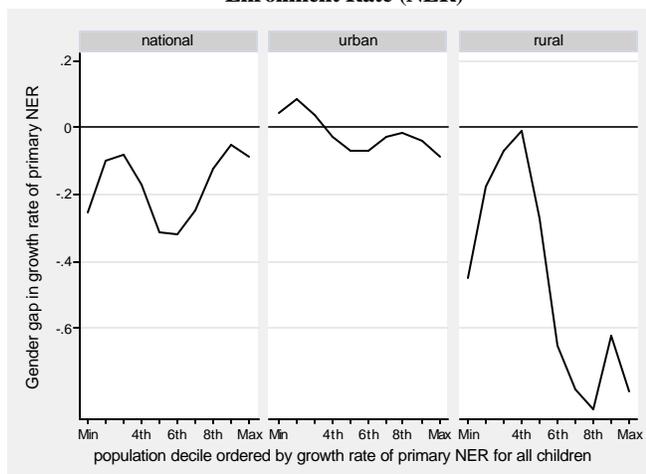
3.25. Figure 3.4b shows how big this difference is. Since rural girls (particularly in the low expenditure deciles) had very low enrollment rates to start with a small change in percentage points can lead to large changes in percentages (moving from two percent to three percent is a 50 percent increase). The picture in urban areas in percentages is not very different from that before; both boys and girls show similar trends, with lower income deciles performing worse than their higher-income counterparts. The results for rural areas are striking. Girls in rural villages from low-income deciles saw enrollment growths close to **200** percent during the last decade; at an annualized rate of growth, this is close to eight percent. Note the difference for boys; over the same period, there is almost no growth for rural boys' enrollment and the relationship with income is almost flat.

3.26. As might be expected, Figure 3.4c shows the gender gap to have decreased sharply among those groups that saw the greatest enrollment growth.

School placement appears to favor wealthier and more centrally located villages

3.27. What explains the poor overall enrollment growth rate? Part of the story seems to be the poor distribution of schools. While earlier studies argue that the placement decision of public schools was largely independent of community characteristics, in the PIHS data, public primary schools for girls appear to be overwhelmingly located in wealthier and better-located communities (see Table A3.6).⁸⁹ Since the placement of a primary school is unlikely to change village wealth over the period of a few years, we can be reasonably certain that the chain of causality does not run in the opposite direction. Nonetheless, it is important to note that ADK (2005) looks at villages *before* schools were placed in them between 1980 and 2000 in Punjab. They confirm that in *percentage terms* there were some differences between the communities that received girls' primary schools and those that received none, but these differences are very small and do not extend to comparisons between villages that received only a primary school and those that received both a primary and secondary school. In population terms, however, there were large differences between villages that received both types of schools compared to those that did not (Table 3.2). This is in line with the stated policies of school construction during the last two decades. According to a circular passed by the education department, villages had to fulfill two conditions for a school to be constructed: They had to provide land for the school (4 *kanals*), and they had to have a population higher than 500. This may suggest that villages that do not have schools at the moment (the *marginal villages*) are smaller, poorer, and probably a lot further from the road.

Figure 3.4c: Gender Gap of Growth Rate of Primary Net Enrollment Rate (NER)



Source: PIHS 1990-91 and 2001-02

Notes: Population deciles of per capita consumption expenditure distribution are placed by the growth rate of primary school net enrollment rate for all children, i.e., from a decile with the smallest growth rate to one with the largest growth rate. Gender gaps in the growth rate of primary net enrollment rate are computed by subtracting the growth rate of girls from that of boys, and then be smoothed out by a non-parametric method (LOWESS).

Table 3.2: Differences in population between villages in Punjab that received a public school, 1980-2000

Classification of Villages	Total Population in 1981	Total Population in 1998
No girls primary or secondary school in 2000	1130	1703
Received a girls primary school between 1980 and 2000	1131	1695
Received a girls primary and secondary school between 1980 and 2000	1973	2954
Received a girls secondary school between 1980 and 2000 (Primary pre-existing)	3420	5041
Pre-Existing girls primary & secondary school for girls	2881	4281
Pre-Existing Primary school for girls, no secondary school in 2000	1676	2431

Source: Andrabi, Das and Khwaja, 2005. The tabulations are for Punjab.

III. DISTANCE AND SCHOOL ENROLLMENT

3.28. This section examines the impact of school proximity on enrollment. Our results, which rely on systematic evidence from a number of sources, show that school enrollment for girls is highly sensitive to the distance of the household from the school. Why should school proximity matter? Clearly school distance increases the financial and physical costs of attendance by increasing transportation costs and commuting time. In the context of rural Pakistan, however, restrictions on mobility for adolescent girls are likely to pose an additional barrier to school enrollment. As we show below, the impact of this barrier is large and highly significant.

3.29. To do this, let us first look at the distribution of rural schools. At the end of 2001-02, according to the PIHS, about 67 percent of all rural communities or Primary Sampling Units (PSUs)⁹⁰ had a girl's public primary school within the PSU (compared to 85 percent for boys). This drops to 22 percent in the case of middle schools for girls (26 percent for boys) (Table 3.3). Given the size of the average PSU (see footnote 21), it is difficult to assess school access at the village level using this data. Even a school "inside a PSU" may be several kilometers from any households resident in that PSU. Ongoing work using PRHS-II indicates much poorer school access for girls. Only 46 percent of sample villages in Sindh and Punjab had a girls elementary school inside the village. In contrast, 87 percent had a boys elementary school within the village.⁹¹

Table 3.3: Access to Schools in Rural Pakistan (in percent)

	Within community	1-2 kms from community	3-5 kms from community	>5 kms from community
Public Primary school for girls	67	7	12	14
Public Primary schools for Boys	85	6	5	4
Public Middle schools for girls	22	15	23	40
Public Middle schools for boys	26	18	27	29
Private Primary (coeducation) schools	28	14	10	48
Private Primary (coeducation) schools in rural Punjab	33	20	11	36
Private Primary (coeducation) schools in rural NWFP	37	12	13	38

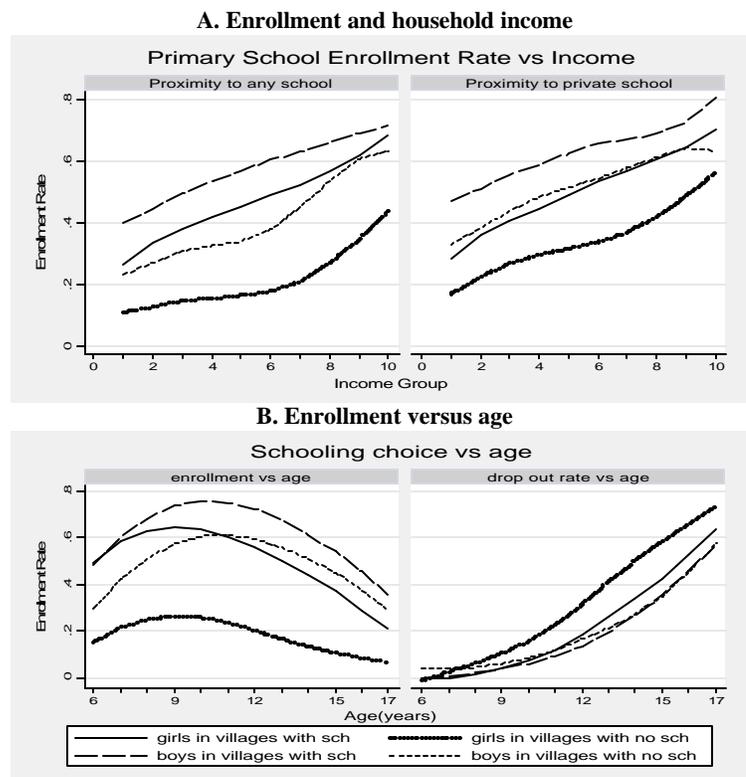
Note: World Bank staff calculations using the rural community survey from PIHS 2001-02. The table shows, on average, how far away from the community schools tend to be located.

3.30. The nineties also saw an explosion of private schools in rural areas. The PIHS picks up this increase: by the beginning of the millennium, 28 percent of rural communities in the PIHS sample had a private school; the numbers were particularly high in rural Punjab (33 percent) and NWFP (37 percent, although this picks up a large number of NGO and trust schools as well). Unfortunately, though, these schools overwhelmingly locate in villages where there is *already* a pre-existing primary (and/or) secondary school. For instance, in the case of the PIHS communities, more than 85 percent of private schools were located in PSUs that had a girls' public primary school.

3.31. Further evidence that private schools locate only in regions where there are pre-existing public schools is provided by Andrabi and others (2005), who look at the census of villages in Punjab by matching data from the PCO with data from the EMIS. They find that 85 percent of all private schools in the Punjab were situated in *villages* that already have a boys primary school; of these, 80 percent also have a girls' primary school. For all of Pakistan, Figure 3.5 shows that private schooling, although important in *certain districts*, is far from a panacea. Areas such as central and north Punjab and the NWFP report districts with private school enrollments that exceed 20 percent and often go up to 45 percent of all enrolled children. Nevertheless, in large swathes of southern Punjab as well as Sindh and Balochistan (with the exception of Quetta and Karachi), this ratio is only between 0 and 10 percent.

3.32. It is clear, therefore, that a substantial number of rural children would need to commute several kilometers to get to the nearest school.⁹² We examine the impact of this distance on school enrollment using PIHS 2001-02. Figure 3.6 looks at school enrollment for different income groups and across PSUs with and without a public school, using PIHS data. Not having a public school in the PSU significantly decreases the probability that *any* child (boy or girl) is enrolled in school, but the effects are larger for girls compared to boys. Estimates from a multivariate regression analysis show that the enrollment probability for a girl in a village with a school is almost 18 percentage points higher than in a PSU without a school (Table A3.3 and A3.4). There is a similar (and statistically significant) rise for boys, but the size of this coefficient is smaller. Note also that the protective effects of higher income do not extend to girl's schooling; the enrollment gap between villages with and without a school continues to hold even at high income levels (Figure 3.6a).

Figure 3.6: Enrollment and School Proximity



Sources: PIHS 2001-02

Notes: In the upper-left figure, children in each decile of per capita expenditure distribution are classified into four groups in terms of their gender and whether their villages have any school. Enrollment rates of each group are then computed. In the upper-right figure, children in each decile of per capita expenditure distribution are classified into four groups in terms of their gender and whether their villages have any *private* school. Enrollment rates of each group are then computed. In the bottom-left figure, children in each age group are classified into four groups in terms of their gender and whether their villages have any primary/secondary school. Enrollment rates are then computed. In the bottom-right figure, percentage of children who left school after enrolling is computed for the same four groups of children as above.

Box 3.1 Influences on Rural Household Decisions to (Not) Educate Daughters

Particularly relevant to this chapter is the qualitative data (see Box 1.3 of Chapter 1) on female education, derived from recent interviews with adult female members of rural households. The purpose of the interview questions regarding female education was to better grasp just what factors are undermining rates of girls' schooling in rural Pakistan—specifically, what is influencing household decisions not to educate daughters.

Adult females strongly support the idea of female education

Contrary to popular expectation, nearly all the 60 adult females (97 percent) strongly supported the idea of female education in general, and of their daughters in particular; this was **in spite** of concerns that going to school might compromise the honor (30 percent) or physical safety (15 percent) of girls; or that educating girls had no material benefit because even educated girls could not work and contribute financial support to the household (10 percent). Only two women—three percent of the 60 total—said they would not support educating daughters under any circumstances (Table 3.4). Both women happened to be from Sindh—one from Mirpur and one from Badeen.

Table 3.4: Percent of Rural Women who Support Female Education, by Region (frequencies in parentheses)

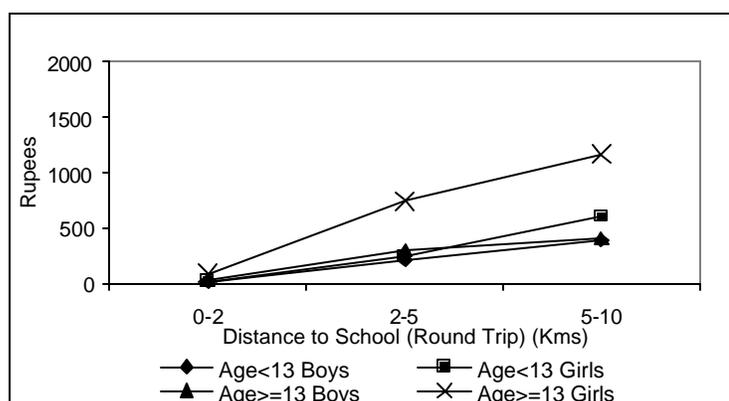
Region	Pro-education	Con-education	Total
N. Punjab	100 (24)	0 (0)	100% (24)
S. Punjab	100 (12)	0 (0)	100% (12)
Sindh	92 (22)	8 (2)	100% (24)
All	97 (58)	3 (2)	100 (60)

Distance of the School is the Primary Constraint against Girls' Education

The major constraint against educating girls was the lack of a nearby school, according to 58 percent of women interviewed. About half of these reported the lack of girls' schools to be their village's greatest shortcoming. Sindh had the highest incidence (75 percent) of women reporting the constraint of distance, as neither Sindh site had a school for girls; some families in Mirpur resorted sending their daughters to the local boy's primary school.

3.33. Reflecting the importance of school proximity for older girls, families report much higher travel expenditures for girls who are 13 or older and probably enrolled in middle school and beyond—even after controlling for distance to school (Figure 3.7). This suggests that as girls reach middle school age, the direct cost of sending a girl to school increases sharply. The rise in travel expenditures does not appear to occur for boys as they approach middle school age. Parents may pay higher transportation costs for middle or high school-age daughters since they want to provide safe means of transport for them.

Figure 3.7: Annual expenditure on travel to school by age and distance to school



Source: World Bank staff cross-tabulations of data on school expenditures reported for currently enrolled children aged 6 to 17.

3.34. Our analysis also suggests that there is a gender difference in the way school proximity affects enrollment as the child approaches adolescence (Figure 3.6B and Table A3.2). The sensitivity of enrollment to school proximity increases sharply for girls age 13 and up. This effect is entirely absent for boys. Thus, both for primary and secondary education we see a large drop in enrollment for the case of PSUs that do not have schools. The magnitude of this drop is larger for girls and particularly for older girls. In the PRHS 2001-02, parents of children never enrolled were asked the main reason for the child's non-enrollment. For boys, far and away the most important reason was economic ("school too expensive" cited by 43 percent of parents), but the picture was quite different for girls. While economic motives were cited, respondents were much more likely to report that they did not "approve" of their non-enrolled daughters going to school (30 percent) than to disapprove of schooling for non-enrolled sons (7.5 percent). Moreover, this 'disapproval' increases sharply with a girl's age. The qualitative study also found similar results (see Box 3.1). All of this indicates that social constraints on mobility may be important.

3.35. Qualitative data from several studies suggests that the way school proximity affects enrollment may be the outcome of gender differences in adolescent girls' and boys' mobility (Box 3.2). Families clearly feel uncomfortable about sending their children to schools outside their own village—this discomfort is exacerbated in the case of girls, particularly once they cross the age of menarche. Traveling long distances to attend school clearly appears to entail costs, both direct (such as transportation) and indirect (opportunity cost of time spent in school, concerns about girls security/reputation). The studies also corroborate our findings that mobility restrictions become a more important factor in parental decisions on schooling once girls reach puberty.⁹³

3.36. A recent survey of adolescents and young adults also documents the gendered nature of the transition from childhood to adolescence.⁹⁴ This study found that as girls transition into adolescence they tend to be protected from the outside world, and their mobility and opportunities to interact with the outside world shrinks. For boys, on the other hand, transition to adolescence tends to signify an expansion of opportunities outside the home.

3.37. Although these quantitative and qualitative results are strongly suggestive of a school location effect on the enrollment of girls, there are several problems with interpreting these results as the *causal* impact of distance on enrollment. The first is the endogenous placement of schools. If public schools are constructed only in villages with a demonstrated demand for schooling, it comes as no surprise that enrollment is higher in villages with such schools compared to those without. Our analysis on school placement in section II in fact shows that wealthier and better located villages are more likely to have girls' schools. Second, the size of the effect we find using the PIHS data is likely to be an underestimate since we can only assess whether or not there is a school inside a PSU. But as we note in footnote 21 above, the average PSU is several times larger than an average revenue village. PRHS-II recently collected household data that is specifically designed to address these issues. Analysis based on this data gives us a cleaner and more nuanced picture regarding the impact of school placement on enrollment.

3.38. The analysis proceeds by looking at the impact of school location at the settlement or habitation level. By and large, public schools are provided to villages, at least ostensibly, on the basis of village population. The assumption underlying this strategy is that the catchment area for a school should be defined by the population to be served. This is perfectly reasonable; however, most villages in rural Pakistan are organized around distinct settlements or habitations, which can be viewed as more 'organic' communities. Typically, a settlement has a distinct name and boundary and is significantly more zaat/biradari (caste) homogeneous than a revenue village, which is a largely administrative construct. Thus, if culturally based mobility restrictions are important for girls, the crossing of settlement boundaries—even inside a revenue village—should impact school enrollment. Specifically, girls who live in settlements that do not have a school should be less likely to enroll in school. We should not observe a

similar impact for boys, moreover. Testing for this "crossing boundaries" effect is the centerpiece of the empirical analysis using the PRHS-II data.⁹⁵

Box 3.2: Puberty and girls' restricted mobility may constrain their schooling

Puberty is a physical marker of maturity. The onset of puberty brings with it distinctive gender-defined social trajectories for adolescents in Pakistan, as it does in many South Asian societies. As girls enter puberty they often experience increased enforcement of *purdah* norms and restrictions on their mobility and social interactions.⁹⁶ *Purdah*, the separation of the sexes by veiling women or segregation, is meant to preserve girls' honor and therefore that of their family. The limits on mobility for young unmarried girls include restrictions on traveling unaccompanied and the need to take permission from a male member of the family to travel outside the home. The qualitative study on gender, carried out in 5 rural sites in Sindh and Punjab, found that distance to school compounded the effects of cultural constraints.

Interview subjects frequently expressed culturally-based concerns about educating girls (such as incurring disapproval from male villagers or compromising their daughters' honor, especially if she had entered puberty); however, few said that *purdah* and honor concerns would prevent them from educating daughters—so long as there was a nearby school daughters could attend. Less than 17 percent mentioned *purdah* as the overriding limitation on girls' schooling, regardless of distance. Cultural constraints have a greater impact when girls must walk long distances:

Table 3.5: Percentages of Primary Reason for not Educating Girls, by Region (frequencies in parentheses)

Region	Distance	Purdah	Total
N. Punjab	46 (11)	12.5 (3)	100 (24)
S. Punjab	75 (9)	17 (2)	100(12)
Sindh	62.5 (15)	21 (5)	100 (24)
All	58 (35)	16.7 (10)	100 (60)

Our village elder, my father, said that if our daughter goes outside the village to study, it will become a problem of our honor. ~Naseem, Lodhran

The biggest problem about educating girls is that one can go either to the fields or to pick and drop the daughters from/to school. If there is a school in the village, I think everyone will educate their daughters. ~Maina, Mirpur

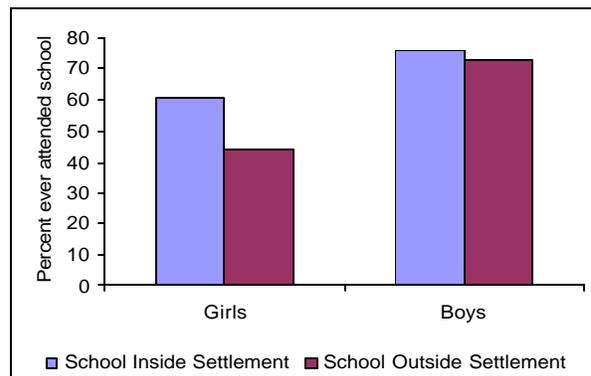
For women and girls, especially those in rural areas, mobility restrictions vary between movements within the community and those outside the community. A qualitative research study of three villages in rural Northern Punjab, undertaken to understand the relationship between women's mobility and their access to health and family planning services, found that unmarried girls were severely constrained in their mobility even within the village (Khan, 1998). Girls were restricted from appearing in public places inside the village (shops or bus stops). Their movement outside the village was even more limited. When girls were forbidden to leave the village, it was because travel was perceived as dangerous and often forbidden, due to the potential of sexual harassment at the bus stop or in the vehicles.

3.39. Their analysis looks at whether a child has ever attended school, focusing on children age 12 and older. The data indicate that children continue to enter school at the primary level until age 11. This may itself be due to the fact that school distance dissuades parents from sending very young children to school. Any analysis that includes younger children therefore is likely to include a substantial number of children who will enroll in school in the future, but currently show up as never having attended. Focusing on children age 12 and over thus allows a cleaner estimate of the impact of school location on school attendance.

3.40. Since these children are beyond the primary school entrance age, the measure of school availability must account for whether or not there was a school of the right level and gender in the settlement at the time when the child was the right age to enter school. Since the census collected data on the year of establishment of all schools, such a measure can be constructed; thus, for each child, the researchers construct a variable that measures whether or not there was a primary school serving the right gender in the settlement in which the child resides when the child was age 11 or younger. A similar measure is created for whether or not there was a middle school serving the right gender in the settlement in 2004. Results show that roughly one-half of all children in the sample had a primary school serving the right gender in the settlement when they were of primary school age. Predictably, the ratio is lower for girls and higher for boys, at 50 percent and 58 percent, respectively.

3.41. Among the nearly 2000 children age 12 – 17 in the sample, 75 percent of boys and 52 percent of girls had ever attended school. These numbers are consistent with estimates from the PIHS as well as the earlier round of the PRHS.⁹⁷ A simple correlation with school availability shows that attendance matters very significantly for girls but not for boys. School attendance for girls increases from 44 percent to 61 percent if there is a school inside the settlement, while the presence of a school inside the settlement has virtually no impact on school attendance for boys (see Figure 3.8)⁹⁸

Figure 3.8: Percentage of children who have ever attended school by settlement



Source: Cross-tabulations from Pakistan Rural Household Survey, 2004. The tabulations are based on children aged 12-17. Overall, 52 percent of girls and 75 percent of boys had ever attended school in this sample.

3.42. To look at whether this school location effect survives when accounting for other child, household and community characteristics (such as the child’s age, distance to the nearest available school, parent’s education, and household wealth), multivariate regression analysis using PRHS-II data is carried out. Since school attendance also can be affected by household preferences over schooling and other characteristics that usually are not observed in survey data, a cleaner test of the school location effect is to compare school attendance for opposite sex siblings, since this washes out the impact of all household characteristics, like wealth or preferences that may affect attendance decisions for both boys and girls within a household. Using regression techniques that allow for within-household comparison of siblings, the regression analysis shows that school location has no impact on school attendance decisions for sons, but has a positive and large impact on school attendance decisions for daughters in the same age group. Moreover, even after controlling for attendance due to the existence of a primary school inside the settlement, the presence of a middle school inside the settlement has a further positive impact on attendance that is large and significant.

3.43. This points to very substantial school location effects and suggests that any measure to improve school access will yield large returns. We turn to this issue next. How is school access to be expanded? Clearly, while building schools—private and public—will remain important, it never is going to be feasible to build a school in every settlement. Qualitative studies suggest, however, that the real issue is not one of distance *per se* but one of safety and of prevailing cultural norms around the appropriate chaperoning of young women. In related work using the same data,⁹⁹ Data from PRHS-II (see also Chapter 2), suggests that even adult married women feel significantly *less* secure when they need to cross the boundaries of their own settlements—even during the day.¹⁰⁰ Only 40 percent of women in PRHS-II reported feeling safe walking alone outside their settlements during the day; however, over 80 percent reported feeling safe walking alone inside their own settlement (Table 3.6). This suggests that strategies

to reduce the costs (social or financial) of getting girls to school and back safely may substantially enhance school attendance and retention. We discuss two such strategies in the final section, which identifies policy initiatives to increase schooling. The first is the use of chaperones to accompany girls to school and back. This could be a relatively inexpensive strategy. A second alternative could be to provide school transportation at some subsidized cost.

Table 3.6: Women’s perceptions of safety (in percentages)

Province	Feeling of safety when walking alone in the day		
	SAFE	UNSAFE	Total
	<i>While within settlement</i>		
North Punjab	62.9	37.1	100.0
South Punjab	82.0	18.0	100.0
Sindh	90.2	9.8	100.0
Total	81.8	18.2	100.0
	<i>While outside settlement</i>		
North Punjab	33.7	66.3	100.0
South Punjab	54.0	46.0	100.0
Sindh	35.6	64.4	100.0
Total	40.0	60.0	100.0

Source: Pakistan Rural Household Survey –II (2004). This survey covered rural households in Punjab and Sindh. The cross-tabulations are based on reported perceptions of safety by married women aged 15-40.

Note: These figures represent percentage of currently married women aged 15-40 who reported feeling safe and unsafe within and outside the settlement.

IV. WILL BUILDING SCHOOLS INCREASE ENROLLMENT?

3.44. As we discuss above, the physical and social costs of going to schools that are far from the home are a major deterrent to female participation in education and more school construction is not a complete solution to this problem, particularly if we want to reach girls who live in small scattered settlements, as is common in the villages of Southern Punjab and Sindh. That said, building more schools is likely to be a very important piece of any strategy to enhance enrollment of both boys and girls. We now turn to this second piece of our analysis. If schools are built, what will it take to make them functional? This is ultimately an issue of key importance for all children. The key message of this next section is that there *is* a binding constraint on the running of schools, and this is the availability of teachers who will live in the village where the school is and show up for work on a (somewhat) regular basis.

3.45. Here is a striking series of facts. The average rural PSU in the 2001-02 PIHS had 1.7 women who had completed class 8 and only 1.1 women who had matriculated (completed class 10); 47 percent of all rural PSUs did not have a *single* woman with an 8th grade education, while 58 percent had no women with a matriculate degree (Table 3.7). Across provinces, Punjab does relatively better (2.1 average and 40 percent reporting zeroes); predictably Balochistan (0.7 grade 8, 77 percent reporting zeroes) and Sindh (0.9 women with grade 8 education and 59 percent reporting zeroes) are much worse. Put simply, most villages have few or no resident women who could be hired as teachers if a school were to be built.

Table 3.7: Availability of Educated Females

A) Availability of qualified women major four provinces				
	Completed Grade 8		Completed Grade 10	
	Average no. of qualified women in a community	% of communities with at least one qualified woman	Average no. of qualified women in a community	% of communities with at least one qualified woman
Urban	6.3	92%	5.0	88%
Rural	1.7	53%	1.1	42%

B) Average number of qualified women in a community				
	Completed Grade 8		Completed Grade 10	
Region	Urban	Rural	Urban	Rural
Punjab	6.5	2.1	5.0	1.3
Sindh	6.6	0.9	5.5	0.7
NWFP	4.2	1.2	3.2	0.9
Balochistan	3.7	0.7	3.1	0.5

C) The share of communities with at least one qualified woman				
	Completed Grade 8		Completed Grade 10	
Region	Urban	Rural	Urban	Rural
Punjab	95	60	94	46
Sindh	87	41	83	35
NWFP	86	46	75	38
Balochistan	77	23	74	17

Source: PIHS 2001-02 household data.

Note: "Qualified women" denotes women between ages 18 and 50 who have completed at least grade 8 (middle school) or grade 10 (high school).

3.46. There are a couple of reasons why we should worry about the availability of educated women, as opposed to educated men as potential teachers. First, all teachers (by explicit rules of the education department) in government girls' schools must be female. Part of the reason for this rule is presumably that parents feel more secure in sending their girl children to schools that are staffed by females. Second, in the case of private schools that are co-educational, there is a strong profit motive that makes it more beneficial to hire female rather than male teachers. This profit motive derives from strong cultural constraints to participation in the labor force and consequently a lower wage for equivalently educated females compared to males. Put simply, private schools overwhelmingly hire female teachers because they can pay them (very) little and get away with it; most likely (and we return to this below) they will not set up in villages where they cannot find such women.

3.47. There also are a couple of reasons why we should worry about the availability of educated women in a particular *village* rather than in the area surrounding it. After all, if labor markets are well integrated, it should not make a difference whether a sufficient number of educated women are resident in any given village. As we have discussed above, however, both quantitative and qualitative studies suggest that security concerns and other cultural constraints make it difficult for rural women to travel outside

their own village for a day job. Women also rarely relocate for work. Rural to rural relocation is generally small, and when it occurs, it is in response to marriage rather than to employment opportunities. An alternative mechanism through which educated women could disperse to villages with low populations of educated women is thus through marriage. In fact, over one-half of all marriages in rural Pakistan are village endogamous (within the village),¹⁰¹ limiting this possibility considerably.

3.48. This would suggest that any strategy which seeks to expand school access at the primary level, particularly one that seeks to involve the private sector, will require complementary public investments in middle and high schools for girls as well as incentive mechanisms that ease school access. The Social Assistance Program (SAP) during the 1990s was an attempt to bridge this gap. Although this program was heavily criticized and there were severe problems in the field (ghost schools, even ghostlier teachers, and very poor learning), ultimately it did manage to increase (though by very little) the percentage of educated women in the villages of Pakistan. This cohort was different from the ones before. They were women who were born in the village where they were educated and were likely to remain in the same village for some time. It is plausible that the dramatic expansion in rural private schools since the mid-nineties was attributable to this development. The challenge then is to create that first cohort of educated women in every village.

In villages where there are educated women, there also are private schools

3.49. Is there a causal relationship between educated women and the location of a private school? Analysis of PIHS 2001-02 clearly suggests that this is so (Table A3.7). The supply of educated women is higher in rural communities with access to a high school for girls. In communities where a public high school for girls is located five kilometers or less from the community, about nine percent of women aged 20-44 have matriculate (class 10) or more education. In contrast, communities where a girls' high school is more than five kilometers away, the supply of educated women is lower, with only four percent of women aged 20-44 with matriculate or higher schooling. Women with a matriculate degree or more also appear to be more active in the non-agricultural labor force. Among rural women aged 20-44 with matriculate or more, 24 percent report that they are working. Among these working women, more than half report teaching as their occupation.

3.50. While this analysis is very suggestive, the PIHS does not allow us to control for the year of school establishment.¹⁰² Fortunately, ADK (2005) have done very careful work that strengthens this argument. They match villages across the census years of 1980 and 2000, showing that villages receiving a government girls' primary *and* secondary school during the two intervening decades had increased chances of a private school being set up by almost 100 percent, compared to villages that received only a government girls' primary school. ADK further show that there were no baseline differences between villages that received a primary and secondary school and those that received only a primary school in terms of educational levels, although those that received both had larger populations (Table 3.2). The authors argue that this result is driven primarily through the larger number of women with matriculate degrees who then became private school teachers in the villages that have received both schools.

Female mobility is low and therefore cohorts of educated women need to be built up in every village

3.51. There is little observed migration among educated women in rural Pakistan. Data from the PRHS (2004) shows that marriage is largely village endogamous. Most married women report being born in the village in which they reside and most have natal families in the same village. Among currently married female migrants, almost all (98 percent) report migrating due to marriage or to join a family member after marriage and not in response to employment opportunities. While most rural women aged 20-44 with a matriculate degree or more work in teaching or other formal occupations, the PIHS data do not tell us whether they are employed within the village or outside village. The PRHS (2001) asked women engaged in paid work about where they worked. Almost 60 percent of women in the PRHS who were engaged in

non-farm work reported working within the village. Given this pattern of marriage and migration, the diffusion of educated women via marriage is not likely. Neither can we expect that educated rural women will migrate in response to employment opportunities.

3.52. These facts make a strong case for two statements: the biggest constraint to providing better schooling is the availability of female teachers and, conversely, alleviating this constraint leads to a private sector response that will plausibly create a virtuous cycle in the long run. Thus, any strategy which seeks to expand school access at the primary level, particularly one that seeks to involve the private sector, will require complementary public investments in augmenting school access for girls at the middle and high school levels. We need to create that first cohort of educated women in every village.

3.53. This brings us back to the central message of this chapter. Public investments in building middle and high schools, where feasible, will have big payoffs; however, it never will be feasible to build schools in every scattered settlement. Strategies that reduce the social and financial costs of attendance thus are likely to have very high payoffs, particularly in areas which are relatively remote, relatively poor, and where villages are organized around numerous settlements.

3.54. On a final note, it also is important to note that there are some important additional constraints to school functioning and quality that will impact school demand.

Private schools prefer female teachers and pay them far less

3.55. Educated women thus remain a somewhat captive labor force in the villages where they are educated. This is reflected in their wages to a rather startling degree. Andrabi, Das and Khwaja (ADK) (2005)¹⁰³ report on salary differentials among male and female teachers in public and private schools in their sample. They show that an average female teacher in a government school earns a salary of Rs.5,710 per month—not very different from the earnings of an average male (Rs.6,143). Among private schools, male teachers earn close to Rs.2,000 per month, while females earn only half as much at Rs.1100. Private schools clearly pay female teachers substantially less than government schools do. Much of this gender difference in teacher salaries no doubt captures differences in educational attainment and training as well as job tenure. ADK (2005) show, however, that in a multivariate regression context where they control for the education, educational training, and experience of the teacher, the female penalty remains strong in private schools, but vanishes for government schools. Among private schools, female teachers earn on average Rs.650 less per month compared to their male counterparts, which is close to 33 percent of the average male wage. An advantage of the ADK (2005) results is that they also are able to control for labor market conditions in the village by looking only at differences within villages. Strikingly, they find no difference in the estimated coefficients, which remains at around Rs.600, for both estimates within villages and within schools. This suggests that the difference captures a pure “gender” penalty rather than other variables related to overall labor market conditions. Interestingly, this would also suggest that private schools have been able to capitalize on this captive labor force since the bulk (over three-fourths) of teachers in private schools in their sample are female, while only 44 percent of teachers in public schools are female.

3.56. This wage differential extends to other paid work as well. Analysis using the PIHS 2001-02 shows that women earn significantly less than men, even after controlling for the age and education of the worker in a multivariate regression context. The differences are striking: a man with a primary school education is paid an average salary of about Rs. 2,892 per month, while a woman with a similar educational profile is paid Rs. 879. At the secondary school level of education, these differences are somewhat attenuated but still large and significant (Rs.3,830 per month for men versus Rs. 1,922 per month for women).

When female teachers work in government schools, they are absent more

3.57. Women in government schools are paid almost five times more than their private school equivalents, even in the same village. Does the government get the required bang for its buck? Evidently not. Looking at absenteeism across teachers in public and private schools, ADK (2005) find that an average teacher is absent 2.6 days during the month (close to 12 percent of all working days). Teachers in private schools are absent significantly less (1.87 days), however, compared to those in government schools (3.18 days). Further, even within government schools, female teachers are the biggest defaulters. An average female teacher in a government school is absent close to four days a month (close to 20 percent of all working days) compared to 2.65 days for her male counterpart. These results are confirmed in a multivariate regression, where ADK (2005) find no difference in absence between male and female teachers in private schools, but significantly lower absences among private schools and significantly higher absences among female teachers in government schools (compared to males).

3.58. It is important to note, however, that the welfare consequences of these absences are less certain. When looking at the reasons for absence, ADK (2005) report that a large fraction of teachers took time off due to health-related reasons among members of their families, as well as other emergencies. With limited options in terms of substitute teachers with the same educational background (government female teachers are more educated and better trained than their private school counterparts), the welfare benefits of (at least) having a teacher in the school 16 days a month may outweigh the costs of having no one at all.

Even when private schools hire teachers, the costs due to turn-over are high

3.59. At the time of the LEAPS survey, there were 2,186 teachers in the 311 private schools surveyed, for an average of seven teachers per school. In the two years preceding the survey, close to 500 had left the school, representing a turnover rate of close to 25 percent every two years. The numbers for government schools were much lower (184) teachers, but still fairly high. Most teachers who left the school in the private sector were women (75 percent), and the lion's share left due to family reasons (marriage, domestic problems, health issues constitute the bulk). This high turnover can play havoc with the running of schools and necessitates a reasonably *large base* of educated females from which the pool of teachers can be drawn.

V. HOW CAN LEVELS OF GIRLS' SCHOOLING BE RAISED? SOME POLICY RECOMMENDATIONS

3.60. Access to schools has to be improved to attract rural female students and to retain them in school beyond the primary level. This implies not only improvements in the quantity and quality of schools, but also in terms of adapting service delivery to the special needs of female students.

3.61. As they consider steps to address the large gender gap in school enrollment, federal and provincial governments can learn much from the experience of public and private schools, and from parents' responses to them. There are three broad policy recommendations.

Increase access to local public schools

3.62. School proximity is critical to girls' enrollment, and a significant proportion of rural communities do not have a nearby school for girls. It is encouraging that at least at the primary school level, the ESR action plan (2001-2005) aims to expand the number of schools on the basis of gender and requirements for school. This is a step in the right direction.

3.63. Private primary schools are unlikely to serve as a solution to improving female enrollment, given their existing pattern of expansion. Because private schools require female teachers, they cluster in areas with pre-existing public schools. This means that the odds of attracting a private school increases substantially with an increase in the number of public girls' schools, but also that without the government taking the first step, the private sector will not move in. If we want to improve the quality and quantity of primary schooling through the private sector, substantial public investments in middle and high schools are required, particularly in areas which are lagging behind in school availability. Less than a quarter of rural communities have a nearby public middle school for girls, and only 10 percent have a nearby high school for girls. Girls' enrollment at this stage appears to be hampered by parents' concerns about letting adolescent girls attend schools that often are outside the community.

3.64. It may not be practically possible to place a public primary school and middle or high schools in every rural community, however. Policymakers should consider cost-effective alternatives that compensate for the constraint of distance. At the primary level, the present policy of allowing girls to attend existing boys' schools where no primary schools for girls are available is an effective way to expand school access for girls. Indeed, coeducational private primary schools' tendency to attract young girls shows that parents are not averse to sending girls to coeducational schools at the primary school level. In communities where single-sex schools are far away and girls have to travel alone to the schools, parents may prefer to send their daughters to co-educational institutions to which siblings can travel together.

Attend to specific constraints: plan to increase numbers of female teachers

3.65. The lack of potential female teachers in Pakistan, which government schools require and private schools prefer, is an important constraint. Schools will continue to have trouble recruiting and retaining female teachers—particularly in the least-served areas—until policy can either create local cohorts of female teachers or overcome the significant barriers to female mobility that prevent educated women from relocating or commuting to schools that need them. Because near-term policy levers are unlikely to significantly reduce these barriers, policymakers should focus on interventions that are complementary to those that increase girls' access to schooling. Rural communities need to develop their own cohorts of educated women in order to compensate for the restrictions on bringing in female teachers from outside the community.¹⁰⁴ By enhancing local girls' access to all levels of schooling, these communities can begin building a ready pool from which to draw the teachers of the next generation.

3.66. In the meantime, some safe means of transportation can be provided to female teachers as an incentive to teach at schools that are located some distance away from their own communities. This may greatly ease the constraint that restricted mobility among adult women poses to expansion of schools. Both types of schools—public schools for girls (primary, middle and beyond) and private primary coeducation schools that rely on female teachers—are constrained by lack of educated women, and they cluster around better-off communities. Mobile teacher training units like those used in rural Balochistan are another method of short-term solutions to the lack of female teachers, and could be put to more widespread use.

Enhance demand-side incentives for girls' education

3.67. Programs must concentrate on targeting girls in ways that increase demand for schooling. This is especially important for girls of primary and middle school age, for whom policy can effectively intervene at points to bring girls into school and to keep them enrolled, respectively. A large percentage of rural girls never enroll in primary school; thus, special incentives for attracting girls to school even at the primary level are likely to yield large dividends

3.68. First, stipend programs are particularly promising ways of targeting girls and increasing their likelihood of attending school. A number of districts across Punjab and Sindh have implemented stipend programs for girls enrolled in middle school. These programs have not been formally evaluated for their impact on girls' enrollment in middle schools. Evaluations will reveal the extent to which such financial incentives are successful in retaining girls in middle school.

3.69. Second, demand-side incentives to increase enrollment also can be enhanced to account for parental concerns about adolescent girls' transportation to schools. One option is to peg stipends to the distance traveled to school. Since travel expenses are an important cost component of sending girls to middle school, an innovative option would be to tie the size of the monthly stipends to the direct costs of sending girls to middle schools. Another incentive could be to provide a safe mode of transportation that makes parents comfortable about sending their adolescent girls to schools that are some distance away. Providing chaperones to accompany girls to schools may be another incentive to try implementing. The feasibility of such incentives can be tested by means of pilot projects.

3.70. Finally, policymakers also could consider widespread implementation of other programs for primary school girls, such as stimulating enrollment through short-term means of increasing female teachers. The Community Support Program (CSP) in rural Balochistan was an experiment to stimulate female enrollment in primary schools. Carried out in three divisions, the CSP experiment provided communities with a school in the village, ensured the presence of a female teacher, and encouraged the communities' involvement in running the school. The CSP set up government-funded community schools, and the experiment design specifically addressed the shortage of female teachers in rural areas. A female teacher was selected through a village education committee set up as part of the program. Due to the short supply of educated females, the educational qualifications were relaxed relative to the standard requirement for a government teacher. A woman was eligible to be hired as a teacher if she had a minimum of eight years of schooling and was a resident of the same village or lived within walking distance of the village. The teachers were given in-service training to make up for lack of educational qualification. Evaluation of the CSP found that the program had a large impact on increasing girls' school enrollment.¹⁰⁵

⁷¹ Summers (1992), Schultz, (1989)

⁷² Strauss and Thomas, 1995

⁷³ Behrman and Deolalikar, 1995, Quisumbing, 1996

⁷⁴ Zia and Bari (1999)

⁷⁵ According to the PIHS 1991, only 40 percent of rural girls age 6-10 were enrolled in a primary school, and only 17 percent of rural girls age 11-17 were enrolled in a middle or high school (table 3.1)

⁷⁶ Kochar (2001a), Khan, 1993; Sathar and Lloyd (1994), Lloyd, Mete and Sathar (2002), World Bank (2001), Pakistan Poverty Assessment (2002), Lokshin and Sawada, Holmes (1999)), Irfan (1985), Sathar and Kazi (1987), Sathar and Lloyd (1994), Ray (2000)

⁷⁷ Jacoby and Mansuri (2005a) using PRHS-II and Andrabi, Das and Khwaja (2005). Both studies survey data collected by them. These have been appropriately referenced in the text.

⁷⁸ Government of Pakistan, 2003.

⁷⁹ Pakistan Education and School Atlas, CRPRID, Planning Commission.

⁸⁰ Andrabi, Das and Khwaja, 2002

⁸¹ Private schools continue to be more prevalent in urban areas, however.

⁸² The World Bank is supporting some of these provincial programs, such as those in Sindh and Punjab.

⁸³ Some of our analysis suggests that demand related factors, such as village wealth and average education levels, also impacted school placement, particularly in the case of girl's schools.

⁸⁴ The World Bank-IMF Joint Staff Assessment of the PRSP noted that this public-private initiative needed to be better planned including details on how this initiative could be scaled up.

⁸⁵ This project is sponsored by the Ministry of Women Development and Social Welfare (MoWD & SW) and is executed by Pakistan Bait-ul Maal (PBM) with technical assistance from Aga Khan University.

⁸⁶ Filmer, King and Pritchett, 1998

⁸⁷ Sampling errors are very large though.

⁸⁸ We need to use some caution in interpreting these results, however. The poor in 2001-02 may be quite different from the poor in 1990-91, both due to income mobility and migration, and such mobility is likely to be more important in urban areas. For example, if there was a lot of new migration to cities and most recent migrants were poor, enrollment rates in the lowest deciles would remain unchanged.

⁸⁹ Lloyd, Mete and Sathar, 2002. Alderman, Orazem and Paterno, 2001.

⁹⁰ The PSU is the lowest strata in the PIHS. Sample households are randomly selected from each sample PSU. The typical PSU is several times larger than a typical revenue village-but we use PSU level data this is the only 'community' level data available in the PIHS.

⁹¹ As part of the Pakistan Rural Household Survey (2004-05) a complete census of all schools was conducted in sample villages across Punjab and Sindh. This set of villages is broadly representative of rural Sindh and Punjab.

⁹² A typical revenue village is said to be between 2-3 square kilometers.

⁹³ Sathar and others, 2003, Mumtaz and Raouf, 1996; Khan, 2000, Khan 1998

⁹⁴ Sathar, ul Haque, Faizunissa, Sultana, Lloyd, Diers and Grant (2003) also found this pattern to exist in the Adolescent and Youth Survey (2003) data.

⁹⁵ As part of this data collection effort, a complete census of all schools was conducted in the sample villages. This collected data on all schools inside a revenue village as well as all schools within a 2 km walk of the perimeter of each settlement. GPS coordinates are available for both households and schools, so the distance between each household and every local school can be calculated. The identity of the hamlet in which the household and the school are located is also known. Detailed school characteristics were also collected, for each school identified in the census.

⁹⁶ Sathar and others, 2003; Mumtaz and Raouf, 1996; Khan, 1998; Khan 2000; Hennink, Rana and Iqbal, 2004

⁹⁷ See also the Pakistan Poverty Assessment.

⁹⁸ Ongoing work also looks at the impact of the social composition (mainly zaat/biradari) of the community on school enrollment, using the notion of 'social distance.' Similar issues for girls schooling with respect to caste arise in India as well (PROBE Report 1999).

⁹⁹ The sample consists of approximately 1600 currently married (including divorced or separated) women age 15-40 from 94 villages in Sindh and Punjab.

¹⁰⁰ Settlements are distinct habitations or communities within villages. They can be thought of somewhat more organic entities within the bounds of revenue villages. Most have distinct names and boundaries. The revenue village in contrast is a largely administrative construct.

¹⁰¹ Based on PRHS-II.

¹⁰² While we do not have data on precisely when these schools were built, we do know that most private schools were established relatively recently and are likely to post-date the public high school. The new round of data does in fact have a complete census of all schools in each sample village and we should be able to answer this question more precisely once that data is analyzed.

¹⁰³ Using recent data they collected from over 800 schools (5,000 teachers) in 112 villages of Punjab as part of the LEAPS study.

¹⁰⁴ While urban teachers can be assigned to teach in rural areas, teacher absenteeism tends to increase with the remoteness of the school.

¹⁰⁵ Kim, Alderman and Orazem, 1998.

CHAPTER 4: IMPROVING HEALTH OUTCOMES FOR WOMEN AND CHILDREN

The State shall provide basic necessities of life, such as food, clothing, housing, education and medical relief for all citizens, irrespective of sex, caste, creed or race, as are permanently or temporarily unable to earn their livelihood on account of infirmity, sickness or unemployment.

~ Article 38(d) of the Constitution of Pakistan

4.1. Health outcomes for both males and females are poor in Pakistan, as in much of South Asia. Even though mortality rates have declined steadily (though slowly) over the past five decades (Table 4.1), estimates indicate that life expectancy at birth is still as low as 61 years. Of every 1000 children born between 2000-2005, as many as 86.5 are estimated to die before the age of one year, and 128 before the age of five years.¹⁰⁶ Superimposed on these high burdens of ill-health for the population as a whole, females suffer additional health burdens. This is reflected in the fact that female life expectancy is lower than that of males. This gender gap has been closing over recent decades (Table 4.1), but Pakistan is still very far from gender equity in health. In most populations, female longevity is higher than male: life tables derived from a large number of countries¹⁰⁷ indicate that at Pakistan's level of mortality, female life expectancy is typically 3.7 years higher than that of men.

4.2. Poor health outcomes for women and children exact a heavy toll on society, quite apart from the toll on the individual. Poor health perpetuates itself, moreover, as girls with poor health grow up to become mothers whose children are significantly more likely to have poor health. Poor child health and nutrition have many negative consequences, including lower cognitive development and school performance.¹⁰⁸ Illness increases children's absenteeism from school and undermines their participation while in school.¹⁰⁹ Studies in Pakistan show that improved child health and nutrition increases the probability of enrolling in school, especially for girls¹¹⁰ — suggesting that school nutrition programs such as the Tawana program also can help narrow the gender gap in schooling.¹¹¹ Better health and nutrition also improve returns in the labor market: in rural Pakistan, as in several other settings, poor nutritional status has been found to be associated with significantly lower agricultural wages.¹¹²

4.3. There is clear political will to break this quintessential vicious circle. The Pakistan Government has clearly indicated that gender equality and improved health outcomes are key policy goals. Policies target women's health: for example, one of the objectives of the National Health Policy is to promote gender equality in health. Pakistan has committed itself to meeting all eight MDGs, two of which focus on health and one specifically on maternal health. Yet, to further these goals, the government will have to commit significant effort and investment on multiple fronts. Encouragingly, health policy changes introduced since the mid-1990s, as well as since the introduction of the devolution reforms, suggest that some improvements are occurring.

4.4. To enhance the impact of policies and programs for improving women and girls' health, we investigate the determinants of their health — including the availability and use of health facilities and programs — as well as the effects of recent health policy changes. Because rural girls and women face more pronounced health disadvantages than their urban counterparts, we focus most of our analysis on rural areas.¹¹³ We summarize the dimensions of the problem, its causes, and the nature of the available health infrastructure in the public sector, followed by an analysis of what policies seem to be working, and recommendations regarding the gaps to be filled. This chapter examines these changes in depth and, after some assessment, makes further recommendations.

I. THE DIMENSIONS OF THE PROBLEM

Infant and Child Health

4.5. Infant and under-five mortality rates in Pakistan are very high compared with other countries in South Asia and with other less developed countries; they are comparable only to Africa. (Table 4.1). Girls are even worse off than boys. They suffer disproportionately high mortality, indicating discrimination against female children. This is apparent from the fact that although the norm is for male infant mortality to be higher than for females, estimates indicate that the reverse has held in Pakistan since 1985 (Table 4.1). The gap is even sharper in under-five mortality: for every 1000 live births of each gender in 2000-05, it is estimated that 121 boys die before reaching age five, compared with 135 girls.¹¹⁴

Table 4.1: Pakistan Estimated Life expectancy at birth and childhood mortality rate by sex, 1950-2005

Period	Life expectancy at birth (both sexes)	Male Life expectancy at birth	Female life expectancy at birth	Infant Mortality Rate (both sexes)	Male IMR	Female IMR
1950-1955	41.0	42.3	39.8	181.4	182.6	180.1
1960-1965	45.0	45.9	44.2	161.1	162.1	160.1
1970-1975	49.0	49.5	48.6	141.7	142.5	140.9
1980-1985	53.0	53.2	52.8	122.8	122.8	122.8
1990-1995	56.9	57.2	56.9	104.4	102.8	106.0
2000-2005	61.0	61.2	60.9	86.5	83.5	89.7

Source: Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat, *World Population Prospects: The 2002 Revision* and *World Urbanization Prospects: The 2001 Revision*, <http://esa.un.org/unpp>.

Pakistan, Estimated Mortality under age 5 by sex, 1995-2005

Period	Both sexes combined (per 1,000 births)	Male (per 1,000 male births)	Female (per 1,000 female births)
1995-2000	144	137	150
2000-2005	128	121	135

Source: as above

Estimated Infant mortality rate, 1950-2005

Period	Africa	Less developed regions, excl. China	Bangladesh	India	Pakistan
1950-1955	181.9	173.4	200.5	190.0	181.4
1960-1965	158.1	142.8	174.1	157.0	161.1
1970-1975	133.4	119.0	148.0	132.0	141.7
1980-1985	112.8	95.4	120.4	106.1	122.8
1990-1995	99.0	76.2	89.8	78.2	104.4
2000-2005	88.5	65.4	64.0	64.5	86.5

4.6. The extent of female disadvantage in infant and child survival becomes more apparent when we compare the observed ratios of male to female deaths in Pakistan, with the expected ratios obtained from model life tables derived from data from a large number of countries. For infant mortality, the expected ratio is 0.81, while the observed (estimated) ratio is 0.93.¹¹⁵ While the levels of infant and child mortality drawn from the national Pakistani estimates (presented in Chapter 1) differ from the UN estimates, the overall patterns by gender depicted by the two sets of estimates are similar.

4.7. Girls' natural biological advantage is offset by cultural patterns of son preference and attendant underinvestment in girls. This pattern is noted also in other parts of South Asia, such as India and Bangladesh, as well as in East Asian countries such as China and the Republic of Korea. Unlike most of

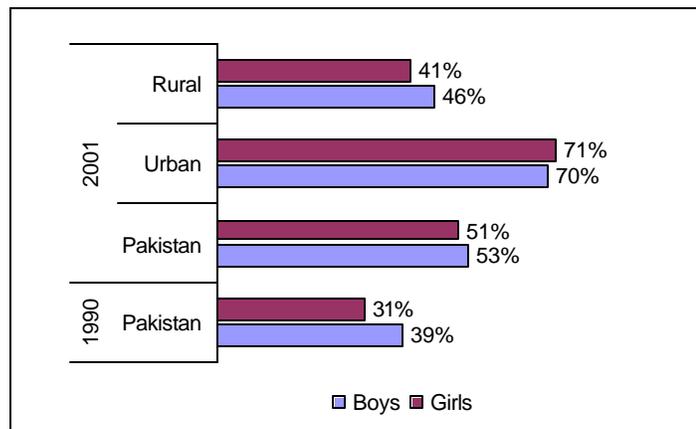
these countries, however, there is no clear evidence that in Pakistan son preference is as yet manifested in sex selective abortions or female infanticide.¹¹⁶

4.8. Levels of under-nutrition are also very high amongst children in Pakistan, as indicated by their height and weight at given ages. The Pakistan Rural Household Survey (PRHS) 2001 shows that high proportions of rural children under age five are malnourished, regardless of gender. Nearly half of these children are underweight, and nearly two-thirds are stunted (Table 1.3). The prevalence of malnutrition is similar across girls and boys.

4.9. The coverage of childhood immunization rose significantly during the 1990s (Figure 4.1), as a result of the Expanded Program on Immunization (EPI) campaign. By 2001-02, over half of children aged 12-23 months were “fully immunized,” i.e. they had received the full course of recommended vaccinations against tuberculosis, diphtheria, pertussis, tetanus, measles, and polio.¹¹⁷ There is still a long way to go to reach the original EPI goal of universal immunization by the mid-1990s, however. Balochistan in particular has very low coverage, and in its rural areas less than a quarter of children were fully immunized (Figure 4.1c).

4.10. Not only has immunization coverage increased during the 1990s; the gender gap in immunization coverage has narrowed as well (Figure 4.1a).¹¹⁸ This is probably attributable to heightened efforts to make immunization available free on people’s doorsteps through health worker outreach, as well as through immunization camps. Nevertheless, girls in rural Sindh and urban NWFP have sharply lower immunization coverage than boys (Figure 4.1c). When we control for household economic status and other factors, however, we find that girls continue to be significantly less likely to receive measles and BCG vaccination (Table 4.2), even though these are supposed to be provided free of charge along with the other standard childhood immunizations.

Figure 4.1a: Percentage of children fully immunized - by gender, 1990-91 to 2001-02



Source: Pakistan Demographic and Health Survey 1990-91 and Pakistan Integrated Household Survey (PIHS) 2001-02.

Note: The percentages refer to children aged 12-23 months who have completed immunizations. Polio 3 and DPT 3 refer to last dose of the respective immunizations.

Figure 4.1b: Percentage of children fully immunized - by gender and type of immunization, 2001-02

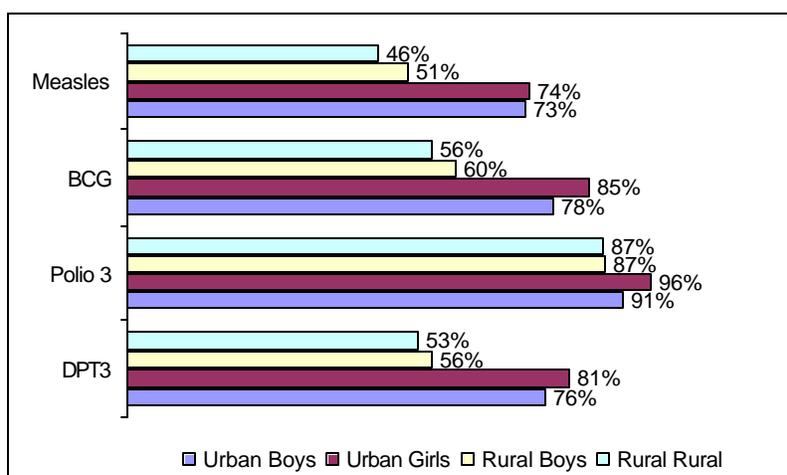
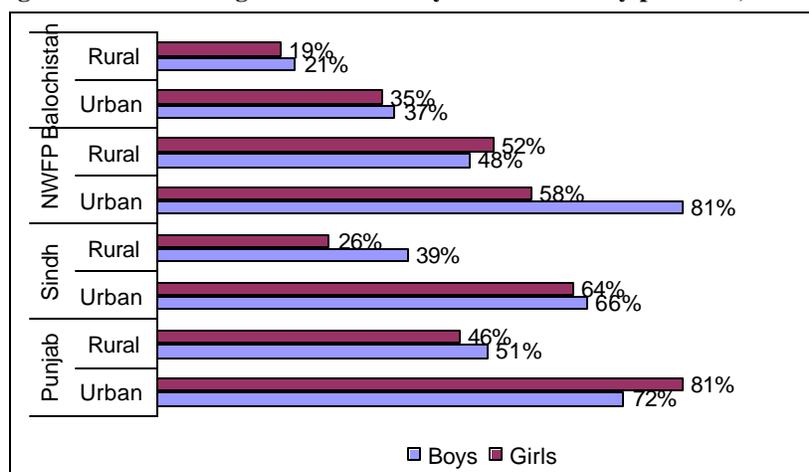


Figure 4.1c: Percentage of children fully immunized - by province, 2001-02



Source: Pakistan Demographic and Health Survey 1990-91 and Pakistan Integrated Household Survey (PIHS) 2001-02.
Note: The percentages refer to children aged 12-23 months who have completed immunizations. Polio 3 and DPT 3 refer to last dose of the respective immunizations.

Women's Health

4.11. Maternal health outcomes are very poor in Pakistan. This is reflected, for example, in the maternal mortality ratio, which is estimated to be around 500 per 100,000 live births.¹¹⁹ Given the high fertility levels still prevalent in the country, this translates into a lifetime risk of dying of one in 31 — that is, it is estimated that one of every 31 women dies due to causes related to childbirth.

4.12. High levels of fertility are a major contributor to poor maternal and child health because repeated childbearing causes maternal depletion and increases the risk to the mother. In Pakistan, the Total Fertility Rate has fallen gradually since the 1990s, and is estimated to be around five.¹²⁰ This is very high by world standards and substantially higher than for other South Asian countries such as Bangladesh and India (Table 4.2).

Table 4.2 Total fertility rate (UN estimates), 1950-2005

Period	Africa	Latin America and the Caribbean	Less developed regions, excluding China	Bangladesh	India	Pakistan
1950-1955	6.74	5.89	6.14	6.70	5.97	6.28
1960-1965	6.86	5.97	6.16	6.85	5.81	6.28
1970-1975	6.71	5.03	5.67	6.15	5.43	6.28
1980-1985	6.43	3.90	4.83	5.25	4.48	6.23
1990-1995	5.63	3.01	4.04	4.40	3.80	5.83
2000-2005	4.91	2.53	3.34	3.46	3.01	5.08

Source: Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat, *World Population Prospects: The 2002 Revision* and *World Urbanization Prospects: The 2001 Revision*, <http://esa.un.org/unpp>

4.13. The depletion from repeated childbearing is superimposed on a population with poor levels of health and nutrition. Women enter their childbearing years bearing the scars of under-nutrition in childhood, as well as underinvestment in girls' health during childhood and adolescence. Levels of healthcare are poor for both sexes, but as discussed below, girls receive even poorer health care than boys when they are ill, and this gap widens during adolescence. Poor health conditions at the start of childbearing are further exacerbated by neglect of women's dietary needs during childbearing: evidence from both Pakistan and India indicates that women's nutritional intakes do not rise as needed during pregnancy, and especially during lactation.¹²¹

4.14. Levels of anemia are high in the population as a whole, except among adult urban males, as found in a survey in the early 1990s (Table 1.3).¹²² There is a sharp gender gap in the prevalence of anemia among adolescents and adults — perhaps because in addition to the anemia resulting from malnutrition and exposure to diseases such as malaria and intestinal parasites, women have additional demands on their iron supply due to the demands of menstruation and childbearing. The gender gap is sharpest among adult women: 37 percent of women aged 25-44 in both rural and urban areas were found to be anemic, nearly double the rate for rural males and over four times the rate for urban males.

4.15. Maternal and child health are greatly influenced by the quality of care during pregnancy, delivery, and after birth — both in the home and from health services. This is especially important under the prevailing conditions of high fertility and poor overall health in Pakistan. As mentioned above, women receive inadequate care within the home regarding their health and nutrition. As for health services, the data indicate that women receive far from adequate health care during these crucial reproductive periods, and that the levels of health care have improved slowly at best since the 1980s (Table 4.3).

Table 4.3: Percentage of women receiving maternal health services, 2001-02

	Prenatal Consultations	Tetanus Toxoid Immunizations	Postnatal consultations	Births delivered at home	Birth assisted by Trained Birth Attendant
Punjab	40	48	10	79	25
<i>% change from 1990-91</i>	60	60	<i>n.a.</i>	-10	25
Urban	64	68	15	59	12
Rural	31	41	8	86	30
Sindh	38	39	10	70	9
<i>% change from 1990-91</i>	-25	-5	<i>n.a.</i>	0	14
Urban	68	63	19	43	11
Rural	22	26	6	85	7
NWFP	22	32	4	83	13
<i>% change from 1990-91</i>	16	78	<i>n.a.</i>	-11	44
Urban	45	53	8	69	18
Rural	19	29	4	86	12
Balochistan	21	14	7	94	24
<i>% change from 1990-91</i>	-43	27	<i>n.a.</i>	-2	-47
Urban	45	34	16	78	16
Rural	16	10	5	97	25
All Provinces	35	41	9	78	18
<i>% change from 1990-91</i>	17	40	<i>n.a.</i>	-8	6
All provinces Urban	63	64	16	55	12
<i>% change from 1990-91</i>	5	21	<i>n.a.</i>	-18	-33
All provinces Rural	26	34		86	21
<i>% change from 1990-91</i>	53	70	<i>n.a.</i>	-9	31

Source: PIHS 2001-02 household survey data. These percentages are based on cross-tabulations from the PIHS data. Data refer to use of maternal health services by pregnant women in the 3 years preceding the PIHS survey. Note that the categories “births at home” and “births assisted by TBAs” are not mutually exclusive. The percentage changes in use of maternal health services are calculated by comparing 2001-02 percentages with percentages for 1990-91 from the Pakistan Demographic and Health Survey Report (NIPS and Macro International, 1992). Percentage of women getting postnatal care not available for 1990-91.

4.16. Levels of prenatal care are low (Table 4.3). For the reporting period 1998-2001, only 35 percent of women in Pakistan reported receiving prenatal care during their most recent pregnancy, which represents only a 17-percent increase from the late 1980s. Prenatal consultations are most prevalent in urban areas, where nearly two-thirds of women report receiving it in the 2001-02 survey, compared with only a quarter of women in rural areas. Punjab and Sindh have nearly 40 percent of women reporting prenatal care, and in the case of Sindh this is largely because of a high proportion of urban population. Moreover, Sindh shows a 25 percent drop in the prevalence of prenatal care during the 1990s.

Balochistan also shows a downward trend over time with a drop of 43 percent, and along with NWFP represents the provinces with the lowest coverage of prenatal care.

4.17. The percentage of pregnant mothers receiving tetanus toxoid immunization in 1998-2001 is a little higher than prenatal care, at 41 percent of women's most recent pregnancies (Tables 4.3). This is still a low figure, however, given the simplicity of the intervention and its effectiveness at preventing neonatal tetanus, which is otherwise a leading cause of infant mortality. Encouragingly, tetanus toxoid immunization coverage has expanded during the 1990s by 40 percent overall, and by 70 percent in rural areas. The increase is evidenced in the provinces of Punjab and NWFP, but Sindh shows little or no increase. Balochistan in particular has very low coverage of prenatal tetanus immunization. Taken together with the data on prenatal consultations, it is evident that circumstances in Sindh have worsened over time in terms of care provided during pregnancy.

4.18. Most births in Pakistan continue to take place at home, placing mothers and their babies at risk should any complications arise during delivery. For 1998-2001, 78 percent of births were at home, down by only eight percent from the late 1980s (Table 4.3). The situation was somewhat better in urban areas, where nearly half of deliveries were conducted in institutions. In rural areas, however, the overwhelming majority (86 percent) of deliveries were still at home in all the provinces, except in Balochistan, where virtually all births take place at home.

4.19. The risks of home delivery have potentially been diminished by programs to provide various types of trained people to attend births. As a result, few births in urban areas of Pakistan take place without a trained person, and only a quarter of births in rural areas are attended solely by family members / neighbors (Table 4.4). There have in particular been programs to train traditional midwives (*dais*) and trained birth attendants (TBAs). We are unable to measure the trend in the proportion of births attended by trained dais for lack of data, but there has been little overall change in the proportion of births attended by TBAs (Table 4.3). In Balochistan, there has been a sharp drop in reported TBA-assisted births. It is also apparent that the NWFP is badly underserved by both TBAs and trained dais, especially in rural areas (Table 4.4).

Table 4.4: Percentage of births assisted by type of attendant, 1998-2001

Province		Doctor	Trained Birth Attendants	Trained Dais	Lady Health Visitor	Lady Health Worker	Nurse	Family member + neighbor
Punjab	Urban	36	12	40	2	0	7	4
	Rural	10	30	45	1	0	5	9
Sindh	Urban	51	11	19	0	0	10	8
	Rural	14	7	54	0	0	1	14
NWFP	Urban	27	18	21	3	0	2	28
	Rural	13	12	11	3	0	2	57
Balochistan	Urban	22	16	42	3	0	3	13
	Rural	3	25	38	1	0	0	33
Pakistan	Urban	40	12	31	1	0	7	8
	Rural	11	21	39	1	0	3	24

Source: PIHS 2001-02. The data are for births in the three years prior to the survey.

Note: Dais are traditional birth attendants.

4.20. Levels of postnatal care are lowest of all. Only nine percent of women reported receiving postnatal checkups within six weeks of delivery, for the period 1998-2001. Information on this is not available for the 1980s, so the trend is unclear. Even in urban areas, only 16 percent of women report

postnatal care, and in rural areas it is only seven percent. All provinces show very low coverage of postnatal care, and in NWFP it is reported to be virtually non-existent at four percent of births during 1998-2001.

4.21. In sum, not only are health and nutrition levels very poor in Pakistan, but *over and above this*, females face additional health disadvantages. They enter their childbearing lives carrying the burdens of deprivation during childhood and adolescence. Their health reserves are further drained by repeated childbearing and inadequate care during pregnancy, childbirth, and during the postnatal period. The resultant cumulative depletion takes its toll in high maternal morbidity and mortality, and in poor health outcomes for their children.

II. WHY ARE HEALTH OUTCOMES SO POOR?

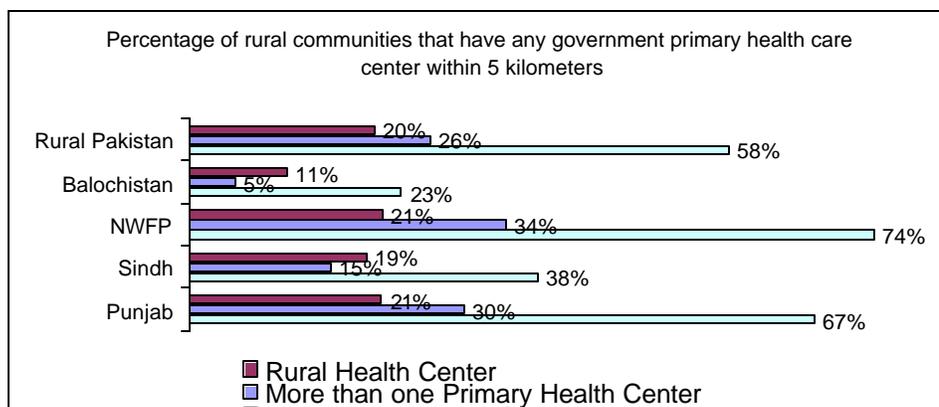
4.22. Three major sets of factors interact to generate Pakistan’s poor health outcomes. First, high rates of poverty make for poor nutrition and health conditions. Second, the quality of publicly-provided health services is poor. Third, gender inequities place constraints on women’s and girls’ access to health information and services.

Poverty and health services

4.23. For a substantial proportion of Pakistan’s population, a major cause of poor health outcomes is quite simply inadequate resources to buy enough food and health care.¹²³ Another major cause is the neglect of public health and environmental sanitation services, as a consequence of which people are exposed to high levels of infection. Repeated infections take a toll on people’s nutrition status because of a combination of factors, including loss of appetite, reduced absorption of nutrients, and greater metabolic demands to fight the infection. Once again, it is poor people who are most exposed to infection in their living and working conditions. As our data confirm, households with lower per-capita expenditure levels are more likely to have children who are stunted or underweight.

4.24. These problems are exacerbated by the low quantity and quality of publicly-provided medical care services. The coverage of services is inadequate, as reflected by the fact that only 58 percent of rural communities in 2001 had any type of public primary health care facility within five kilometers (Figure 4.2). Moreover, 35 percent

Figure 4.2: Access to any government primary health facility or Rural Health Center, rural Pakistan



Source: PIHS 2001-02 rural communities survey. Primary health facilities include Basic Health Unit, Maternal and Child Health Center, Family Welfare Center and Rural Health Center.
 Note: Percentages for rural Pakistan include the territories of AJK and FATA

had neither a nearby public health facility nor an LHW. There also are large inequalities between provinces in the distribution of facilities. Some provinces, such as Punjab and NWFP, are relatively well-served, while Sindh and especially Balochistan are poorly served. About a third of rural communities have an LHW, except Balochistan, where only 10 percent of communities have them. These inter-

provincial differences in the distribution of health services is broadly consistent with their differences in levels of maternal care received (Tables 4.3 and 4.4).

4.25. Compared with other types of facilities, the distribution of Rural Health Centers is more even across provinces, perhaps because these relatively large facilities are located in places where it is less difficult to attract staff. The distribution by type of facility is shown in Table 4.5.

Table 4.5: Percentage of rural communities with primary health facilities within 5 kms

	Basic Health Unit	Maternal and Child Health Center	Family Welfare Center
Punjab	48	18	24
Sindh	22	10	13
NWFP	58	29	30
Balochistan	17	5	3
Pakistan	43	18	21

Source: PIHS 2001-02 rural communities survey.

Note: Figures for Pakistan include the territories of AJK and FATA.

4.26. Even where facilities are available, the quality of services they offer often is highly deficient. The Pakistan Poverty Assessment outlines a number of problems that in particular plague the provision of social services such as health and education. Programs often are poorly managed and implemented, and there is a lack of internal accountability as well as social accountability for quality of services. There is little political pressure to increase service quality, especially since richer people are able to access quality services in the private sector. Both health and education suffer from low budgetary allocations, relative to those of other developing countries.¹²⁴

4.27. A variety of problems render government health facilities of limited value to potential users.¹²⁵ Insufficient allocations for non-salary inputs result in widespread shortages of drugs and other supplies and equipment. There also are problems of shortages of female staff, the presence of whom are critical for women to be able to access health services. For example, the PIHS 2001-02 survey found that of the 100 rural BHUs visited, only four had an X-ray machine, 47 had a blood pressure apparatus, 6 had an examination room, and five had a lab. About 40 of the BHUs had a sanctioned position for a female doctor and 93 percent of these BHUs did not have the position filled. In the case of midwives or Lady Health Visitors (LHV), 86 BHUs had positions opened for one, and about 40 percent of these BHUs had not filled the position. BHUs without an LHV or midwife will not be able to provide any maternal or health care. Even when positions are filled, staff absenteeism is a problem: one study of rural primary health care facilities found about 36 percent of physicians posted in these facilities to be absent during normal duty hours.¹²⁶

4.28. A survey carried out in 2002 on the governance and delivery of public services¹²⁷ shows quality of services to be a major concern in the case of public health facilities. Nationwide, only 31 percent of households reported that they usually used government health facilities. Only 23 percent of households (including users and non-users of government health services) in Pakistan reported overall satisfaction with government health services. About a fifth of households in Punjab, NWFP, and Sindh reported satisfaction with public health services, and in Balochistan the share of satisfied households was 17 percent. The most common reasons for dissatisfaction with public facilities cited were the health problem not being solved, non-availability of medicines in the facility, and poor quality of services or staff.

4.29. The combination of low coverage of facilities and poor service quality means that the effective availability of public medical services is very low in many parts of the country. This is reflected in the high levels of use of private medical services: for example, the PRHS survey shows that two-thirds of sick children in rural areas received private medical care. Public facilities are used more for preventive services such as immunization, which are provided with very active outreach. According to the PIHS survey (2001-02), less than one percent of rural children (age 12-23 months) received their most recent immunization from a private facility. In urban areas, this percentage was about five percent. In the case of prenatal care it is evenly divided: 40 percent of rural women reported going to a government facility while 37 percent had gone to a private facility. For postnatal care, private facilities are preferred, perhaps because the few women who obtain this care are from richer households: 38 percent of rural women reported receiving postnatal care at a private facility and 28 percent at a government facility.

4.30. The issue, then, is not merely to increase coverage of public facilities, but also to improve the actual availability of services in the existing facilities. In Pakistan, the process of translating physical proximity into actual proximity and availability is further complicated by the cultural constraints placed on women. This is discussed below.

The Role of Gender-Related Constraints

4.31. Another set of factors underlying poor health outcomes derives from gender inequities, which restrict women's access to information and health services. Women face many social constraints in managing their own health and that of their children, although they are largely responsible for the domestic management of health. This responsibility has several dimensions: preventing disease by good health and hygiene practices; recognizing illness early and providing home care; recognizing when it is necessary to seek medical care; and interpreting and implementing medical instructions. In order to take effective care of their own and their children's health, women need to be well-informed and able to act quickly on their perceptions.

4.32. *Access to information:* Information is not easy to come by. Illiteracy rates are high in Pakistan, especially among women. The media, billboards, and other information outlets can do much to change this, but improvements would require concerted efforts to design and disseminate new information. The campaign to spread information about various types of contraceptive methods and birth spacing has been successful in raising awareness of family planning among married women. Such campaigns can be used to further a much broader agenda for improving health outcomes, spreading a wider range of key health-related information. Media campaigns also can make people aware of what services are supposed to be available to them, thereby increasing social accountability in public service delivery. Pakistan's social services have yet to make much use of these approaches to improving outcomes.

4.33. The need for information in rural Pakistan is much higher than in more developed settings, for many reasons. Increased exposure to disease in poor sanitary and living conditions means that people need to take energetic and well-informed measures to maintain good health. Women face an uphill task in protecting their family's health and nursing them through repeated bouts of illness when water is not clean, drains are clogged or non-existent, and feces and disease vectors abound. Obtaining information is difficult even when women actively seek medical care, since they are faced with a bewildering array of potential providers. These range from totally unqualified quacks to highly-qualified doctors, but without clearly identifiable indicators of quality, it takes skill and perseverance to distinguish between them.

4.34. **Constraints on mobility and decision-making:** Women face considerable challenges to acting quickly on their perceptions of health needs. Their physical mobility is highly constrained, and this applies also when they want to seek health care (Table 4.6). One study from rural Punjab found that over two-thirds of women required permission to visit relatives within the village, and almost 90 percent required permission to go to the next village.¹²⁸ Studies show that regardless of distance to a health provider, most women do not visit health facilities unaccompanied, and most have to obtain permission from their husband or another elderly member of the household to visit the health facility.¹²⁹

4.35. In addition to restricted mobility, *purdah* norms also constrain women's use of health facilities. A qualitative study of three Punjabi villages¹³⁰ reported that respondents preferred women to visit female doctors for all types of ailments. Unmarried girls' access to doctors was even more circumscribed: they could not visit the doctor unaccompanied by their parents, and they could not risk frequent visits to the doctor since this could affect their reputation in the community. The qualitative study on gender conducted in rural areas of Punjab and Sindh as part of this Gender Assessment (see Box 1.3 in Chapter 1 for details) found health concerns to be common among the women interviewed. Even though this study did not directly ask women about health care issues, an overwhelming number brought up these issues. Their responses highlighted how mobility restrictions affected their accessing of health facilities (see Box 4.1). It is noteworthy that a far higher percentage of women stated that their primary constraint to accessing health facilities was their mobility, not the proximity of the facility.

4.36. Another reason why women cannot quickly seek health care is that the community prohibits them from making independent decisions: husbands and other male elders decide whether or not women may act on their perceived need for health.¹³¹ Although women are most likely the first to perceive their children's health problems (as well as their own), they must overcome successive hurdles of decision-makers, which can result in significant delays in seeking care and sometimes even end in denial of permission to seek it.¹³² The delays alone can be life-threatening in some cases: for example, dehydration can set in quickly in infants with diarrhea.

4.37. The upshot of these restrictions is that unless services are available near the home, illnesses may go untreated and risk becoming more serious. Otherwise, services are likely to be underutilized even if they are made available, because of the daunting logistical complexities women must confront in order to access them.

4.38. **Additional hurdles faced by female children:** Social constraints on mobility and decision-making negatively affect the health of women and children of both sexes. Over and above this is discrimination against girls because they are less wanted than boys.

Table 4.6: Percentage rural women reporting restricted access to health facilities

Travel Time to Facility:	Cannot Go Alone		Need Permission	
	< 1hour	>=1 hour	< 1hour	>=1 hour
Hospital	65	78	81	91
Rural Health Center	49	74	66	89
Basic Health Unit	62	82	84	93
Dispensary	71	87	88	94
Private Hospital/Clinic	49	72	71	88
Private Doctor	61	87	85	94
Hakim	50	60	75	85
Homeopath	27	40	56	80
Pharmacy	61	67	78	86

Source: Pakistan Rural Household Survey (2001), women aged 15-49.
 Note: Cross-tabulations from a question asking respondents if they could travel to the facility alone and whether they needed permission from someone in the household to go to the facility. Most women who reported needing permission also reported that they needed a male household member's permission (father-in-law or husband).

Box 4.1: Insights on Health Issues from the Qualitative Data

Lack of access to health care was a common concern among the 60 women interviewed from rural households in Pakistan (12 from each site in Table B4.1). Women brought up these concerns of their own accord, as the household questionnaire contained no health-related questions. Their most common complaints were that their village lacked a decent health facility, and that mobility constraints limited their access health care—namely in leaving the household to obtain medical care. 40 percent of the women mentioned difficulties in accessing health care because of restrictions on their mobility, often rooted in the practice of *purdah*. It is noteworthy that a far higher percentage of women stated that their primary constraint to accessing health facilities was their mobility, not the proximity of the facility.

Table B4.1 Percent of women interviewed who expressed concerns about access to health facilities, by site

	Percent reporting difficulty accessing health care due to mobility constraints	Percent reporting the need for health facilities (doctor or hospital) in village	Percent reporting severe problems w/ maternal and/or infant health
Northern Punjab			
Faisalabad	16.7	8.3	8.3
Talagang	25.0	50.0	0
Southern Punjab			
Lodhran	75.0	25.0	33.3
Sindh			
Badeen	50.0	33.3	33.3
Mirpur	33.3	25.0	8.3
Average of All	40.0	26.7	16.7

Difficulties in getting to the health facility included having to be accompanied by her husband or mother-in-law in order to leave the household and get medical treatment—even if the treatment was for her children and not for herself. If there was an emergency health situation and there was no one around to accompany them, as a last resort the women were permitted to venture outside the household only so long as they took along one of their children. This last caveat was especially common in responses from women in Lodhran, where as much as three-quarters of the women conveyed strict limits on their ability to travel unaccompanied to a health facility.

When asked if they were satisfied with the conditions of their village, more than one-fourth of the women mentioned needing a hospital, more doctors, and/or a qualified doctor. Interestingly, in the one site—Lodhran—that had no basic health facility at all, only one-quarter of women complained about needing this improvement. Roughly the same proportion complained about this in the two Sindh sites—both of which had small dispensaries. It was in the northern Punjab site where half the women lamented the poor quality of available health care, though both sites had a small clinic. Those women who registered this complaint said that the doctors in these clinics were not qualified and/or charged too much for poor people to afford care; they all believed their village should have a hospital. Only one woman (from Faisalabad) mentioned needing more female doctors in the village.

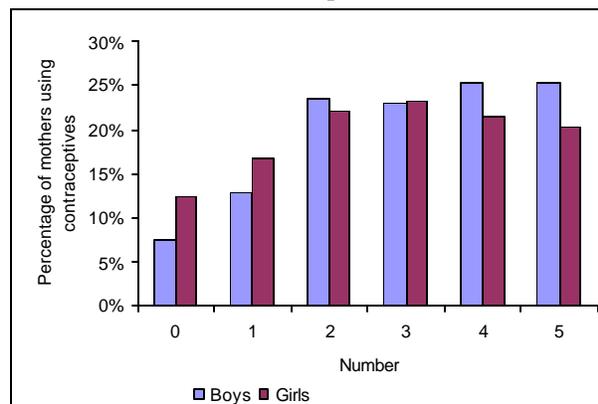
The most frequently cited health problems were those associated with pregnancy, birth and maternal health. One in six women said that either they or a close female relative had experienced severe medical problems in being pregnant, giving birth, or having a child die just after its birth. In Lodhran and Badeen — the districts where mobility constraints were reportedly highest — one-third of the women said this. Several women also mentioned lack of water sanitation as causing health problems in their villages—particularly in Badeen and Faisalabad.

4.39. When asked about their ideal family size or whether they would want to stop bearing children, women conveyed a strong preference for sons. When women who reported wanting more children were asked the number of sons and daughters they would like to have, they reported that they wanted on average two sons for every daughter. These stated preferences are mirrored in actual family-building behavior. Women with relatively more daughters than sons are more likely to want more children, and less likely to practice contraception. The reverse is seen among women with more sons than daughters (Figure 4.3 and Table A4.3 in Annex 1).

4.40. Girls suffer considerable disadvantages in health care as compared with boys, even controlling for household socioeconomic status, parental education and distance to health facilities. First, girls' illnesses are significantly less likely to be reported.¹³³ Second, those whose illnesses are reported are significantly less likely to be taken for a medical consultation (Figure 4.4). Third, even if girls are taken for a consultation, less is spent on their medical care than on care for boys (Figure 4.5). Richer households show greater gender discrimination in medical expenditures than do poorer households (Table A4.1 in Annex 1). As mentioned above, however, the gender gap in childhood immunization has closed during the 1990s, indicating that more aggressive outreach campaigns can be successful in reducing gender inequities.

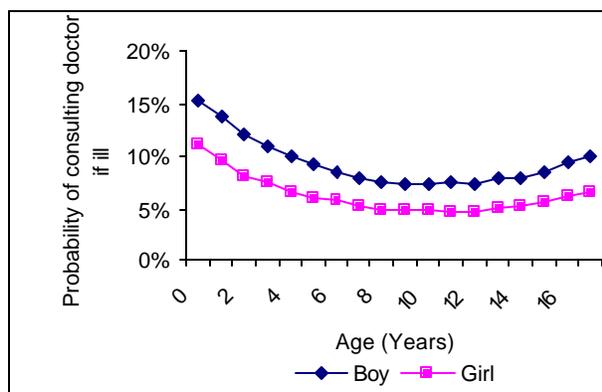
4.41. Interestingly, we find no evidence of gender differences in children's nutritional outcomes (as indicated by their height and weight), even controlling for parental, household and community characteristics.¹³⁴ Other studies in Pakistan also have not found any evidence of gender discrimination in nutrition, as measured by anthropometric outcomes.¹³⁵ Our findings on discrimination in medical care is borne out by another study of rural Pakistan, however, which found that households were more likely to consult private doctors (considered to be of higher quality) for

Figure 4.3: Women with more sons are more likely to use contraceptives



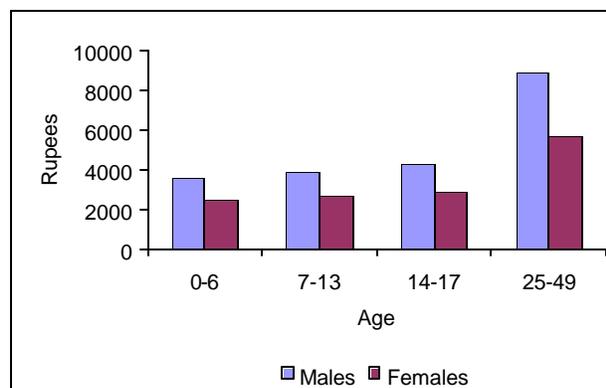
Source: Cross-tabulations of PIHS 2001-02 data for currently-married rural women aged 15-49, who are not currently pregnant

Figure 4.4: Gender differences in probability of consulting a doctor in case of illness



Source: Pakistan Rural Household Survey 2001. The probability of consulting doctor are predicted using regression results shown in Table A.4.1.

Figure 4.5: Rural households' annual average medical expenditure



Source: Cross-tabulations based on Pakistan Rural Household Survey 2001 data. The figures refer to medical expenditures reported for each household member who had been ill during the year and for whom any medical practitioner was consulted. Note: The gender differences in expenditures are statistically significant.

boys than for girls.¹³⁶ This study also found that the use of medical care for girls was more sensitive to price of services. These results are consistent with several studies across South Asia, which find significant evidence of discrimination against girls in medical care rather than in nutritional intake.¹³⁷

III. DELIVERY OF HEALTH SERVICES IN RURAL PAKISTAN: THE INSTITUTIONAL SETUP

4.42. The health care delivery system consists of a mix of both private and public sectors. Private health services include general practitioner clinics, dispensaries and maternal and child health centers, laboratories, and small to medium private hospitals. Private hospitals and general practitioners are only located in larger towns and very few are at the village level (union council), where the main service providers usually are dispensers; private practitioners also include formal and informal providers, both belonging to allopathic and traditional health systems. Below, we describe the health services provided in rural areas by the public sector.

4.43. The government provides health services to the rural population through a network of medical services under the District Departments of Health (DoH). The District Departments of Health were under the provincial departments of health and have been devolved since 2001. Each district now has an Executive District Officer 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.¹³⁸ The network of medical services provided by the Ministry of Health includes dispensaries, Basic Health Units (BHUs), Maternal and Child Health (MCH) Centers and Rural Health Centers (RHC). The facilities are linked to Tehsil Headquarters Hospital (THQ) and District Headquarter hospitals (DHQ) – the secondary care facilities. Typically each administrative unit or Union Council (typically covering a population of about 10,000 individuals) has a BHU, where primary health care services and maternal and child health and family planning services are provided. MCH Centers, which are sparsely located, 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. The BHUs and RHCs are primary- or first-level care facilities and are meant to provide all maternal and child health and primary health services. The Ministry of Population runs Family Welfare Centers that provide family planning and reproductive health services.

4.44. Aside from the network of medical facilities, there are a number of national programs which also provide maternal and child health services, such as the Lady Health Workers (LHW) program (formally called the National Program for Family Planning and Primary Health). The Expanded Program on Immunization (EPI) provides immunization services through clinic-based services and outreach through immunization camps. There also are more general disease control services, such as the TB DOTS program,¹³⁹ which operates through diagnostic centers (at THQ and RHC) and treatment centers (THQ, RHC and BHU). This program is gradually being expanded, and covers 50 percent of the population.

4.45. This network of health services is intended to provide various aspects of curative and preventive care to rural households. Also designed to be available at government primary care facilities are female paramedics such as Lady Health Visitors and Trained Birth Attendants, who provide maternal and child health services, and vaccinators who are available at both BHU and RHCs besides DHQ and THQs.

4.46. The LHW program is a very important part of the PRSP objective of promoting female health. LHWs operate in rural and poor urban areas, and their tasks are to deliver preventive and promotive services to women and their children. The LHW is expected to register all the population in her catchment area, focusing on children under five and married women aged 15-49, and to provide various services to them. These include providing essential drugs for treatment of minor ailments (such as diarrhea, malaria, acute respiratory tract infection, and intestinal worms); supplying some contraceptives to “eligible couples”; referring and motivating women to obtain safe motherhood services (e.g., prenatal care, safe delivery and postnatal care). To this end, LHWs are supposed to coordinate with the nearest primary health care facility, traditional birth attendant or other skilled birth attendant. They also are supposed to organize women’s groups and health committees in the community, through which forums they are to discuss issues related to better health, hygiene, nutrition, sanitation and family planning.¹⁴⁰ LHWs are supposed to provide hygiene education on drinking water and sanitation, nutritional advice and growth monitoring of children; moreover, they are to monitor and advise women on their health and that of their babies after birth. In 2001, survey data show that about 35 percent of rural communities had an LHW in the community (Table 4.7). The coverage was highest in rural NWFP and lowest in rural Balochistan.

Punjab	34
Sindh	33
NWFP	38
Balochistan	10
Rural Pakistan	35

Source: PIHS 2001-02 rural community survey data.
Note: While LHWs are also supposed to work in poor urban areas, the PIHS does not provide any data on this.

4.47. Since its inception, the LHW program had intended LHWs to deliver immunizations. Till 2001, it appears that not all LHWs were providing the immunizations; instead, they had the task of identifying children who were eligible to receive vaccinations and encouraging mothers to get their children immunized. Since 2001, however, efforts to train LHWs to give vaccinations to children and mothers have been stepped up.¹⁴¹ As part of the Polio National Immunization Days, about 16 million of Pakistan’s 30 million children are immunized by LHWs. In 54 districts, LHWs have provided tetanus toxoid immunizations to 4.5 million (of the 5 million) women as part of the Maternal and Neonatal tetanus elimination activities.

4.48. Being a national program, the LHW program is centrally funded and directed.¹⁴² Policy formulation and operational planning are done at the federal level. Implementation of this operational plan is the responsibility of the provincial and district program implementation units. These implementation units are staffed either by health department employees who are on deputation to the LHW program or by contract employees. A separate cadre of Lady Health Supervisors (LHS) is responsible for ongoing supervision and monitoring and is employed by the LHW Program on a contract basis. The Lady Health Supervisors report to the District Program Implementation Unit. Provincial Program Officers from the Provincial Coordinator’s office oversee the District and LHW Supervisors. The LHWs are hired, placed and supervised by the District Implementation Units of the program, with oversight by the Federal and Provincial Implementation Units of the program (see Table 4.8).

Table 4.8: Lady Health Worker Program: Levels of responsibilities

Federal Program Implementation Unit (Ministry of Health)	Primary health care policy formulation, operation planning and budgeting
Provincial Program Implementation Units (Provincial Health Department)	District LHW allocation, operational plan implementation, payroll
District Implementation Unit (District Health Office)	LHW-primary health care facility allocation, LHW firing, Lady Health Supervisor hiring/firing, training, operational plan implementation
Primary Health Care Facility	Selection of LHW, training, organizing replenishment of supplies, providing meeting point for LHW and Lady Health Supervisor

Source: Based on table reported in Ministry of Health, "National Programme for Family Planning and Primary Health Care: Promoting Health; Reducing poverty" (Government of Pakistan, 2004).

4.49. At the same time, the LHW has some relationship with the local primary health care facilities. She is attached to their nearest BHU or other public primary health facility, which has a say in her selection and trains her. They are expected to refer patients to these facilities; however, LHWs actually operate out of their own homes. They visit the facility periodically to collect their supplies and to meet the Lady Health Supervisor to report to her. They do not report to the person in charge of the health facility. The LHW program thus runs through the provincial and district department of health, in cooperation with the local health facilities.

4.50. The LHW program was evaluated with the help of British government's DFID funding in 2001.¹⁴³ The evaluation found the program to be effective in delivering preventive and promotive services (growth monitoring, delivering iron tablets to pregnant women, contraceptive pills and condoms). It also found that the areas served by the program tended to be wealthier compared to the areas not served by the program. The evaluation calculated that the LHW program had a larger impact on health outcomes per unit of cost than comparable alternative services provided through the public primary health facilities. It also made several recommendations for the program's improvement (see Box 4.2). Following this evaluation, the program was expanded, and by mid-2004 there were about 70,000 LHWs working in the field.¹⁴⁴ The program is undergoing further expansion (Table 4.9).

Table 4.9: Planned allocation of Lady Health Workers, 2004-05

	Number of districts	Number of LHWs
Punjab	34	52,381
Sindh	16	21,225
NWFP	24	15,108
Balochistan	26	5,800
Pakistan	120	100,206

Source: National Programme for Family Planning and Primary Health Care.
Note: The figures for Pakistan includes the territories of AJK, FATA, Northern Areas, and Islamabad.
Of the planned 100,206 LHWs, 98 percent were already allocated to districts by early 2005, and the rest will be allocated effective July 2005. The number of LHWs actually working could be different from the planned allocation because many districts may not have completed recruitment.

Box 4.2: Evaluation of the Lady Health Worker Program, funded by DFID

LHWs are contract workers hired by the program. They are young married women aged 20-50 with at least middle school education (class 8). They are residents of the communities they work in. In the first phase of the program, 10,000 LHWs were recruited. It was initially planned to have 100,000 LHWs in place by 1998. The expansion of the program was slowed by two factors, macro-economic difficulties and an agreement between the Government of Pakistan and SAP donors that further expansion would take place only after a careful evaluation. The program now aims to have 100,000 LHWs in place by 2005 (Table 4.9 above). Each LHW is expected to serve a population of about 1000, and the evaluation found this corresponded to their field observation. LHWs have no benefits other than their salary, and no prospects of promotion or reward for good performance. In 1998, their salary was Rs 1440 per month, which was, at the time, comparable to the salaries of primary school teachers. However, the competitiveness of their salary has been eroded over time.

The careful external program evaluation was undertaken in 2001, and was based on detailed discussions with LHWs, their supervisors and the communities in which they worked. Household surveys were carried out in areas with LHWs and those without LHWs. Differences in health outcomes indicated that the LHWs had a large impact on a range of health outcomes, but many of these were not statistically significant after controlling for the fact that LHWs tend to be placed in better-off areas with easier access to BHUs. The impacts were significant in the case of childhood immunization coverage and contraceptive use. In line with the results of our analysis, they found no significant impact of the LHW program on uptake of prenatal care and attendance at delivery. The evaluation also found that the program has more impact on health outcomes and health status per unit of cost than comparable alternative services provided in the first level care facilities such as the BHUs.

Some of the major issues confronting the program identified by the evaluation include:

- LHWs tend to be located in better off areas.
- There are large variations in performance among individual LHWs.
- The frequency of supervision was quite high: 70 percent of LHWs had been supervised in the preceding month and 87 percent in the two months preceding the survey,
- The knowledge of LHWs is limited, especially on curative care. Despite their training and extensive supervision, around 40 percent were unable to recognize the signs of pre-eclampsia. This suggests that the quality of supervision needs to be improved.
- There appears to be a problem with supply of medical items. This is largely because the primary health care facility did not receive supplies from the District Program Implementation Unit.
- Cuts in budget undermine program effectiveness. The cuts have focused largely on non-salary expenditures, which reduces expenditure on organizational support and supplies. While salaries have been somewhat protected from cuts, LHW salaries declined by 20 percent in real terms between 1994-95 and 2001, which could affect staff incentives.

IV. WHAT CAN BE DONE TO IMPROVE HEALTH OUTCOMES?

4.51. Broad changes are needed with respect to public service provision in order to improve health outcomes, in particular:

- more attention to public health (preventing exposure to disease);
- the quality and quantity of health care services; and
- more formal education, especially for women

Pending these larger shifts in policy priorities and their actual implementation, however, there is much that can be done to increase access to services and information.

4.52. We frame this discussion in the context of our findings from analyzing survey data collected in the Pakistan Rural Household Survey (PRHS) (2001), which covers the rural areas of the four provinces and the PIHS 2001-02. Both surveys contain household and community-level data. The PRHS collected a

detailed module on illness from respondents, which we used to analyze determinants of seeking medical treatment of sick children. The PIHS is used to analyze determinants of child immunizations, use of maternal health services, and contraceptive use. While the PIHS was conducted in both rural and urban areas, it collected data on availability of health facilities and programs, such as the LHW program, only from rural areas. The Annex contains a more detailed discussion of the data and methods of analysis (Annex 2), as well as tables displaying the full results (Annex 1, Tables 4.1-4.5).

4.53. The analysis focuses on children and on women in the reproductive age group. For children we analyze determinants of the probability that a child is reported to have been ill during the past year, that medical care was sought in case of illness, and how much was spent on this. We also examine the determinants of the probability that a child received each of four types of childhood immunizations.

4.54. In the case of women, we analyze the determinants of receiving a range of reproductive health services, including prenatal checkups, tetanus toxoid immunization during pregnancy, help at delivery, delivery in a medical institution, postnatal care, and current use of contraception. During prenatal consultations, pregnant mothers are supposed to receive nutrition information, tetanus toxoid immunizations, and are monitored for signs of pregnancy risks. Postnatal consultations are supposed to follow up on the health of the mother and of the newborn.

4.55. This chapter also analyzes the determinants of the placement of the LHWs across rural communities. This is to follow up on the findings of the DFID evaluation, which concluded that the program was mostly placed in better-off communities.

Access to Primary Care Facilities and LHWs matters

4.56. Making services available near people's homes facilitates the use of health care services in any setting. Given the mobility constraints that women face in Pakistan, however, having women provide services at the doorstep can make a great deal of difference in improving access and outcomes. The LHW program was set up to have female workers provide maternal and child health and contraceptive services at people's doorsteps, and our analysis indicates that this is quite effective for several purposes.

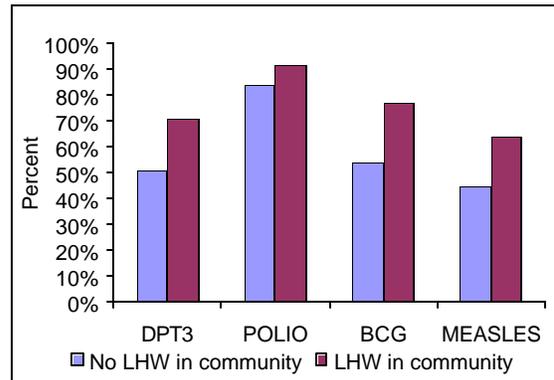
4.57. Although the general quality of health service provision is weak, certain aspects of these services appear to work well. We find that people use the public sector services if a facility is close by, rather than private providers, for several reproductive health services — child immunization, family planning, prenatal consultations, and tetanus toxoid immunization during pregnancy. This reflects the success of the immunization and family planning programs, which are respectively the focus of high-priority global and national programs. Child immunization is the subject of global campaigns which benefit from donor involvement in funding and organizational inputs, such as the Expanded Program for Immunization and the worldwide polio eradication drive. Family planning is the subject of high-priority national campaigns across South Asia. Improving maternal care also has received attention in global forums, but has not been subject to (or easily amenable to) the sort of focused campaigns used for simple services like immunization.

4.58. The extent of service outreach clearly increases the uptake of these services. In particular, LHWs bring services to people's doorsteps, thereby greatly facilitating the uptake of contraception and immunization (Figure 4.7A and Tables A4.2 and A4.3). Moreover, there is no gender difference in the probability of a child being immunized if an LHW is present in the community (see Figure 4.6). LHWs appear to be more strongly associated with immunization uptake than the proximity of primary health facilities. Polio immunization is delivered largely through special outreach efforts and camps, so the effect of LHWs is muted, and that of facilities is not significant.

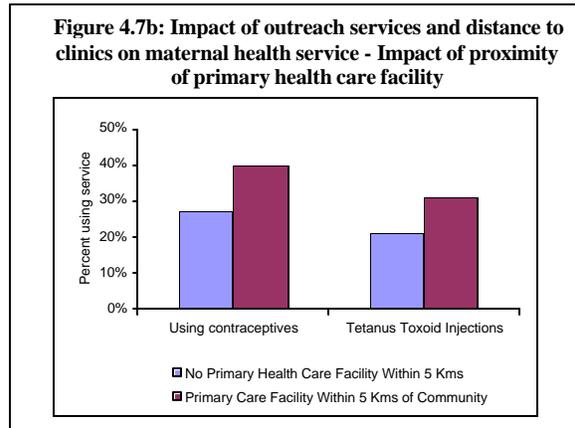
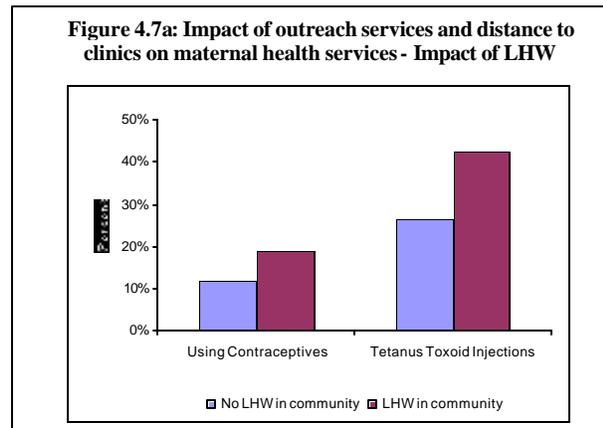
4.59. The WHO has recommended prenatal care, tetanus immunization during pregnancy, skilled attendance at birth, and postnatal care as basic requirements to ensure safe motherhood and the well-being of newborns. Having a government primary health care facility nearby increases the probability of receiving prenatal care and tetanus immunizations. The presence of an LHW also significantly increases the likelihood of receiving tetanus immunizations during pregnancy (Figure 4.7A and Table A4.3). Proximity to private health providers is not significantly associated with receipt of prenatal consultations and immunizations.

4.60. The probability of delivering in an institution, or with a TBA in attendance, is not associated with the distance to any type of health facility or availability of LHW (Tables A4.3). The same applies to the use of postnatal care (Table A4.3), which could be partly related to the tradition that a woman and her newborn should not leave home for 40 days after birth. Women’s use of modern contraceptives is positively associated with the delivery of contraceptives at the doorstep, as indicated by the proximity of LHWs. One of the tasks of LHWs is to provide oral contraceptives, and the success of this program is indicated by the finding that where LHWs are available, women are more likely to use contraceptives (Figure 4.7A and Tables A4.3).

Figure 4.6: Presence of LHWs increases child’s chances of being immunized



Source: PIHS 2001-02 survey data for children aged 12-23 months. The figures refer to predicted probabilities from Table A4.2.



Notes: PIHS 2001-02 data for rural married women aged 15-49 who had given birth in the 3 years before the survey. The figures refer to statistically significant predicted probabilities from Tables A4.3-A4.5.

4.61. Distance to health facilities such as hospitals, dispensaries and primary health care facilities has a significant impact on the probability that a household seeks medical consultation for a sick child (Table A4.1). The further away the nearest health facility, the lower the probability that a household will seek medical consultation for a sick child. The further away the health facility, moreover, the higher the probability of a child being reported ill—possibly because where curative services are less accessible, illnesses become more severe and therefore more likely to be reported.

LHW Program Does Not Increase Use of Primary Care Facilities

4.62. The LHWs and the primary health care facilities are intended to form a network of health service delivery to rural households. Our analysis confirms that LHWs are indeed placed as the program intended, where DoH primary health facilities are available. Indeed, this is one reason why the program was less pro-poor, as the likelihood of having a “functioning facility” is higher in better developed areas. As of 2001, however, only half of rural communities had a public health facility nearby, and only 20 percent had an LHW as well as a public health facility nearby.

4.63. Through their outreach work, LHWs are intended to stimulate families’ use of BHUs and other first-level care facilities for their curative and preventive care needs. The evidence that this actually happens is mixed (see Table 4.10). With regards to curative care, the DFID evaluation found that most LHWs referred sick family members to BHUs. We find no significant evidence that the presence of an LHW stimulates the use of nearby health facilities for preventive maternal care services or assistance at delivery. Only in the case of postnatal consultations do we find some evidence of this complementarity – the presence of an LHW in a community appears to increase the use of nearby government primary health facilities and reduce the use of nearby private health facilities for postnatal consultations ones. The uptake of postnatal care is extremely low, however. In the case of contraception, we find that if an LHW is present in a community, then people are less likely to turn to nearby private health facilities.

Table 4.10: Impact of LHWs and proximity to health facility on RCH service utilization

	LHW presence in community	Proximity to public primary health care facility	Proximity to Private health care facility	LHW in community interacted with proximity to public primary health care facility	LHW in community interacted with proximity to private health care facility
Family planning methods	Yes	No	No	No	Yes (negative)
Maternal care:					
Prenatal care	No	Yes	No	No	No
Tetanus toxoid immunizations	Yes	Yes	No	No	No
Postnatal care	No	No	No	Yes (weak effect) (positive)	Yes (negative)
Birth in medical institution	No	No	No	No	No
Attendance at delivery	No	No	No	No	No
Childhood immunizations	Yes	Yes	No	No	No

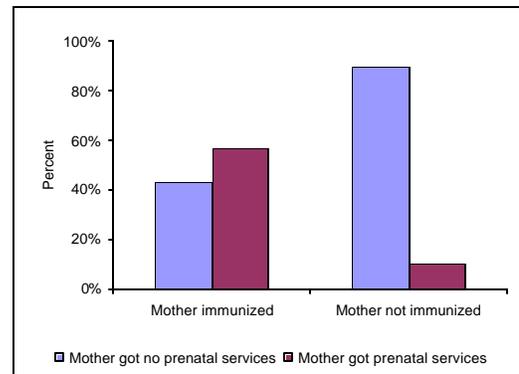
Notes: This table summarizes the impact of availability of LHWs in community and the proximity to health facilities on households’ utilization of various services based on the regression results in the Appendix. These regressions control for characteristics of the households, and also for the availability of various facilities and LHWs in the community. They also control for community-level factors such as electricity, drainage, and distance to the following: tehsil capital, nearest bus stop, market, nearest motorable approach road, public primary school for girls, middle school for girls.

4.64. This lack of complementarity between the LHW program and the public health facilities cannot be attributed entirely to the unavailability of staff and supplies in the latter, especially since LHWs are

placed near the more “functioning” facilities. The definition of “functioning” is not strict: the DFID evaluation found that about 30 percent of functioning facilities did not have a doctor present at the time of survey, and about 50 percent lacked medicines. This suggests a deeper issue of poor synergy between a national program such as the LHW program and the DoH facilities. LHWs may be working to meet their supervisors’ expectations for the vertically-organized program, and not to meet ancillary objectives regarding service utilization at facilities run by another department.

4.65. A stark example of this lack of synergy is revealed in use of prenatal care. Pregnant women are supposed to receive tetanus toxoid injections *and* check ups for signs of potential complications of pregnancy. As part of the Expanded Program on Immunization (EPI), LHWs encourage pregnant women to get tetanus immunization, and our analysis shows that this is very effective; in communities where LHWs are active, mothers are more likely to have obtained this immunization.¹⁴⁵ The link with the DoH facilities is weak, however: over 40 percent of the women who got tetanus immunization report not getting any prenatal care (Figure 4.8). That is, they are contacted by government staff during their pregnancy, but do not receive the ante-natal check-ups which the DoH facilities are supposed to provide.

Figure 4.8: Use of prenatal services amongst women who had received tetanus toxoid immunization



Notes: Cross tabulation for rural married women who reported births in the 3 years preceding the PIHS survey (2001 -02).

4.66. In sum, the presence of LHWs has a strong positive impact on the use of contraceptives, which they themselves supply to women, and on the uptake of childhood and antenatal immunization. There is no significant impact of LHWs on the uptake of antenatal check-ups, care at delivery, and postnatal care. The presence of LHWs does not mitigate the effect of distance to facility for these services. This indicates much better coordination between the EPI program and the LHW program, than between LHWs and the DOH health services.

LHWs Are More Likely To Be Placed In Communities with Girls’ Schools

4.67. The strongest determinant of placement of LHWs is the availability of a school for girls in the community (Table A4.5). This is not a surprising finding, as LHWs are required to have at least middle school education (class 8), and the availability of a school increases the supply of such women. This finding is very significant in light of the discussion in Chapter 3, since all the incentive programs for retaining girls in middle and high school can be expected to have a direct bearing on the LHW program. Since women have limited mobility, it could be more difficult to expand the LHW program to rural communities that are not well served by girls’ schools.

4.68. Given the constraints on finding educated women to hire as LHWs who also are near a functioning facility, the placement of LHWs is likely to be somewhat regressive. They are indeed more likely to be placed in more developed areas, as indicated by the presence of drainage in the community (Table A4.5). Similarly, the DFID evaluation found that LHWs were working in better-off areas.

Mother’s Education Good for Children, Good for Maternal Care

4.69. Mother’s education is widely found to be one of the most powerful predictors of maternal and child health outcomes. There is evidence that schooling is associated with better domestic management of health, which can include better childcare practices, better household hygiene and other measures to prevent ill-health, and better ability to manage illness within the home and to know when to seek care. It

also is possible that educated women have greater bargaining power, both within the household and in their ability to interact with care providers in obtaining the services they seek.

4.70. Educated mothers are more likely to be exposed to information from a wider range of sources, and to be better able to process information received. Education can enable women to allocate resources better.¹⁴⁶ For example, in the World Bank’s first community nutritional loan to Indonesia in the 1970s, significant improvements in child nutritional status were found to be related mainly to nutritional education.

4.71. We find that the schooling of both parents is significantly associated with the probability of a child receiving each type of routine immunization (DPT, polio, and measles); however, mother’s education has a stronger association with children getting immunized (Figure 4.9a and Table A4.2). The same applies to the use of contraception by women — another route for improving maternal health through reducing maternal depletion via repeated pregnancies and lactation; and for improving child health by reducing the number of children competing for available resources in terms of money and maternal attention (Figure 4.9b and Table A4.3).

4.72. The schooling of both the woman and her husband is significantly associated with the probability of a woman’s using contraceptives and having prenatal consultations and tetanus immunization during pregnancy (Figure 4.9b and Table A4.3). The woman’s education has the stronger association, but her husband’s education has an additional positive association. For postnatal consultations, only the woman’s schooling has a significant positive association.

Disseminating Information through the Media “Substitutes” for Schooling

4.73. There is considerable evidence that greater exposure to information can “substitute” in some ways for schooling. This has been widely noted, for example, in the spread of information on contraception and the uptake of contraceptive use. Some studies have sought to specifically tease out the extent to which education and information substitute for each other. A study from Central Java (Indonesia) found that mother’s schooling affects shorter-term measures of nutritional status mainly through nutritional knowledge.¹⁴⁷ In Brazil, a study analyzing the pathways through which maternal education affects child health found that most of the correlation between maternal education and child height could be explained by mothers’ listening to the radio and watching TV.¹⁴⁸ The study also found that schooling and messages gained through community health services acted as substitutes. A study from Morocco found that maternal knowledge and not maternal schooling strongly influences measures of

Figure 4.9a: Impact of female education - Impact on childhood immunizations

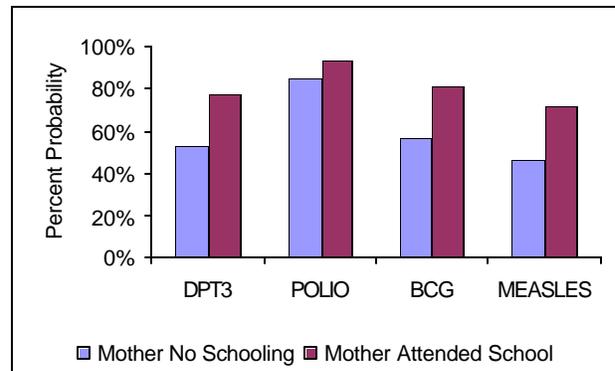
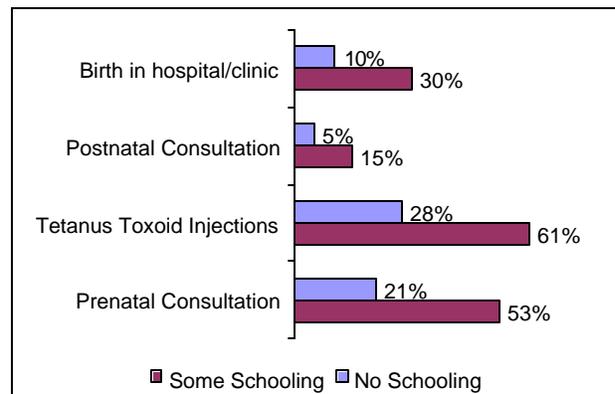


Figure 4.9b: Impact of female education - Impact on maternal health services



Source: The graph is based on data from the PIHS survey (2001-02). In graph A, the percent immunized by mother’s education is predicted using the regression results displayed in table A4.2 in the Appendix to chapter 4. In graph B, the percentage of women utilizing maternal health services is predicted using regression results displayed in table A4.3.

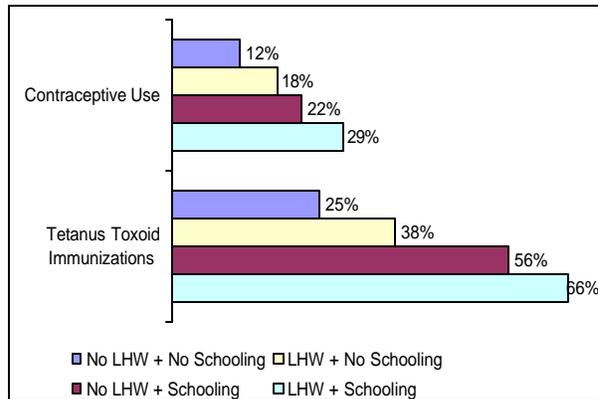
child’s long-term nutritional status (height for age).¹⁴⁹ This study also found that this maternal knowledge in this setting is obtained mainly from the media and public service messages.

4.74. We also explore how having health-related information/knowledge (received through the media) complements or substitutes for mother’s education. Our analysis of use of maternal health services and child immunizations includes a measure of whether mothers report having exposure to information from the media regarding hygiene practices. Although the information was specifically related to hygiene, it is an indication of women’s exposure to media messages.

4.75. Women who have been exposed to health information in the media are more likely to use contraceptives, prenatal and tetanus immunizations during pregnancy, but not more likely to use postnatal consultations, according to our findings. They are also more likely to have institutional deliveries. The interactions between media exposure and female education show that there is no differential effect of media exposure by whether a woman is educated or not; both educated and uneducated women benefit from media exposure. Does having information reinforce or substitute for the benefits of having an education? It appears that the media exposure (underlying women’s hygiene knowledge) plays an important role *in addition* to maternal education. That is, even if a woman has no education, the exposure to media messages and the information learnt from it continues to make a difference in women’s use of maternal health services.

4.76. Since LHWs deliver information along with medical services to women’s doorsteps, they might be expected to be more helpful to women with no schooling or women who may have less access to information from the media. Our analysis suggests that women with or without education benefit equally from the availability of a LHW. Similarly, women with or without exposure to the media benefit equally from LHWs (Figures 4.10 and 4.11, Tables A4.3 and A4.4).

Figure 4.10: Health impact of female schooling and LHW presence



Notes: Predicted probabilities from Tables A4.3 and A4.4

Figure 4. 11a: Comparing the health impact of woman receiving health related information through media, her schooling and availability of LHW - Information and Female Education

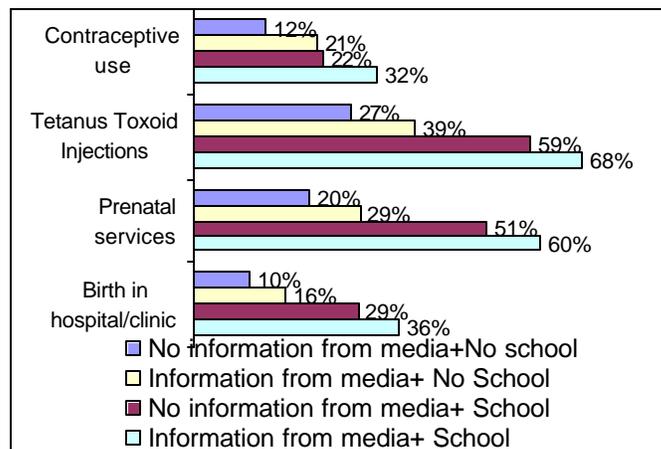
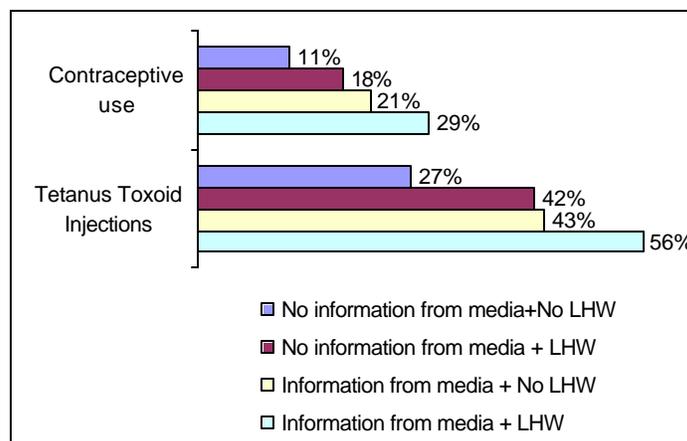


Figure 4. 11b: Comparing the health impact of woman receiving health related information through media, her schooling and availability of LHW - Information and LHW availability



Notes: These figures pertain to rural married women aged 15-49. The figures refer to the predicted probabilities of using these services from Tables A4.3 and A4.4. In graph A, the predicted effect of media exposure is added to the effect of woman's schooling on the use of these services. In graph B, the predicted effect of media exposure is added to the effect of LHW presence.

V. RECOMMENDATIONS FOR POLICY

4.77. If one had a magic wand, it would be possible to address simultaneously all the major factors underlying poor health outcomes in Pakistan: poverty, high levels of exposure to disease, poor public service provision, low levels of education, and the constraints women face in caring for themselves and their families.

4.78. There is much that can be achieved, however, even without a magic wand. Pending these larger shifts in policy priorities and their actual implementation, much can be done to improve health outcomes by expanding access to services, improving the coordination of services, especially at the district level, and through information campaigns.

4.79. First, the LHW program should be expanded, as it clearly is highly effective at delivering basic maternal and child health services to people's doorsteps. We find that having these women deliver services at people's doorsteps considerably enhances the probability of children being immunized and of women receiving prenatal care and using contraception. The DFID evaluation (2001) found the same, also finding that the LHW program was more cost-effective than other primary care services. The cost-effectiveness may result from the fact that LHWs provide both family planning services and child health services, a combination which has been found effective elsewhere.¹⁵⁰ In particular, the LHW program should be expanded in areas that have relatively lower coverage at present.

4.80. Second, much needs to be done to expand effective access to public primary health facilities. These facilities can be important sources of care for people, especially in rural areas, suggesting that they are pro-poor in nature. Substantial proportions of the communities appear not have a facility nearby, however. Studies also show that even when facilities are in place, high proportions of the facilities are handicapped in their service delivery by problems of staff absenteeism and lack of supplies and equipment. Here there may be scope for efficiency gains by contracting out public facilities. International experience suggests that such contracting out can be effective in improving health service delivery.¹⁵¹

4.81. A successful example of a contracting-out arrangement is the project involving tuberculosis (TB) detection and treatment in Hyderabad, India.¹⁵² The government engaged a private non-profit trust working in a poor neighborhood in Hyderabad to deliver TB treatment using the DOTS (directly observed therapy-short course chemotherapy) method. An evaluation of this project found that the private provider was able to achieve a treatment success rate that was 14 percentage points higher than the public sector provider in a nearby area. The private provider also was able to diagnose 21 percent more TB cases per year. The private delivery of services also was found to be more cost effective. In Pakistan, the Punjab government contracted an NGO to manage BHUs in Rahim Yar Khan district in 2003. While no evaluation of this project is as yet available, initial assessments suggest that since the NGO took over the management of BHUs in this district, the staffing and supply of drugs was greatly enhanced, and there was an appreciable increase in the number of outpatient visits.¹⁵³

4.82. Third, the apparent disjunction between LHWs and the health facilities needs to be addressed. There are many potential synergies to be derived from coordinating the LHW program with the overall public health care services. The benefits will work in both directions: the health facilities can provide important technical and logistical support for LHWs, while LHWs can increase facility utilization through referring potential users to them. Such coordination of a central program (LHW) with provincial health departments is possible, as illustrated by the Auxiliary Nurse Midwife (ANM) program in India (Box 4.3). In Pakistan, the potential for synergy is apparent in the coordination between the EPI program and the LHW program.

Box 4.3: Integrating centrally-sponsored programs with state programs: the Auxiliary Nurse Midwife program in India¹⁵⁴

Auxiliary Nurse Midwives (ANMs) in India are the field outreach staff responsible for maternal and child health services. They face many problems in their work situation, not least of which is the fact that they are typically posted outside their native village and are subject to transfer. This means that they have to live and work in places where the community often is unfamiliar to them, and they have to travel on their own to reach all the villages for which they are responsible. Another set of problems derive from the fact that they are evaluated largely on their performance of MCH tasks, especially disseminating family planning services, while the communities they serve would like them to meet their broader curative service needs.

In many ways, then, this program is far from perfect; however, it offers interesting insights into how vertical and horizontal programs can be meshed. The ANMs' salaries are covered by the central government's vertically-organized Family Welfare program, and their supplies of contraceptives, folic acid, etc. also are supplied directly by this program. In their work set-up, however, the ANMs are integrated into the regular health services, which are organized and funded by the state governments. They are assigned either to Primary Health Centers, or (more typically) to their sub-centers. They form part of the staff of the Primary Health Center to which they are attached, and this manifests itself in a high level of integration. They are supervised by the medical officer of the primary health center, and by his/her health assistants. This takes place at monthly staff meetings at the PHC to evaluate workers' progress and suggest improvements. During those meetings, the medical officers convey information from their meetings with the district health officer, inform staff about campaigns and surveys proposed by the district-level administration, monitor existing activities, and outline work schedules for the next month. ANMs thus participate in regular facility meetings in which the work program of the facility as a whole is discussed.

Because they are funded by the Family Welfare program, the ANMs' evaluation hinges largely on the provision of maternal and child health services. The fact of participation in regular meetings and being accountable to the facility head, however, means that they function as part of the Primary Health Center team. Medical officers also are supposed to visit the subcenters periodically and attend clinics organized there to examine and treat difficult cases. Thus, although the ANMs are part of the centrally-run vertical program for family welfare, and the health facilities are managed by the state and local governments, the ANMs have a clear incentive to work closely with their health facilities. This assures coordination between the vertical RCH program and the health department.

4.83. In a broader sense, it is important to strengthen the integrated delivery of maternal, child health, and family planning services. Under the devolution policy, the structure of delivery of health services is already moving toward this integration. Population and health services are being decentralized to the provincial level and devolved to the district level. At the federal, provincial and district levels the Ministries of Health and Population Welfare will be gradually integrated (Ministry of Population Welfare, 2001). This raises the possibility of decentralizing the LHW program and ensuring that LHWs become a direct part of the health service system.

4.84. Such decentralization would make it possible to increase the scope of LHWs' outreach work, for example by training them to encourage women to seek the full range of prenatal care and postnatal care. Although distance to primary health care centers is an important determinant of the use of postnatal care, LHWs are at the right place to deliver a range of such services effectively, and their efforts should be further reinforced through training.

4.85. Fourth, our analysis of the placement of LHWs suggests that the supply of women with middle school or higher education in rural areas may constrain the ability of the LHW program to expand into underserved areas. The expansion of the LHW program will depend upon the ability of the school system to attract and retain female students until at least the end of middle school. Given the situation at present,

policy makers need to find ways to deliver services to those large parts of the country which, for the foreseeable future, the LHW program will not reach. For these more remote and underdeveloped areas, one model to follow might be that successfully used to resolve the same problem in Vietnam (Box 4.4).

Box 4.4: Overcoming barriers to accessing health services: insights from Vietnam¹⁵⁵

Some sub-groups of people in Vietnam are inadequately served with health facilities, especially ethnic minorities living in mountainous terrain. These people are often not accustomed to seeking RCH services on a routine (non-emergency) basis, moreover. Under these circumstances, it not only is difficult to put in place field outreach staff to actively identify women who need these services; this approach also is inclined to miss those who are most socially and financially disadvantaged. Another (potentially more cost-effective) approach is to generate demand for the services in tandem with actual service delivery.

To reach these socially and geographically marginalized groups with reproductive and child health services, the government tried several pilot initiatives, the most popular and successful of which was to organize campaigns on RCH services for disadvantaged areas. These consisted of having mobile teams deliver the services, a model that has been tested in many settings.

What distinguished the Vietnamese campaigns from others is that the visits by the mobile teams were *preceded* by extensive information outreach. This ensured maximum effectiveness of the mobile teams. Communities were informed repeatedly about when and where the team would come (typically at a local market where people tend to congregate), about how long the teams would stay, and about what services the team would provide and who should seek their services (e.g. pregnant women for antenatal checkups). The mobile team would then spend a few days in that location and provide the services as announced.

These campaigns did much to generate demand and increase service utilization in the most under-served regions of the country. Provincial staff expressed a high level of satisfaction with this effort because they felt that not only had they raised people's awareness of women's reproductive health needs, but also the campaign had enabled them to actually respond to increased demand by providing free services, including surgery.

The campaigns thus were successful at overcoming a variety of obstacles to better reproductive and child health, including the following: (1) limited supply of health facilities; (2) limited information about the need for health services; and (3) inability to afford user charges for regular health services. In Pakistan, such a model could be especially powerful because the constraints on women's mobility limit access to health services for women across the country.

4.86. Fifth, it is critical to have intensive information campaigns covering a wide range of issues geared toward enhancing people's ability to manage and protect their own health. A large proportion of women have never been to school, and our analysis suggests that carefully designed information campaigns can do much to offset the associated disadvantages for women and children's health. Television reached an estimated 40 percent of women in rural Pakistan in 2001, and the radio reached 36 percent.¹⁵⁶ If, in addition to this, it were possible to use village loudspeakers to communicate a few well-chosen health-related messages (Box 4.3), it would be possible to tap further into the special advantage of intensive media campaigns — that they reach all members of the community, thereby gradually raising overall awareness on health issues. This can, among other things, help build community acceptance for paying more attention to women's health needs and reduce the social barriers to women accessing health care independently.

4.87. With greater funding and better resource utilization, it would be possible to close many of gaps in health services delivery. We have outlined several suggestions for improving service delivery and health outcomes. When considering design of national programs and interventions, the government

should tap into lessons learned from various pilot projects carried out across Pakistan. One such pilot project in the area of maternal health is the Balochistan Safe Motherhood Initiative, which was a part of an operations research study of an NGO (The Asia Foundation). The Balochistan Safe Motherhood Initiative tested a package of community-based interventions, including providing health education to women and their husbands, training midwives to recognize and refer high-risk pregnancies and setting up transport systems. This initiative was successful in significantly lowering perinatal, neonatal and maternal mortality. Much can be learned, moreover, from the successes with improving immunization coverage in Pakistan since the early 1990s. A key ingredient of the success has been the intensive efforts to bring services to people's doorsteps. The polio immunization campaign made very successful use of media outreach to increase service uptake. Logistical and coordination improvements were required to ensuring a better and steadier supply of vaccines. Increased funding made much of the above possible.

¹⁰⁶ Source: Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat, *World Population Prospects: The 2002 Revision and World Urbanization Prospects: The 2001 Revision*, <http://esa.un.org/unpp>. See also the data from the Pakistan Demographic and Health Survey (PDHS) and the Pakistan Reproductive Health and Family Planning Survey (PRHFPS).

¹⁰⁷ Refer to model life tables "East".

¹⁰⁸ Alderman, Behrman, Lavy and Menon, 2001, *Pakistan Population Assessment (2003)*, Siddiqi, Haq, Ghaffar, Akhtar, Ali and Larik (2003), Sathar and Casterline, 1998; Tinker (1998), *Pakistan Poverty Assessment (2001)*.

¹⁰⁹ Miguel and Kremer (2001), Alderman, Behrman, Lavy and Menon, 2001.

¹¹⁰ Alderman, Behrman, Lavy and Menon, 2001.

¹¹¹ See Chapter 3 for a description of program.

¹¹² Alderman and others (1996)

¹¹³ This is facilitated by the availability of detailed information in the PIHS survey, and other surveys.

¹¹⁴ Source: United Nations Population Division, *World Population Prospects: The 2002 Revision and World Urbanization Prospects: The 2001 Revision*, <http://esa.un.org/unpp>

¹¹⁵ Source: Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat, *World Population Prospects: The 2002 Revision and World Urbanization Prospects: The 2001 Revision*, <http://esa.un.org/unpp>.

¹¹⁶ See Annex 3 to this chapter.

¹¹⁷ The government-initiated Expanded Program on Immunization (EPI) of 1982 recommended that all children be immunized against the six preventable childhood diseases by the age of 12 months. The recommended vaccinations include one dose of BCG (against tuberculosis), three doses of DPT (against diphtheria, pertussis and tetanus), four doses of polio vaccine, and one dose of measles vaccine.

¹¹⁸ See also Hazarika, 2000.

¹¹⁹ The estimates in this paragraph are taken from WHO, UNICEF and UNFPA 2004, Table 4 and Annex Table G. Due to the paucity of data, estimates of maternal mortality for most developing countries are subject to a wide confidence interval. However, it seems clear that the ratios are very high in Pakistan by world standards.

¹²⁰ According to the NIPS Report based on Pakistan Reproductive Health Survey 2001, the TFR at the end of the 1990s was just under five births per woman. See also Sathar and Casterline, 1998.

¹²¹ National Nutrition Survey (2001). Similar findings emerge from Indian Punjab (Das Gupta)

¹²² 1990-94 National Health Survey of Pakistan.

¹²³ At the end of the 1990s, 32.6 percent of the population was estimated to be poor (Pakistan Poverty Assessment, 2002).

¹²⁴ Pakistan Poverty Assessment 2002

¹²⁵ World Bank. 2001. *Pakistan: Reforming Punjab's Public Finances and Institutions*, cited in the Pakistan Poverty Assessment.

¹²⁶ Parvez, Chaudhury, Rehman and Khan (1993) cited in World Bank, 1998 (Improving women's health in Pakistan)

¹²⁷ National Reconstruction Bureau (NRB), *Social audit of governance and delivery of public services, Baseline Survey 2002*

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- ¹²⁸ Sathar and Kazi 1997
- ¹²⁹ PRHS survey, see also Khan, 1998.
- ¹³⁰ Khan, 1998.
- ¹³¹ Khan 1998
- ¹³² Khan 1998
- ¹³³ The problems of under-reporting in self-reported morbidity data are well-documented (see for example Murray and Chen). We find that only 11 percent of children aged 0-17 years were reported to have been ill during the year preceding the survey, which implies significant under-reporting. However, this does not necessarily affect our analysis, because there is no reason why there should be differential under-reporting by the gender of the child --- such a differential should reflect parents' lesser concern about the illness of children of one gender.
- ¹³⁴ See Chapter 1. The multivariate regression analysis of nutritional status is not presented in this chapter but is available on request.
- ¹³⁵ Hazarika (2000), Strauss and Thomas (1997), Behrman (1992). One might expect that health disadvantages would be reflected in stunting and underweight, but this is not the case in Pakistan. This may be because severely disadvantaged girls drop out of the population, as implied by the recorded excess female child mortality. Anthropometric standards are age sensitive, moreover, so differentials in age mis-reporting by gender could result in girls appearing less malnourished than they really are.
- ¹³⁶ Alderman and Gertler, 1997.
- ¹³⁷ Chen et al 1981, Das Gupta, 1987; Basu.
- ¹³⁸ World Bank: Devolution Report, 2004.
- ¹³⁹ World Bank: Devolution Report, 2004.
- ¹⁴⁰ Government of Pakistan: National Programme for Family Planning and Primary Health Care: Promoting Health; Reducing poverty, 2004.
- ¹⁴¹ Government of Pakistan: National Programme for Family Planning and Primary Health Care: Promoting Health; Reducing poverty, 2004.
- ¹⁴² World Bank: Devolution Report, 2004.
- ¹⁴³ Oxford Policy Management, LHW Program Evaluation, 2002
- ¹⁴⁴ Oxford Policy Management, LHW Program Evaluation, 2002
- ¹⁴⁵ In some districts, LHWs may be delivering these injections themselves.
- ¹⁴⁶ Welch, 1970
- ¹⁴⁷ Webb and Block (2004)
- ¹⁴⁸ Thomas, Strauss and Henrique (1990)
- ¹⁴⁹ Glewwe (1999)
- ¹⁵⁰ See Fauveau 1994, on Bangladesh.
- ¹⁵¹ World Development Report, 2003; Loevinsohn and Harding, 2004
- ¹⁵² See Loevinsohn and Harding, 2004 for details.
- ¹⁵³ Loevinsohn and Harding, 2004.
- ¹⁵⁴ Iyer, Aditi; & Jesani, Amar. 1999
- ¹⁵⁵ World Bank 2004, Vietnam Population and Family Health Project Implementation Completion Report and project supervision documents.
- ¹⁵⁶ Pakistan Reproductive Health and Family Planning Survey 2000-01.

CHAPTER 5: WOMEN AND WORK IN PAKISTAN

And their lord hath heard them (and He sayeth): Lo! I suffer not the work of any worker, male or female, to be lost. Ye precede one from another.

~ *The Qur'an*, verse 3:285.

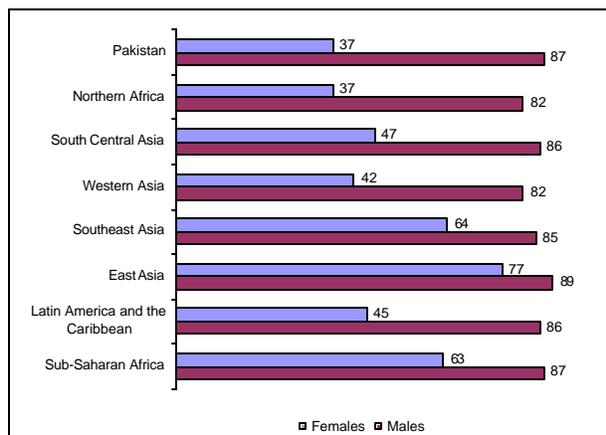
5.1. In every major region of the world, men predominate in labor force participation¹⁵⁷, and Pakistan is no exception. Figure 5.1 displays Pakistan's rates of labor force participation in 2002, separated by gender, alongside gender-differentiated participation rates by world region.

5.2. The broad range in women's labor force participation rates is striking—from a low of 37 percent in North Africa and Pakistan to a high of 77 percent in East Asia. With the exception of East Asia, where there is only a 12 percentage point difference between gender groups, women in developing regions lag men by a differential of at least 20 percent, and more than 40 percent in Northern Africa and Latin America and the Caribbean. Perhaps even more striking, however, is the narrow range in men's participation rates, which all fall between 82 and 89 percent. The considerable regional variation in female labor activity, with men's rates holding fairly stable, suggests that determinants of labor participation rates are highly complex and include powerful sociocultural factors as well as economic ones.

5.3. The primary purpose of this chapter is to identify both economic and non-economic determinants of gender gaps in Pakistan's labor force activities, helping policy makers to better ascertain what policy levers might be most effective in alleviating these gaps, and expanding life opportunities for women in Pakistan. At the end of the 1990s, only one in four adult women (aged 10 and older) participated in the labor force, a far lower rate than the nearly 70 percent participation rate of men (PIHS 2001-02). Women's relatively low rates span urban-rural differences, moreover: nearly 30 percent of rural women participate in work as compared to 15 percent of urban women. Male participation rates are close to 70 percent in both regions. Taken at face value, the gender differential suggests that women participate far less in economically productive activities than men do.

5.4. This chapter argues that the story may not be quite as simple as the statistics above suggest. According to some surveys, as many as 40 to 50 percent of rural adult women are working (Agricultural Census 2001-02 and Pakistan Rural Household Survey 2001, respectively). Women participate in significant numbers but their work tends to go largely unmeasured by most surveys. This is a problem because the lack of "statistical acknowledgement"¹⁵⁸ of women's labor force participation impacts design of policies to support women's work. It also affects perceptions about women's visibility and ultimately women's empowerment in the society. The measurement issue with women's labor force participation, an issue well recognized in Pakistan by academicians and civil society,¹⁵⁹ arises because estimates of female labor force participation are sensitive to the methodology used for gathering data on participation. This chapter shows that because women are more likely than men to engage in seasonal or unpaid work on the

Figure 5.1: Labor force participation rates by gender - International comparisons, 2002



Source: U.N., *The World's Women 2000*; ILO, *Sources and Methods: Labour Statistics*, Volume 10, 2000; UN, Department of Economic and Social Affairs, Statistics Division, Wistat: Women's Indicators and Statistics Database, Version 4 CD-ROM, reported in *Women of our world* (Population Reference Bureau), 2002.

Note: Percent in Labor Force (ages 15-64): Percent of men/women ages 15-64 in the labor force as percent of male/female population ages 15-64.

family farm or enterprise, specially designed questions may be needed to capture their work through surveys. In addition to this, the process of survey data collection may also contribute to undercounting of women's participation in work activities. Because of social and cultural reasons that confer negative connotations on female work, a male respondent such as the household head may under-report female participation in the labor force. Female enumerators who can directly interview women in the household would be better able to gather data on their work activities.

5.5. The chapter also argues that in Pakistan, women's labor force opportunities are geographically limited, while the same is not true for men. Sociocultural constraints such as restrictions on women's mobility circumscribe the physical boundaries within which women can seek jobs. While men may move to areas that offer more or better work opportunities, women's opportunities tend to be confined to the types of jobs that are locally available. This is an important gender difference in income-earning opportunities, with implications for hiring much needed female workers in schools and health facilities. In a strongly sex-segregated society, where female teachers are important for girls' school attendance and female health workers (doctors, nurses, technicians) are crucial to ensuring delivery of adequate health care to women and children, this geographically limited female labor market makes it difficult to ensure that underserved areas are adequately equipped with female workers – a dilemma highlighted in Chapter 3. This dilemma affects rural areas more than urban ones, as distances to work opportunities tend to be greater in the former. As Chapters 3 and 4 discuss, the shortage of skilled female workers has a powerful impact on schooling and health of girls and women in rural areas.

5.6. Not surprisingly, the same set of sociocultural conditions that shape women's labor market experience also affect girls' schooling, particularly their retention in grades beyond primary school. Will easing women's entry and continuation in the labor market encourage parents to keep their girls in school past the primary level? Even given the present situation, there appears to be a strong demand to educate girls in Pakistan. Visible positive returns to education in the labor market along with many of the interventions discussed in Chapter 3 may further convince parents to educate their daughters. This makes it critical to understand women's labor market participation and opportunities. Those who work may have better control over family resources and also may be better able to influence decision-making within the household and in the community. In Pakistan, however, women's participation in the labor force may not necessarily translate into improvements in their autonomy or better control over resources in the household, since paid work by women often is considered inappropriate.¹⁶⁰ Because paid work is considered inappropriate, women from less well-off households are more likely to work to support family income. If women enter the workforce under duress, their increased employment likely may signify neither a greater sense of empowerment over their life choices, nor greater autonomy or control over household decisions.

5.7. At the policy level, there appears to be recognition of the issues associated with women's work. The National Policy for Development and Empowerment of Women (2002) seeks to increase women's capacity to earn as a means of enhancing their economic empowerment. The Policy also recognizes the need for improved methods of counting women's work and making it more "visible."¹⁶¹ Some government programs that appear to be cognizant of women's restricted mobility, such as the Lady Health Worker program that hires female outreach health workers from within the community that they are supposed to serve, are showing marked impacts on outcomes such as female health.

5.8. Contributing to these efforts, this chapter discusses in detail the special nature of the women's labor market and the measurement issues associated with women's work. A more thorough understanding of measurement issues will facilitate the design of surveys and methodologies to capture women's participation. The discussion on the special nature of the women's labor market will help in the designing of safety nets, such as public works programs, that can help women to better access and genuinely benefit from work schemes. It also enables an assessment of what type of policy measures may be needed to

encourage women’s participation in remunerative work. The remainder of the chapter is organized as follows. Before setting out the issues associated with measurement of female labor force participation, section I uses the latest round of PIHS data to summarize the dimensions of women’s labor force participation in rural and urban areas. Section II then takes a close look at the measurement issue and sets out what changes in survey methodology are needed to better capture the true extent of women’s work. Section III discusses the segmented nature of the women’s labor market, while section IV examines the relationship between labor force participation and women’s autonomy. Section V offers some recommendations for policy. Section VI concludes the chapter and the report by discussing out the importance of drawing women in the public sphere particularly given the devolution reforms and the efforts to increase women’s participation in the political process. Our analysis is based on the data available from the nationally representative PIHS, PRHS 2001 (which provides data that is representative of rural Pakistan), and PRHS 2004, which provides data that is representative of rural Punjab and Sindh.

I. DIMENSIONS OF WOMEN’S PARTICIPATION IN THE LABOR FORCE

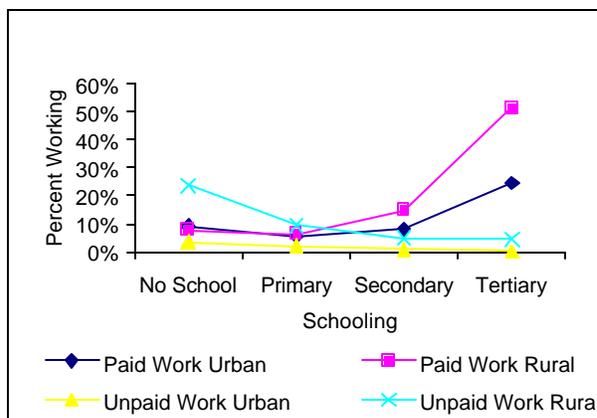
5.9. Men’s patterns of labor force participation tend to be similar across developing countries, while those of women vary considerably. Throughout the developing world, most men aged 20 to 55 tend to be involved in income-generating activities, whether they are in the family enterprise or in paid activities. For women in this same age range, there are wide fluctuations of participation rates across countries, largely reflecting variations in economic, social, and cultural factors. Together these factors determine how families allocate time and tasks between male and female members, circumscribing the types of tasks considered appropriate for men and for women.

Patterns in women’s work

5.10. Before discussing the patterns of work among urban and rural women, it is useful to understand the relationship between Pakistani women’s participation, their education status, and their household’s socioeconomic status as measured by spouse’s education status and household per capita expenditure. A woman’s decision to work is a function of a variety of factors, including her own education, economic considerations (husband’s education, income, family assets), and family composition (such as the presence of young children). Of these factors, education has a special role to play, as it is widely regarded as enabling women to respond to opportunities and to challenge traditional roles. Analysis using data from the 2001-02 PIHS reveals four important features of female labor force participation in Pakistan.¹⁶²

5.11. First, participation in work activities is high among women with the lowest and highest levels of educational attainment—that is, women with no schooling and women with secondary and higher schooling (Figure 5.2). Women with primary school education have the lowest participation rates. Different education levels correspond to different types of work in which women engage, moreover. Those with no schooling tend to be engaged in unpaid activities, while those with secondary and higher schooling are more likely to be engaged in paid work. This somewhat U-shaped relationship between education and labor force participation is similar to those observed in other developing countries such as Thailand and India.¹⁶³ Women with some schooling may be less likely to engage in unpaid work on the family farm

Figure 5.2: Impact of schooling on women’s labor force participation

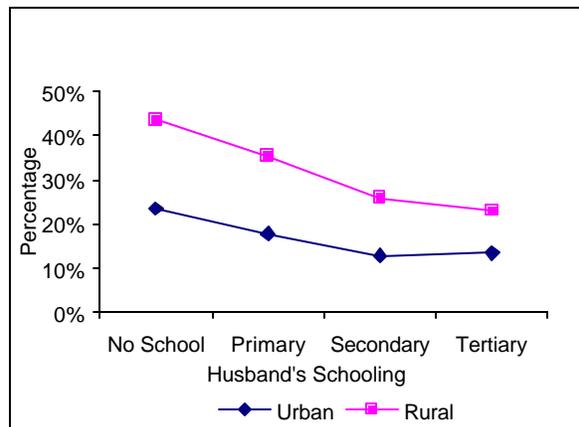


Source: Regression reported in Table A5.1, based on data from PIHS 2001-02 for women aged 15-49

because it may not be attractive to them, while paid work may require education beyond the primary level. For instance, to be able to teach in a primary school, a woman has to have completed at least class 10 (secondary school).

5.12. Second, women whose husbands are educated and women who belong to higher-income households are less likely to participate in work, both paid and unpaid and in both rural and urban areas (Table A5.1 and Figures 5.3 and 5.4). This suggests that social barriers to women's work are operative in both rural and urban areas, as well as for both paid and unpaid work. A study of men's and women's work preferences from rural Punjab corroborates the existence of such a social stigma attached to women's work (see Box 5.1).¹⁶⁴ These patterns also suggest that in higher-income households, women perceive less need to work to supplement the household resources. This feature of female participation in Pakistan is in contrast with patterns observed in other developing countries, like India and Thailand, where paid work by women (not unpaid work) rises with household income as well as with husband's education.¹⁶⁵

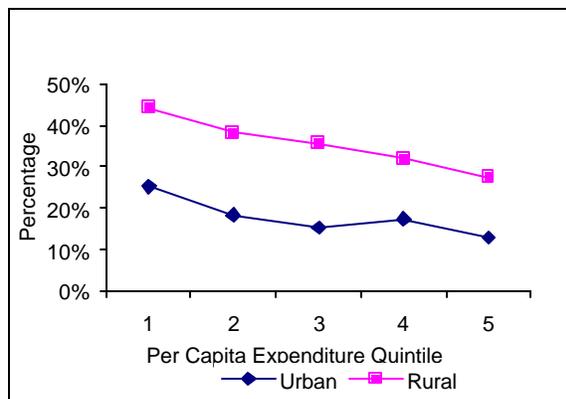
Figure 5.3: Impact of husband's schooling on women's labor force participation



Source: Regression reported in Table A5.1, based on data from PIHS 2001-02 for women aged 15-49

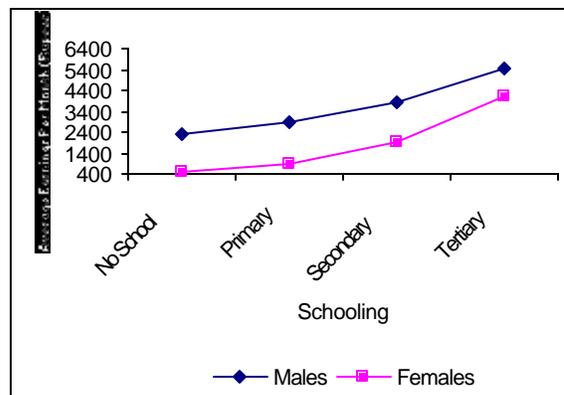
5.13. Third, regarding participation in paid work, there is a large and significant male-female earnings gap among those in salaried jobs: women earn significantly less compared to men, even after controlling for the age and education of the worker (Figure 5.5). Multivariate regression analysis shows that the gender gap in earnings is widest among workers with no schooling, and the gap narrows with increasing education of the worker (Table A5.2).¹⁶⁶ The gender gap in earnings falls from about Rs 2,000 per month for workers with primary schooling to about Rs 1,385 for workers with tertiary schooling (Figure 5.5). Most of this gender gap (about 70 to 80 percent) can be attributed to women's relatively lower schooling and fewer years of experience in the labor market; the remaining 20-30 percent of the gap probably reflects the distortions in women's labor markets.

Figure 5.4: Impact of household socioeconomic status on women's labor force participation



Source: Predicted using regression reported in Table A5.1. Data are from PIHS 2001-02 for women aged 15-49

Figure 5.5: Impact of schooling on earnings



Source: Predicted using regression reported in Table A5.2. Data are from PIHS 2001-02 for men and women aged 20-65 who are engaged in salaried jobs.

5.14. Fourth, there is strong sex-segregation by type of work. This is evident when breaking down labor participation by industry of work. While men tend to be employed in a range of different occupations, women tend to be concentrated in certain occupations – agriculture in rural areas and personal and household services in urban areas. These occupations tend to be either low wage or those that mostly involve unpaid work in the family enterprise. Urban women tend to work in low-skill service jobs such as personal and household services, categorized as “other services” (Table 5.1). In rural areas, women participate intensively in activities related to agriculture. A recent report on the need for quotas for women in public sector jobs has revealed that, despite the quota across all cadres, women tend to be concentrated in the education and health departments, two areas where women’s work tends to socially acceptable.¹⁶⁷

Table 5.1: Distribution of Industry by Gender (percent)

	Rural		Urban	
	Male	Female	Male	Female
Agriculture	53.8	76.9	5.3	9.4
Other services	13.2	10.6	27.6	57.5
Manufacture	6.6	11.2	20.2	27.1
Construction	10.0	0.2	6.7	0.5
Trade	9.9	1.0	27.1	4.3
Transport	5.6	0.0	11.1	0.8

Source: World Bank staff estimates calculated using PIHS 2001-02

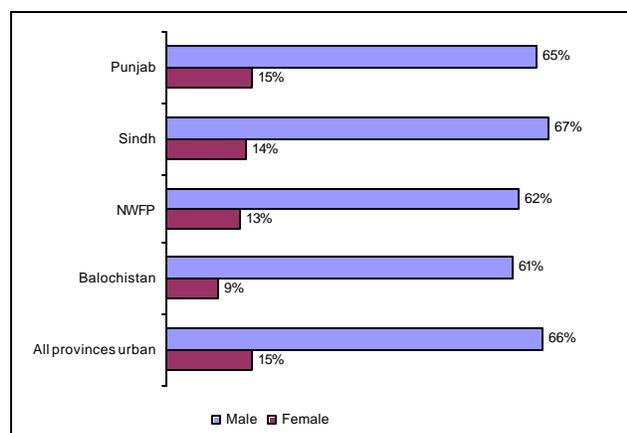
Urban and rural women’s participation

5.15. While rural and urban men have similar labor force participation rates, more rural women participate in the labor force than do urban women. Reflecting the type of work opportunities available in rural and urban areas, rural women also are more likely to work as unpaid family workers, while urban women are more likely to be engaged in paid work. For rural women, however, there appears to have been an increase in participation in paid work over the last ten to fifteen years. Our analysis comparing data from 1991 and 2001 reveals that rural women’s participation in paid agricultural work, mainly harvesting cash crops, rose substantially in rural areas of Sindh and Punjab within this decade.

Urban women

5.16. According to the 2001-02 PIHS, about 15 percent of urban women aged 10 and older participate in the labor force, as compared to about 66 percent of urban men. About two-thirds (67 percent) of these working urban women are employed in paid work. While urban men’s participation rates are more or less similar across provinces, urban women’s rates show some variation. Across provinces, urban women have the lowest participation rate in Balochistan (Figure 5.6).

Figure 5.6: Participation rates in urban areas, by province



Source: World Bank staff calculations using data from PIHS 2001-02. These percentages are calculated for individuals aged 10 and older.

5.17. Women’s participation in the occupational category of professionals and related workers increased significantly during the 1980s.¹⁶⁸ In 2001-02, slightly more than one quarter (27 percent) of urban working women were employed in the professional category.¹⁶⁹ The major increase in women’s participation under this occupational category has been confined to the teaching profession; analysis of the 2001-02 PIHS finds 21 percent of urban working women to be teachers or teaching associate professionals. In contrast, only three percent of men report being in the teaching profession. The increased presence of women in this

category appears to be the result of increasing demand for female teachers from public and private schools alike.

5.18. A higher proportion of urban men than women are engaged in other white-collar jobs, such as in the clerical and sales professions. While about 18 percent of working women are in clerical jobs, more than a third of working men are engaged in such occupations. About 33 percent of working women are engaged in production and craft-related work, and a significant proportion of these women undertake this work at home or on behalf of the family enterprise.

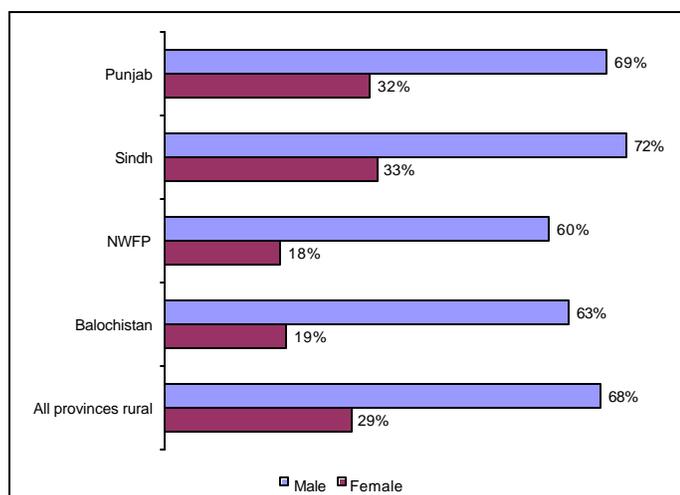
5.19. *Home-based workers in the informal sector:* The informal segment of the economy includes much of the services sector, the construction labor force, women’s home-based work, vendors, hawkers, and so on. Home-based work is defined by the International Labour Organization (ILO) as work carried out 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.¹⁷⁰ One study estimates that since the 1980s, there has been a dramatic increase in the proportion of urban women engaged in informal home-based work.¹⁷¹ While Pakistani researchers and policy-makers have increasingly focused on the plight of home-based informal workers, especially that of women home-based workers, initiatives in this area are hampered by a lack of data. Due to the nature of activities undertaken in this sector, it is difficult for most surveys—including the PIHS—to gauge the extent of home-based informal work. The 2001-02 LFS reports that a majority of working men and women (more than 60 percent) in urban areas were employed in the informal sector.¹⁷² Of these, most of the women were engaged in crafts and related occupations.

5.20. Home-based work is widely regarded to be exploitative.¹⁷³ There appears to be no legal protection for it, as there is no legislation concerning working conditions, minimum wage rates and maternity benefits for women in the informal sector. Most women engaged in this type of work tend to rely on middlemen for marketing their products and do not have much support from trade unions or sufficient access to credit and market information.

Rural women

5.21. About 30 percent of rural women participate in the labor force, according to the 2001-02 PIHS. Participation rates are high among women in rural areas of Sindh and Punjab and low among women in rural NWFP and Balochistan (Figure 5.7). The high participation rates among women in Sindh and Punjab are largely due to women’s involvement in paid agricultural work. Rural women are almost entirely involved in occupations related to agriculture. They participate in crop-producing tasks such as fertilizing, planting, weeding, and husking and storing crops. Some of the harvest and post-harvest tasks are performed in the fields; others such as threshing, winnowing, drying and storing are done in or near the home. Field tasks predominate in work with cotton and rice, whereas home-based tasks predominate when working with crops such as wheat and sugarcane. Women also tend the livestock and

Figure 5.7: Participation rates in rural areas by province



Source: World Bank staff calculations using data from PIHS 2001-02. These percentages are calculated for individuals aged 10 and older.

raise poultry, as well as oversee the sale of livestock products such as milk and butter to others in the village.

5.22. Mechanization in agriculture has not displaced female labor, due to the nature of mechanization. Since the 1970s, mechanization primarily has involved the introduction of tubewells and tractors, both of which are thought to stimulate rather than displace labor.¹⁷⁴ More importantly, machines such as harvesters and threshers that displace females, who typically undertake such tasks, appear not to have been widely adopted.

5.23. *Unpaid work:* According to the PIHS, about two-thirds (67 percent) of rural women are employed in unpaid work on the family farm or enterprise. By asking detailed questions on labor force participation during the year preceding the survey, the 2001 PRHS found that up to one-third of rural women in Punjab and Sindh participated in unpaid work on their own farm during the two crop seasons (kharif and rabi). A much smaller proportion of women in NWFP and Balochistan report participating in own-farm work. To give an idea of the time burden of such work, women in Punjab and in Sindh on average spent more than six hours per day on harvesting and threshing and just over four hours per day on related activities like seed preparation, tilling, and weeding. Women also participated extensively in livestock-related work; across the provinces, about 60 percent or more were engaged in tending livestock and poultry. This percentage was highest in Balochistan, where almost three-fourths of women were engaged in such tasks.

5.24. Studies report that rural women face constraints such as low access to agricultural extension and training, credit, technology, input supplies and marketing. Female access to agricultural extension tends to be very limited as well.¹⁷⁵ Women rarely receive training on improved farming methods. Cultural constraints restrict women in dealing with male extension agents, so the paucity of female extension agents limits women's access to productivity-enhancing information. Women need credit to buy inputs such as seeds, vaccines for livestock, and better equipment. The lack of formal credit by financial institutions and programs severely limits women's access to credit, since very few women own assets that could be used as collateral.

5.25. The qualitative survey conducted as part of the Gender Assessment (discussed in Box 1.3 in Chapter 1) has found that although women can legally inherit and own property, most tend to give up their ownership to male relatives – husbands or brothers. The PHRS 2001 and 2004 rounds also found this pattern to hold true. Microcredit thus may be an important option for providing credit to rural women. Women extensively used the Aga Khan Rural Support Program's (AKRSP) savings and credit program in Gilgit. Recently, NGOs similar to the AKRSP, such as the National Rural Support Program (NRSP), have introduced such credit programs for women in other parts of Pakistan. As the qualitative survey was undertaken in rural sites where an RSP organization was active, analysis of its data reveals that these community organizations set up by the RSPs have the capacity to act as more than just sources of credit and savings. Most women interviewed who were members of the RSP community organizations wanted training in skills that could enable them to set up their own small home-based enterprises.

5.26. Rain-fed areas have seen an increase in women's participation in unpaid work on the family farm as rural men have moved to more remunerative paid work in the non-agricultural sector.¹⁷⁶ Agriculture in the rain-fed or barani areas is constrained due to the uncertainty of water supply and is mainly geared to subsistence production, with the main crops being wheat, maize and millet. In these areas women participate mostly in subsistence agriculture, while men are engaged in non-farm wage employment. In barani Punjab, men typically depend on alternate sources of livelihood, mainly in the armed forces and jobs in urban centers.

5.27. A comparison of rural participation rates between 1991 and 2001 shows that while overall participation rates have remained relatively stable, the percentage of rural men participating in paid non-agricultural wage work has gone up (Table 5.2a). There has also been an increase in female and male participation in paid agricultural wage work in Punjab and Sindh (Table 5.2b). In Punjab, despite this increase, agricultural wage work continues to be dominated by females. The rise in the participation paid agricultural work by women and men was accompanied by increased output of food crops and cash crops in these two provinces. Wages appear to have stagnated, however.

5.28. In canal-irrigated areas such as those of central and southern Punjab, agriculture tends to be market oriented, providing opportunities for women to work as daily wage laborers in certain seasons. Southern Punjab villages, for example, are primarily dependent on cotton, while sugar cane is the main cash crop in central Punjab. The irrigated areas thus provide women with relatively more opportunities to participate in wage labor. Due to gender differences in the types of tasks undertaken for wage work, it is primarily women who are involved in cotton picking. It is noteworthy that women continue to dominate this task even though cotton is a cash crop. Evidence from other parts of the world suggests that men tend to take over tasks related to cash crops. Men tend to be involved in harvesting food grains such as wheat and rice, as well as cash crops such as sugarcane.

5.29. A comparison of the number of days worked by men and women in agricultural wage labor in rural Punjab and Sindh shows that between 1991 and 2001, the average number of days worked (over the year) increased significantly for men and remained more or less unchanged for women. This suggests that the increase in women's participation in paid agricultural labor mainly came about from an increase in the number of women involved in this activity. In contrast, increase in male participation appears to have come about mainly from an increase in the duration of participation.

5.30. Between 1991 and the end of the 1990s, Pakistan's poverty rates remained stagnant.¹⁷⁷ Some Pakistani scholars argue that this was the driving factor behind women's entrance into paid work. Our analysis shows that in contrast to 1991, when landless households primarily carried out agricultural wage work, in 2001 wage work appears to have become prevalent even among households that own or rent agricultural land. This might be a reflection of increasing poverty driving men and women to seek alternative paid employment; however, increased participation in agricultural wage work appears to have been accompanied by an expansion in output over the same time period. Government agricultural statistics indicate that in Sindh and Punjab, output of food grains (such as wheat and rice) and cash crops

Table 5.2a: Rural Labor Force Participation, 1991-2001 – Participation rates (in percent)

	Females		Males	
	1991	2001	1991	2001
Participation in paid and unpaid work (in percent)	55	57	77	73
Of those participating, percent participating in agricultural wage work	30	27	11	19
Of those participating, percent in non-agricultural wage work	2	2.4	38	55

Table 5.2b: Participation in paid agricultural work amongst those working, by province (in percent)

	Females		Males	
	1991	2001	1991	2001
Punjab	40	46	14	20
Sindh	19	26	7	29
NWFP	5	2	6	3
Balochistan	3	4	6	18

Source: World Bank staff calculations using PIHS 1991 and PIHS 2001-02. The participation rates are for men and women aged 15-49.

Note: Comparing time trends in female and male labor force participation rates requires comparable data sources over time. As will be shown in section 5.2, the LFS may not capture fully female participation, so other data sources must be used for this exercise. Fortunately, the 1991 PIHS and 2001 round of the PRHS have comparable questions on labor force participation, as well as similar reference periods and survey procedures that allow us to compare the participation rates.

(such as cotton and sugarcane) increased between 1990-91 and 2000-01.¹⁷⁸ It appears that the increase in participation may also have been driven to some extent by increasing demand for men's and women's labor as output of foodgrains increased.

5.31. What has happened to wages as more women and men have entered wage work in rural areas? A comparison of nominal wages suggests only a modest rise in male and female wages. In 1991, for example, female daily wage rates for cotton picking were in the range of Rs. 20-30 in Sindh and Punjab (Table 5.3).

Table 5.3: Daily Wage Rates for Agricultural Wage Work in Cash Crops, 1991-2001

	Females		Males	
	1991	2001	1991	2001
Cotton Picking	Rs.20-30	26.82	--	--
Sugarcane harvesting	Rs. 25-30	Rs. 30	40-60	61

Source: Mansuri (1994) for 1991 wages and PRHS for 2001. Participation in agricultural wage work among those who are participating in the labor force. Wages are for Punjab and Sindh. These are nominal wages, not adjusted for inflation. Inflation averaged 9.7 percent per annum between 1991 and 2001 (Economic Survey, 2003). No male wages were reported for cotton picking because this is a predominantly female activity.

5.32. The PRHS data suggest that in 2001, the average female wage rate for the same activity in these provinces was about Rs. 26.82 per day. Given the high rate of inflation over this period,¹⁷⁹ these wage levels suggest that as female participation in agricultural wage labor in cotton has increased, real wages have declined. In sugarcane too, wages appear to have stagnated (Table 5.3). Throughout the decade of the 1990s, opportunities for agricultural wage labor expanded in rural areas of Sindh and Punjab as food grain and cash crop output rose. This expansion may have absorbed increased participation by both men and women. The rise in agricultural output together with an increase in labor force participation appears to have dampened wage increases.

II. MEASUREMENT ISSUES : ADDRESSING THE STATISTICAL “INVISIBILITY” OF WOMEN’S WORK¹⁸⁰

5.33. Information on the extent of women's labor force participation is lacking in Pakistan, as in most developing countries. This is a critical shortcoming of the way the labor market functions for women. Much of women's work goes uncounted, limiting successful design of policies to aid women's paid and unpaid work activities. Whether based on Censuses or on household surveys, estimates of female labor force participation are affected by a number of issues related to the survey procedure. In Pakistan, researchers and civil society organizations such as the Aurat Foundation also have undertaken efforts to highlight this issue.¹⁸¹ The Federal Bureau of Statistics (FBS) has attempted to address measurement issues by introducing an additional measure of labor force participation for women in the Labor Force Survey (LFS). As we discuss below, these definitional changes will only partially solve the measurement issue. More adaptations in the survey procedure are needed.

Reference period of survey matters

5.34. The reference period of the survey is defined as the time period over which participation in work activities is considered. The LFS-based labor force participation rate refers to work performed in the week preceding the survey. The PIHS, on the other hand, asks households about labor force participation in the month preceding the survey. The PRHS asks about participation in the year preceding the survey and covers the two main crop seasons in Pakistan – Kharif (crops harvested from April to June) and Rabi (crops harvested from October to December).

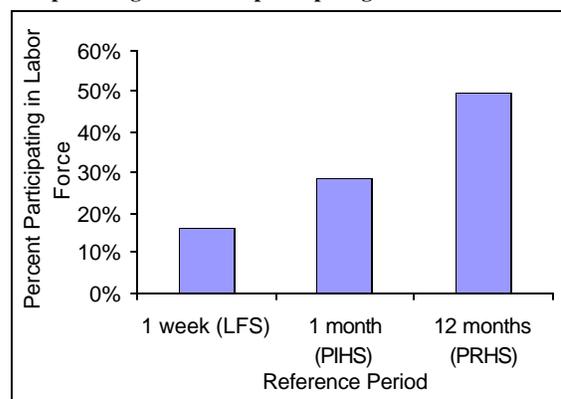
5.35. The reference period of the survey is important because it shapes the reporting of participation in work activity, especially if such activity takes place sporadically or during certain seasons. The duration of the reference year affects women most, since they tend to engage in seasonal work. One study has estimated that during peak-demand periods in the crop season, rural women participate three to six

times more than during slack periods.¹⁸² Women’s weekly or monthly participation, about which the LFS and PIHS respectively ask, may not reflect participation over a year-long period. For example, of those who reported working in the month preceding the survey, PIHS also asked about the number of months worked in the previous year. A tabulation of this data shows the seasonal nature of women’s work. Only about 41 percent of rural women worked for the full 12 months in the year preceding the survey. The remaining women worked on average for less than five months. In contrast, almost 82 percent of rural men reported working the full 12 months.

5.36. A study from rural Punjab found that shortening the reference period from a year to a week considerably lowered the estimates of labor force participation by women from 76 percent to 60 percent.¹⁸³ Another study using the 1991 PIHS, which covered the four provinces, found that increasing the reference period from a week to a year significantly affected participation rate estimates of rural males and rural and urban females, but not urban males.¹⁸⁴ The increase in the length of the reference period resulted in the participation rate of urban females rising from 19 to 25 percent, but the rate of urban males remained essentially unchanged, as it rose from 65 percent to 66 percent. Increasing the reference period raised the rural male participation rate from 70 to 76 percent and the rural female participation rate from 46 to 57 percent.

5.37. Comparing estimates of women’s labor force participation from surveys that broadly refer to the year 2001, we find that estimates of rural female labor force participation rates increase threefold – from 16 percent to 50 percent – as the reference period increases from one week (LFS) to a year (PRHS) (Figure 5.8). The differences across these surveys are of course not just limited to differences in the reference time period used. There also are differences in the questions asked and in the gender of the survey enumerators used to elicit information on work. We turn to these next.

Figure 5.8: Impact of survey reference period on estimated percentage of women participating in the labor force



Source: Participation rates based on 1 week reference period taken from LFS 2001-02 round. Participation rates based on 1 month reference period are World Bank staff calculations using data on rural women from PIHS 2001-02 round. Participation rates for a 12 month reference period are based on tabulations of PRHS 2001 data. *Note:* Participation rates refer to rural women aged 10 and older

Depth of questions asked matters

5.38. The study conducted using the 1991 PIHS notes that the conventional mode of questioning respondents about productive activity relies largely on what is the norm in developed (and largely urbanized) economies.¹⁸⁵ In developing countries, activities related to agriculture predominate in rural areas, and large informal markets predominate in urban areas, where production often is home-based and mostly unregulated. The standard mode of eliciting information appropriate to developing country settings therefore is likely to yield much poorer estimates of labor force participation, particularly for females. This is so for a number of reasons. Unpaid employment of family members is extensive in both agricultural and home-based production activities. The culturally-determined division of labor in this context usually assigns to women work that can be effectively combined with household chores such as cooking, cleaning and child care. This confines a substantial part of women’s productive efforts to the private domain of the household, making it less visible. Women’s economically productive work often must be completed in spurts interspersed with other household chores, moreover, making women’s unpaid family labor appear even more marginal and hard to detect.

5.39. To better capture women’s work in these settings requires survey questions about participation in a detailed range of activities, as does the PIHS of 1991 and PRHS of 2001. Such detailed questions

include queries about work on one's own or on sharecropped/rented land over the two crop seasons, and about work with livestock, home-based work, paid agricultural and non-agricultural work. The LFS estimates labor participation based on response to one question asking about work for pay or profit.¹⁸⁶ As a step towards better measurement of labor force involvement, the LFS recently has started gathering data on housekeeping and related activities that include agricultural tasks (such as agricultural operations, processing of food, livestock operations, and so on) performed by rural women as part of their daily household chores, *in addition to* household maintenance tasks and child care activities (see Annex II of this chapter).¹⁸⁷ While including these tasks considerably increases the LFS female labor participation rate in rural areas (from 16 to 49 percent), this “improved” rate captures labor other than that which contributes to the family farm or enterprise. In contrast, the estimated female labor force participation rate used by the PRHS is based purely on economic activities – paid and unpaid. The LFS practice of including tasks related to household care in the list of labor activities thereby obscures estimates of the extent to which women participate in economically productive work.

Sociocultural practices affect data gathering

5.40. In a strongly sex-segregated society like Pakistan's, surveys using female enumerators to elicit information from women generally are better able to gather data on a range of topics, including data on work performed by women. Female enumerators tend to have better access to women in the households selected for the survey. In a setting where female work – especially paid work – has negative connotations, a male respondent such as the household head is likely to under-report female participation in labor.¹⁸⁸ For example, a study from rural Punjab found that female participation in paid agricultural work was 38 percent if based on women's reports, but only 14 percent if based on husbands' reporting of their wife's participation in paid work.¹⁸⁹ The 1991 PIHS, the 2001-02 PIHS and the 2001 PRHS use female enumerators to ask about women about their work activities. Even though the LFS interviews each eligible¹⁹⁰ member of the household directly about his or her work activities, from the available documentation it is not clear whether the LFS uses female enumerators to interview women and girls. This potentially could have a significant impact on its ability to accurately capture the extent of female work.

III. CONSTRAINTS ON WOMEN'S LABOR FORCE PARTICIPATION

5.41. Women's participation in labor force activities are constrained by three sets of issues: their low level of education and skills that affects their employability, the segmenting of the female labor market arising from a number of sociocultural practices, and the work burden of household chores that limit the hours that women can spend on income-earning activities.

Education

5.42. One of the most obvious constraints on female labor force participation in Pakistan is girls' low levels of schooling. Women's gainful activity in the labor market is positively influenced by their educational attainment in a number of ways. First, schooling endows females with knowledge of things outside the household—teaching them skills, increasing their confidence, broadening their horizons, and granting them the perspective with which to challenge traditional roles in families—which in Pakistan tends to be very male-dominated. Second, as a form of human capital, education builds capacity for analysis, critical decision-making, and engagement in complex work, thereby increasing access to the types of labor women can perform, including more technical and higher-paying work. Education thus helps equip females with the motivation and the skills to respond to an array of opportunities in the labor market. Only by raising rates of female education will Pakistan employ more women in occupations—such as in science, technology, research, and teaching—that meaningfully advance economic

development, while at the same time intellectually challenging and adequately remunerating the women so occupied.

5.43. Educated workers tend to earn more than workers with no education. Multivariate regression analysis shows that for men and women (ages 25-65) engaged in salaried work, every additional year of education improves earnings prospects (Table A5.2). This estimated increment in earnings per additional year of education corresponds to a rate of return on parents' investment in their child's education. Table 5.4 shows that rates of return to schooling are higher for females than for males in both rural and urban areas.¹⁹¹ This was depicted in Figure 5.5, which showed a declining earnings gender gap with rising education levels. Not educating girls thus deprives them of such potential rates of return in the labor market. Of course, these rates can only be achieved in an ideal setup where there are no distortions in the labor market. An ideal scenario in the case of Pakistan would be one in which women are easily able to locate to areas that provide good job opportunities. The reality is far from this ideal situation. Nevertheless, the comparison of rates of returns to schooling does illuminate the potential loss to women of not receiving education.

Table 5.4: Rates of return to schooling by gender and region, by percent

	Male	Female
Urban	5.5	13.9
Rural	4.4	13.6
Urban and Rural	5.8	14.4

Source: Based on regression estimates controlling for age and age squared (as proxies for potential experience in the job market) and rural-urban residence (see Table A5.2 in annex to chapter). Data are from PIHS 2001-02. Data on earnings are for salaried employees aged 25-65. Of the men participating in the labor force, about 88 percent are employed in salaried jobs. Of participating women, 39 percent are employed in salaried jobs. The average years of education for this group of workers is about 5 years for men and 1.7 years for women. The regressions do not control for sample selection.

Culture-based restrictions on female mobility

5.44. In Pakistan, the female labor market reflects the fact that work opportunities available to women tend to be geographically limited to those opportunities available within the community. This is clearly highlighted by the following fact: almost 80 percent of women engaged in agricultural wage labor and about 60 percent of women engaged in some type of non-agricultural wage labor report working within their own villages (PRHS 2001). This geographical limitation arises not from a lack of demand for women's labor in neighboring or faraway locations, but instead from sociocultural practices, such as restricted mobility, which limit the physical boundaries within which women can seek jobs. While men may move to areas that offer more or better work opportunities, women are less likely to do so.

5.45. Some customs and expectations associated with marriage augment culturally-based restrictions on women's mobility. In more socially conservative communities, females who have reached puberty are expected to severely curtail participating in activities associated with the public sphere—that is, anything not deemed “necessary,” such as chores related to maintaining the household; or “urgent,” such as tending to emergency health concerns—thus proscribing participation in school or labor. This expectation is especially strict for females who are married. A majority (75 percent) of the 24 married women in Sindh interviewed for the qualitative study (described in Box 1.3 in Chapter 1) reported that they did not ever leave their homes without being accompanied by their husbands or eldest sons, though several of these were permitted to go to social functions without men, so long as they traveled in groups of at least three women. The other 25 percent (six out of 24) were permitted to go out alone only within their village, and not to the closest town; three of these six, moreover, went outside to cut grass or to work the fields only if they were near the household. Four of these 24 interview subjects (16.7 percent) reportedly never left their homes, except in cases of serious medical events, when they were compelled to go to the hospital.

5.46. The high incidence of village endogamy further diminishes the need for a female ever to leave her community. Because she meets and marries a man who also lives in her village or settlement—as she is likely to do at least 45 percent of the time (53 percent and 59 percent in southern Punjab and rural

Sindh, respectively), according to the PRHS 2004 data analyzed in Chapter 2—a woman in an endogenous marriage will remain bound to that village throughout her entire life. Most married women report being born in the village in which they reside, and most also have natal families in the same village.

5.47. To the extent that women are permitted to leave the household to perform paid labor, labor opportunities are almost invariably limited to those within the community. Of these, most involve performing agricultural work on land adjacent to or very near the household. Though there is little observed migration among women in rural Pakistan, in the PRHS-II 98 percent of the sample's few currently married female migrants report migrating due to marriage or to joining a family member after marriage, rather than in response to employment opportunities. Given this pattern of marriage and migration, women's movement to areas with better economic opportunities is not likely to occur either via marriage or in response to such opportunities.

5.48. The same aspects of *purdah* and other gender-segregating customs that constrain female access to education and health care limit their opportunities for employment. In rural Pakistan in particular, the potential costs to women who leave the household—not to mention leaving the community—to perform labor can be prohibitively high. More social than economic, these costs derive from the fact that family honor in Pakistan hinges so greatly on the discretion, concealment, and public perception of female members who have reached puberty. A majority of women interviewed for the qualitative study (described in Box 1.3) expressed their reservations about working outside the home—even those from poor households in dire need of the added income. Women's major concern was the perceived trade-off between the incidence of household females working outside the home, on the one hand, and the status of that household, on the other. Their other concern regarded their physical safety, which, as with their reputation, they feared was at greater risk the further they traveled from the household (see Box 5.1, below). Table 3.4 in Chapter 3 shows that almost 60 percent of rural women in Punjab and Sindh felt unsafe outside their settlement as compared to only 18 percent who felt unsafe within the settlement. Evidence from rural areas of Punjab and Sindh shows that participation in *paid* labor market¹⁹² is strongly related to safety concerns. Women who feel unsafe walking in their own settlement are much less likely to work for pay and are more likely to engage in farm work.¹⁹³

Box 5.1: Social Perception of Paid Work by Women

Sathar and Kazi's (1997) study from rural Punjab found that husbands tended to underreport their wives' participation in paid work. A quote by a male respondent cited in their report depicts the underlying social stigma attached to women's work:

The reality is that most women work outside the home in the fields but we want them to stay indoors. We feel ashamed when our women work but they can do so in extreme need.
 – Male respondent residing in barani (rain-fed) village in Punjab

Women in Pakistan also perceive a trade-off between the status of a household and the incidence of any female member of that household participating in paid work. Out of sixty women interviewed for a qualitative study (described in Box 1.3) associated with this Assessment, 25 (42 percent) linked strict *purdah*, practiced both in terms of strict dress code and being confined to their homes, with people from high-status households that are relatively well-off and of relatively high caste. Women from poor and lower-caste households were perceived as those who could not afford to practice strict *purdah* because their families' lack of means necessitated their labor—usually in the fields, though a few were midwives. Table 5. shows that while women in more conservative regions tended to perceive the practice of strict *purdah* as a privilege reserved by higher-status households (41.7 percent in Sindh and 66.7 percent in Southern Punjab), more women in both parts of Punjab than in Sindh lamented the ways in which *purdah*/customary mobility restrictions limited their capacity to work and/or join community organizations in which they could meet with other women and receive training in small business matters:

I wanted to do some kind of business in order to earn for my house and to bear all the expenses myself. It was not possible for me, as I had the responsibilities of house and children. To be a woman was also a restriction. In villages, women hesitate to go out. The women, who go outside, are not considered respectable. That's why women prefer to live inside. –Woman, age 42, from Faisalabad

Most surprising was the high number of northern Punjabi women who, like Sinhi women, varied their dress code according to distance from home: 75 percent of interviewees in Talagang and Faisalabad, and 58.3 percent in Sindh, observed strict dress code (i.e. wearing a *burqah*) only during trips to the city or nearby large town, and were allowed to dress more casually in their villages. In Lodhran (Southern Punjab), the majority practiced just as strict *purdah* in their communities as outside of them.

Table 5.5: Women's Perceptions of the Trade-Off between Status (Practicing *Purdah*) and Mobility, by Percent Interviewed per Region (frequencies in parentheses)

	Percent who perceive <i>purdah</i> to be an indicator of wealth and/or caste-based status	Percent reporting <i>purdah</i> restricts their ability to work and/or join in community activities	Percent who practiced stricter <i>purdah</i> in the nearby town/city than in their village	Total Percent
Northern Punjab	29.2 (7)	41.7 (10)	75 (18)	100 (24)
Southern Punjab	66.7 (8)	58.3 (7)	16.7 (2)	100 (12)
Sindh	41.7 (10)	33.3 (8)	58.3 (14)	100 (24)
All	41.7 (25)	41.7 (25)	56.7 (34)	100 (60)

Effect of Household Responsibilities on Female Labor Participation

5.49. Another factor limiting Pakistani women's involvement in paid work is one that is more universal, transcending national and cultural boundaries: commitments to family responsibilities including housework and childrearing. Generally, time use patterns show that women systematically spend more hours working on household chores than do men. Women's higher work burdens restrict their ability to participate in income-generating work. Data on how time is allocated to various tasks by family members are difficult to gather, yet are most useful in understanding patterns of time use by gender. Fortunately in Pakistan, data gathered by the International Food Policy Research Institute (IFPRI) during the 1990s are available. A study based on this data source confirms a strong pattern of gender division of labor within the family: men are more involved in production-related activities and women are more likely to be engaged in household chores.¹⁹⁶ The study also finds that the allocation of tasks within each gender group varies with family status. The head of the household and his wife provide most of the labor to most activities. Interestingly, daughters-in-law are found to face a higher work burden than daughters in the household. This confirms a commonly-held view in South Asia, that daughters-in-law are vulnerable as far as work burdens are concerned. Another study based on this data found that time use patterns vary across seasons: during the dry season (April – June) women spend less time on agricultural work and more time in the collection of fuel and water. Box 5.2 contains a discussion on how improvements in basic infrastructure can alleviate some of the burden borne by Pakistani women in their household work, thus freeing up time for increased participation in work outside the household.

Box 5.2: Improving Access to Basic Services Can Raise Women's Labor Force Participation

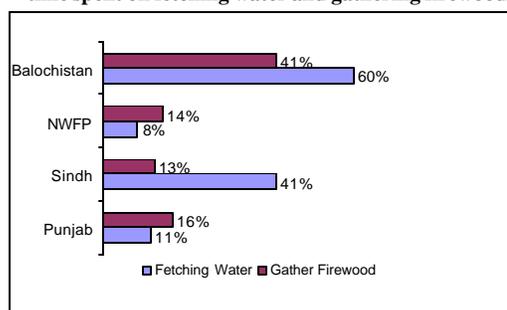
In Pakistan, as in most parts of the developing world, women and girls are mainly responsible for collecting water and gathering wood for fuel. In rural areas where basic energy and water infrastructure tends to be poor, women spend much of their time on these activities, which reduces the amount of time they can spend on income-generating activities. Investments in time-saving infrastructure, conservation efforts, and developing markets for energy and water can greatly reduce the time women spend on household maintenance chores, enabling them to participate in earning activities.¹⁹⁴

In the PRHS (2001) survey, one out of four women aged 15-49 reported fetching water during the week prior to the survey and about 15 percent reported gathering firewood during the same period. Women's involvement in these activities show striking variations by province paralleling the variations in access to such resources (Figure 5.9). For instance, rural areas of Sindh and Balochistan are prone to water shortages. In the PRHS 2001 survey nearly 60 percent of women in rural Balochistan and 40 percent of women in rural Sindh reported spending time on fetching water during the week, in addition to their other chores. In the case of firewood collection, there also were inter-province variations. The highest participation in this activity was in rural Balochistan, where about 40 percent of women were engaged in this task.

Kamal's (2005) paper on "Women and Water in Pakistan," written for this Country Gender Assessment, stresses that when access to such basic resources as drinking water worsens, women will bear higher time costs than men will. She highlights this issue against the backdrop of the alarming depletion of water resources, particularly in Sindh. She notes that, based on the total availability of water, Pakistan is classified as a *water-stressed* and *water-scarce* country since water availability is just above 1000 cubic meters per capita per year. Given the population growth, this availability is only likely to worsen in the coming years.

A study using multivariate regression analysis and based on national-level data shows that deterioration in the access to water in rural Pakistan significantly raises the amount of time women spend on water collection and also lowers the time they spend on earning activities.¹⁹⁵ Such effects make women's involvement in water and drainage management projects critical. Kamal (2005) discusses some of the constraints that women face in being effectively involved in such activities. She describes the experience of a drainage project in rural Sindh (Sanghar District, 1997) in which women participated. As result of this project, the domestic workload for women decreased, while their participation in work activities increased.

Figure 5.9: Percentage of rural women who report time spent on fetching water and gathering firewood



Source: Cross-tabulation based on Pakistan Rural Household Survey (2001) data. This is tabulated for women aged 15-49. The women were asked about their participation in these activities in the week prior to the survey.

Constraints on Female Labor Participation are mutually Reinforcing

5.50. Finally, like gender differences in household commitments, sex-segregation by work type is another constraint on female labor participation in Pakistan that is common to most countries—developed as well as developing—and not just those whose cultural structures are similar to that of Pakistan. The concentration of urban women in low-skill service sector jobs and of rural women in agricultural occupations that are low wage and/or primarily involve unpaid work in family enterprises means that females in Pakistan tend to be excluded from jobs that remunerate them properly. There is a “chicken-egg” relationship at work here. On the one hand, higher-paying and higher-skilled jobs are not occupied by females, as girls on average are not attaining the level of education required for such work; there is virtually no supply of female labor for such jobs. On the other hand, one of the reasons why Pakistani parents decide not to educate daughters is that work which would sufficiently utilize any advanced skills training tends not to exist for females; there is little or labor market in this area which would demand female laborers, which affects household choices not to educate daughters. In each of the five sites where interviews were conducted for the qualitative study (see Box 1.3 for details), at least two of twelve women mentioned the lack of realistic financial returns to education as a reason for not sending their daughters to school.

5.51. These factors that impinge on female labor force participation in Pakistan are tightly interlinked. Common among them, the sociocultural constraint on female mobility has an exponentially negative effect on women’s access to work opportunities. Restricting women’s movement outside the household starts to take effect early in the life cycle by deterring girls from attending school, thus depriving them of access to knowledge of the world outside their homes—a great loss in its own right—as well as limiting their human capital attainment with which they could later become gainfully employed. Mobility restrictions come into play again in women’s adulthood when, regardless of education, they further prevent women from participating even in labor that does not require any education—for instance, agricultural labor, animal husbandry, and selling handicrafts—by prohibiting them from leaving their households unaccompanied.

5.52. Such constraints promote a vicious cycle of undercutting female human capital attainment and work experience: by limiting educational attainment among females, there is no pool of female workers from which to draw skilled workers, so such jobs do not exist for women; parents, in turn, perceive the lack of daughter’s potential to earn money from jobs that require education, and thus tend not to educate them. Looking at the brighter side of this conundrum, positive steps will reverse this cycle, promoting a virtuous circle: improved labor market experience for women will convince parents of the benefits of educating their daughters, which will create a pool of skilled female workers and promote the absorption of these women in higher-skilled, higher-paying jobs. Likewise, by having a greater sense of their employment potential, women will be encouraged to be more oriented toward making decisions about their activities outside the home and their earning potential, which in turn enhances their position in family dynamics.

IV. THE RELATIONSHIP BETWEEN WORK AND AUTONOMY

5.53. Autonomy refers to a woman’s ability to make independent decisions and to have control over her immediate decision-making environment. It is expected that earning her own income will enhance a woman’s bargaining power within her family, enabling her to participate in decision-making. Own income also can give a woman an increased sense of her own individuality and well-being, the chance to form and benefit from peer relationships, and a general “widening of horizons.”¹⁹⁷ International evidence lends credence to such effects: a woman’s own income, be it her own earnings or non-wage income, often is found to be associated with her sense of autonomy and involvement in decision-making.¹⁹⁸

5.54. Based on the above descriptions of Pakistani women’s labor force participation, it is clear that the relationship between work and autonomy is a highly complex one. Women belonging to better-off households (who also are likely to be educated) participate very little in paid or unpaid work. Nevertheless, these women are likely to have a say in decision-making inside the household, despite the fact that they do not earn an income.¹⁹⁹ Any study that compares working and non-working women’s ability to influence decision-making within the family, therefore, is likely to find no differential impact. Indeed, research based on the recent round of the PRHS (2004) finds that women’s earned income has no effect on decisions such as child’s education, use of family planning, or purchase of consumer durables (see Box 5.3).²⁰⁰ Studies using other Pakistani data, on the other hand, find that paid work is associated with increased autonomy and participation in household decision-making for working women, including decisions regarding their children’s education, making large purchases, and using contraceptives.²⁰¹ A study based on ten communities spanning different agro-ecological zones in rural Punjab has found that working women tend to have more say in some aspects of household decision-making (such as food preparation) but not others (purchase of consumer durables).²⁰² In another study based on urban women working in the manufacturing sector (including both women working outside the home and home-based workers), despite reporting that they had only limited control over their own earnings, working women had greater authority in household decision-making than women who did not work.²⁰³

Box 5.3: Paid work and decision-making: Evidence from PRHS 2004

The PRHS (2004) survey interviewed women in rural areas of Sindh and Punjab. Married women were asked to rank their say in various family decisions according to whether their preferences/opinions were always, mostly, sometimes, rarely, or never taken into consideration. Restricting the sample to women engaged in paid employment, multivariate regression analysis examined the determinants of decision-making authority in the case of: child schooling, whether to have another child, major consumption expenditures, and the wife’s participation in community or political activity. In addition to the woman’s age, education, and region of residence, the log of women’s earnings from paid employment were controlled for in the regression. Full results are available in table A5.4

Table 5.6:

Earnings and decision-making, PRHS 2004	
Decisions regarding	Impact of woman’s earning
Child’s schooling	No
Having another child	No
Major Consumption Expenditure	No
Participation in community/political activity	Yes

As table 5.6 indicates, while a woman’s earnings in the labor market has no significant influence on her decision-making authority for internal household matters (regarding children, etc.), it does have a very significantly *positive* impact on her input into external decisions – i.e., whether to participate in the community. Interestingly, the above findings do not change even when households’ overall socioeconomic status is controlled for using area of land owned (results not reported in table A5.4). We can conclude therefore that regardless of the socioeconomic background of women workers, own earnings have a more discernible impact on community activities than on decision-making inside the household.

5.55. There is another aspect to paid work that sets it apart from not working or engaging in unpaid work: exposure to the world outside the home. For instance, unpaid work is mostly carried out on the family's farm or enterprise, so the woman is not required to go out of her home. In contrast, paid work is more likely to involve going outside the home and therefore is much more likely to expose a woman to her community, expanding her horizon and allowing her the opportunity to interact with her peers, making a critical difference in her quality of life.²⁰⁴ Few Pakistani studies have tested whether women who participate in the labor force also are more likely than non-working women to participate in community activities. One exception is the study based on the recent round of the PRHS (2004) referred to above. This study found that woman's earnings significantly raises her involvement in community and political activities.²⁰⁵ Despite the fact that women engaged in paid work are more likely to belong to low-income families with little power in the community, their involvement in work can enhance their involvement in community decision-making. Several of the women interviewed for the qualitative study (described in Box 1.3) who worked providing health services mentioned that, though their paid work activities marked them as relatively low-status and poor—even bringing condescension from some of those who used their services—they also greatly appreciated the regular contact they had with members of their respective communities. As one woman from Faisalabad remarked:

People consider us poor and they come to me when they need me; otherwise if they do not have any work, they will not come. ... Allah has blessed me. People trust me. Initially, it was a big problem in our village. There was no daai [midwife] who could administer injections. I can administer an injection to women and can also administer the drip.

- Woman, age 31, who works as a midwife in Faisalabad, Punjab

5.56. Compared to other women interviewed, these women who earned money by providing services to their communities also were remarkably well-informed about the state of political and economic development in their villages, patterns of behavior among other villagers, and the nature of gender relations among their communities.

V. PROMOTING WOMEN'S INVOLVEMENT IN THE LABOR FORCE: SOME RECOMMENDATIONS FOR PUBLIC POLICY

5.57. Comprehensive strategies to encourage women's entry and continued participation in work are needed. A three-pronged strategy that addresses constraints to women's participation would address ways of improving employability of female workers, adopting employment programs that speak to the special nature of labor markets for women, and investing in infrastructure that alleviate constraints to women's ability to spend time on income earning activities. Policy recommendations below elaborate upon each of these categories.

Invest in female workers' skills

5.58. Raising women's skill levels will increase their ability to find employment. One way to achieve this is to invest in female schooling. Education makes workers attractive to employers, and female workers in Pakistan lose out to their male counterparts because of their low schooling on average. Parents will invest in their daughters' education if returns to schooling in the labor market are clearly visible to them. One way this cycle of less visible labor market returns - low female education can be broken is through policies that promote female education (see Chapter 3). Availability of educated and skilled women does not necessarily improve their employment prospects.

5.59. Another way to raise the employability of female workers is to enhance their skills through vocational education and through trainings that provide specific skills for which there is demand. For

example, the Lady Health Worker (LHW) program operating in rural areas and poor urban neighborhoods has been successful in recruiting female health outreach workers. These are women with middle-school level education who have no prior exposure to medical education. The LHW program trains the outreach workers to deliver a range of essential primary health care services to women and their children.

Attend to the specific nature of women's labor market

5.60. The experience from countries in the Middle East and North Africa (MENA) region shows that despite the generally high level of education, women's labor force participation rates continue to be low due to sociocultural norms and practices that tend to discourage female participation in work.²⁰⁶ Pakistan shares many of these sociocultural practices with the MENA region, and the chapter shows how such practices shape the labor market for women: restricting job opportunities locally and segregating men and women into gender-appropriate jobs. Learning from the experience of the MENA countries, Pakistan must design programs that work around the constraints imposed by the nature of the labor market for women.

5.61. Affirmative actions such as quotas for women often are introduced to increase the number of women participating in certain types of jobs; however, such affirmative action may be difficult to implement given the nature of the women's labor market. While Pakistan has been successful in increasing the number of women in local government through a quota system, its experience with the five-percent quota for females in the public sector has shown that such measures by themselves may not be effective in raising the number of female employees in the public sector. A study conducted by Pakistan's National Commission on the Status of Women (NCSW) on this issue found that a major obstacle to the implementation of the quota was that women tended to be confined to certain government departments (such as education and health) that offered appropriate jobs for females. International evidence on the success of job quotas to improve women's participation in formal sector jobs suggests that quotas can improve gender equality in employment opportunities if there are no distortions in labor markets. Given the labor market conditions for women, it may be more effective to try complementary strategies.

5.62. One such strategy is to encourage employers (public sector departments) to hire locally in order to address female workers' limited mobility. Private schools in rural areas have successfully been able to hire female teachers and ensure their presence in schools because they mainly hire women who are residents of the local community. In addition to hiring locally, mobile units such as those used in Balochistan for training of female teachers can be tried where possible. Providing safe means of transportation is another way in which women's participation can be encouraged.

5.63. Government programs should facilitate home-based work by women. Programs can do this through entrepreneurship training for women engaged in home-based work—training women not only in relevant skills but also in business opportunity identification, as part of a larger package including credit schemes, marketing support and access to new technology.

5.64. There also is a great need to deliver credit and agricultural knowledge to rural women. Because men and women engage in gender-specific tasks in agriculture, the tasks that women engage in (seed preparation, fertilizing, threshing) tend to receive little or no support from agricultural extension workers. Women are almost solely involved in raising and tending livestock and derive income from livestock products. There is inadequate support available for women engaged in these activities to market their products. Technical know-how thus must be provided to women in agriculture, and design of agricultural extension work should address women's tasks and needs.

5.65. Improving information and documentation systems is another critical labor market policy. Issues with measurement of women's participation arise from the sociocultural conditions that shape the

women's labor market. These measurement issues have to be addressed in order to gather accurate and timely information about the economic role of women. Policy makers at the federal and local government levels need such information to design more effectively targeted social protection programs and labor market policies and programs that deliver training and critical resources such as credit.

5.66. Awareness campaigns to promote female work and provision of employment-related information also can be effective in encouraging women to participate in the labor market. In the 1970s, Jordan introduced an awareness campaign to promote women's participation in work. This campaign stressed the need to have women in the labor force and the benefits that women derive from working, and it is reported to have effectively raised female participation rates.²⁰⁷ Because of limited mobility and low education, women also lack access to information on employment opportunities, wages, job vacancies and hiring requirements. Programs can be designed to make such information available to women through outlets such as community organizations.

Invest in time-saving infrastructure that reduce women's time burden

5.67. Women, especially those in rural areas, spend a large part of their time in household maintenance chores such as collecting water and fuel wood. These activities act as a drain on women's time resources, leaving them with little time to participate in income-generating activities. Based on Kamal's (2005) study, households in some parts of rural NWFP could save as much as 1200 hours per year if water sources were made available within the home. Women would gain the most from such a time saving investment. Studies show that due to depleting natural resources, the time burden of these tasks on women's time is only likely to increase in the future. This makes investment in time-saving infrastructure critical to encouraging women's participation in work activities.

VI. DRAWING WOMEN INTO THE PUBLIC SPHERE: POLITICAL AND COMMUNITY PARTICIPATION

5.68. Women's participation in the labor force is the locus of greatest possibility for enhancing the status of women in societies of developing countries, and in South Asia in particular. Amartya Sen argues that women must have a voice in the affairs of society; otherwise, they will be marginalized in the society's decision-making. What is needed is means of facilitating women in gaining a *voice* or *agency* in decision-making processes. Sen identifies a range of factors that will facilitate women in this way, and these include education and participation in paid work.

5.69. Indeed, public policies that encourage gender equality in human development outcomes and in access to income-earning opportunities can strengthen women's agency and their capacity to participate in political decision-making. The exposure to new information gathered in public activities such as schooling, political participation, and joining community organizations is likely to galvanize women's involvement in community decision-making, as well as their sense of autonomy. The sources of altering power dynamics within the household, the site of key decisions regarding social and economic investments in boys and girls, actually lie outside the household; these sources need to be brought into the household in order to encourage families to make decisions that invest more in the futures of daughters, thereby "letting them back out" of the household in increasing degrees and in an expanding variety of ways.

5.70. Such policies will take time to show their rewards in raising women's visibility in the public and political spheres, however. In this regard, affirmative action such as quotas or reservation of seats for women can be effective. In Pakistan, reservation of seats for women in local, provincial and national governments has been effective in greatly raising women's political participation in a relatively short span of time (since 2001). The unprecedented number of women elected to district, sub-district (tehsil) and

union councils following the quota adoption opened up not only an enormous political space, but a strategic opportunity for women to make a difference in setting and implementing local government agendas.

5.71. A number of countries including India, Philippines and Uganda have successfully used affirmative action to increase women's representation in political decision-making.²⁰⁸ But have these short-term solutions to empower women been able to influence political decision-making? Studies based on the Indian experience show that women representatives have, in fact, made a difference: women leaders are able to influence how resources are utilized for the development of the community.²⁰⁹

5.72. In Pakistan, while the implementation of the quota was effected with few problems²¹⁰, the actual impact of drawing women into local government is not yet clear. Women councilors, for instance, lack access to development funds with which they can make meaningful improvements in their communities. The lack of resources is not limited to female representatives and derives mainly from the implementation of the devolution process; nevertheless, a number of studies from Pakistan suggest that this lack intensifies women representatives' sense of being ineffective leaders.²¹¹ This sense of ineffectiveness was echoed by responses from the few women Union Councilors interviewed for the qualitative study. A more problematic constraint is women leaders' lack of knowledge about political processes. Most of the women elected in the 2000-01 round of local government elections were new to governmental decision-making and therefore had little knowledge of their rights, roles and responsibilities as councilors. Recognizing this, several government agencies and non-governmental organizations have been involved in building the skills and capacities of elected councilors.²¹² These efforts at training women councilors have become increasingly critical as the country moves toward the second round of local government elections in 2005. In a paper written for this Country Gender Assessment, Naz (2005) assesses these training programs, distinguishing those aspects of training that are working from those that are not. One of the main failures of the training programs, according to Naz (2005), has been their inability to teach councilors the basic rules of functioning in the council, such as how to introduce resolutions in the council, maintain links with the district offices, and address the demands of voters.

5.73. On the other side of the political process is the female electorate (or constituents), who are crucial to making women's 'voice' louder and effective in the political arena. These women also face a number of constraints, such as access to information and cultural constraints.

5.74. First, women are significantly less informed than men about political matters. The qualitative study informing this Country Gender Assessment (see Box 1.3) reveals that knowledge of local government and women reservation is extremely low. In data available from two Northern Punjab sites, only three out of 24 women surveyed women knew the name of the Union Nazim; none knew the names of the Tehsil Nazim; two of 24 knew the name of the District Nazim; none knew the name of the Chief Minister; only three knew the name of the Prime Minister, and less than half (11 out of 24) knew the name of the President of Pakistan. Women interviewed in southern Punjab and in the two Sindh sites were even less informed about political matters and faced greater restrictions on their ability to vote, mostly due to impositions from male family members. Out of the 24 women interviewed in Sindh, eight knew the name of the President, three of the Prime Minister, and two of the Chief Minister. In Lodhran, southern Punjab, the collective knowledge about political representatives included one woman knowing the name of the President and two women thinking the President was the Prime Minister.

5.75. Second, women's political involvement also is inhibited by restricted mobility and the practice of *purdah*, both of which feed local resistance to legal reform. In one of the five interview sites, Badeen, women simply were barred from voting. None of the 12 women interviewed there had ever voted. Several of these women patently explained that men simply do not allow them to vote:

No, I have never voted. Only our men go for voting; we are not allowed to go. If we were allowed to vote, we would have voted for the same people who our men vote for.

– Married woman, Badeen, Sindh

5.76. The experience reported by women in Mirpur—another district in Sindh Province—was slightly more promising: though only two of the 12 interview subjects had voted, both had made their own decisions about candidates. One of these was the Union Councilor, who had contested a reserved seat. In the southern Punjab site, a majority (10 out of 12) of the women had voted in the most recent elections, but for most, their decisions were determined by men in the extended family (usually the head of the *baradari*) who told everyone in the family for whom they should vote. The majority of northern Punjabi women had voted in the previous elections, but had done so based on instructions from their husbands, brothers, or fathers-in-law. In Faisalabad, which had by far the highest voter turnout (75 percent) among women interviewed, only two of the nine women interviewed who voted did so according to their own choice. Several women in Talagang also expressed their sense that for women to engage in any political activity beyond voting—such as participating in political rallies and campaigns, or contesting elections themselves—was socially unacceptable:

There is no tradition of women going out for such purposes except voting. They just go out for voting. They have no other responsibility in party's affairs or conflicts. Men do not like women to be involved in political gatherings. It is considered against their honor.

~Married woman, Age 20, Talagang, Punjab

5.77. Policy needs to focus on training women voters and candidates for local government seats, enriching the former with knowledge of the political process and of their right to vote, and empowering the latter to genuinely represent women's interests if they are elected into local government. Government policy also should increase its assistance to NGOs whose aims are to inform and empower women in the political process, as mentioned above. Both government policy and NGOs, furthermore, need to consider ways to lessen restrictions on women (primarily imposed by males in the community) that prevent them from participating in the political process and other activities in the public sphere.

5.78. Women's limited access to information that promotes their political participation has implications for all public policy aimed at increasing gender equality in Pakistan. Data sources based on female political participation have revealed that, due to restrictions on female mobility and girls' low levels of education, women's access to information is extremely limited. Other than hearsay from male family members and children who happen to attend school, women in Pakistan who do not work have minimal contact with the outside world. They therefore are limited to television, radio, and newspapers as sources of information. Government and NGO-sponsored media public information programs, aimed at educating women about their rights to health care and legal protection, have indeed seen success in changing behaviors of women who view or hear these programs on television or radio (see, for example, the excerpted interview with a woman from Lodhran, southern Punjab, in Chapter 2, Section IV). The success of public information campaigns, however, depends on the households in which Pakistani women live having television or radio—which, in rural Pakistan, is hardly likely—and/or on women's ability to read newspapers—also not likely, given the country's low rates of female literacy and education. The Government of Pakistan's commitment to increasing rates of girls' schooling no doubt will bring dramatic improvements in women's access to information, including knowledge of the political process, but the effects will not be immediate. For the current generation of adult women, the greatest potential instrument for enhancing women's knowledge and status lies in community organizations for women.

5.79. Pakistan's Rural Support Program (RSP) is a highly promising initiative accompanying political devolution in Pakistan and aimed at mobilizing local residents in community decision-making. RSPs are

independent, non-profit organizations and are designed for effective mediation between government and people's organizations. Overseen by the RSP networks, separate Community Organizations (COs) for men and women have been established in many rural communities.

5.80. Though there has been no formal evaluation of the RSP (one is underway)²¹³, reports from governmental oversight organizations, NGOs, and interviews from the qualitative study have contributed to a growing pool of feedback on women's experience with COs for women. Much can be learned from rural Pakistani women's experience with COs, and from the sources that are monitoring their progress. According to these sources, COs have been successful at involving and mobilizing women in rural areas to the extent that these women are: (1) made aware of the existence of COs and the opportunities they provide; and (2) allowed by male family members to join the COs. Many rural women interviewed for the qualitative study (see Box 1.3 for a basic description) had not heard of women's COs, even when their village had created one, suggesting lack of public outreach initiatives on the part of these COs.

Nobody ever asked me to join the CO or to become a member. If they contacted, and had my husband allowed, I would have joined the CO; otherwise, I would not have.

~ Woman, age 35, from Badeen, Sindh

5.81. Others who had heard of their respective COs often had not been properly informed of the multiple benefits of joining, or were unable to join due to household responsibilities or cultural prohibitions against their participation in public fora:

I have heard that they [COs] give credit. No one ever approached me. ... I was alone in the house and did not get spare time; therefore, I have been restricted just to household responsibilities. No other elder, like my mother-in-law or relative lives with me. So I do not get the time. Otherwise, I am interested in joining CO.

~Mother (age 31) of three children below age 7, Faisalabad, Punjab

5.82. The benefits for women who have participated in women's COs are myriad. For many, credit schemes centered in COs have offered relief from financial shocks and/or training in ways to deal with such shocks. Some interview subjects also expressed that CO membership had empowered them not only in their sense of self-confidence and greater purpose, but also in terms of their power and status within the household, and their greater sense of freedom from increased mobility:

I used to go for my training to attend my classes with burqah and sit there in that manner. But my mobility has increased because I have a responsibility now. My knowledge has increased and I have gained more confidence as we meet different people.

~ Woman's CO President, Age 29, rural Pakistan

My husband's attitude has change a lot since I became a CO member. He is very nice to me now and respects me.

~ Woman CO member from Badeen, Age 22, whose husband also is a member of a CO

5.83. Though the qualitative data exhibits a strong positive correlation between women's CO membership and their sense of autonomy and well-being in their households, it is hard to pin down the exact cause of improved household status of female CO members. It is worth noting that many women who joined COs were persuaded or at least allowed to join by husbands who already were members of the community's men's CO; in many cases, husband's membership appeared to be a necessary condition for women to participate. Whether male members let their wives join COs because these men were prone to value some degree of autonomy in their wives (making them more likely to be interested in community

development in the first place) or whether they let their wives join COs *because* of learning to value women's autonomy from their own COs cannot be ascertained from the data.

5.84. In spite of a range of benefits enjoyed by female CO members, there is much room for improvement. A great majority of interview subjects who are CO members expressed their desire for COs to branch out, adding to their function as sources of credit and savings information the role of training women in skills that would help them earn money, tend to health matters, and more efficiently do chores in their homes.

5.85. The great majority of women in Pakistan want to be more empowered in society—for adult women to have more input in decision-making that affects their communities, and for daughters to be educated and expand their opportunities for the future. Even in regions such as Sindh and southern Punjab—where female literacy and schooling rates tend to be lowest and female mobility most restricted—women are expressing enthusiasm for higher status, higher education, and greater involvement in the public sphere.

I did not become a CO member because of purdah; I don't know whether other women do not become members because of the same reason. The CO should sensitize our men and explain them to give us freedom and let us become CO members. Had there been no strictness, we would have become members just like Zareena [another woman in the village who joined the women's CO]. We would go out and do the shopping on our own. I think now this spirit of seeing the world has developed in Sindhi women.

—Married woman, Mirpur, Sindh Province

5.86. Thanks to devolution and the Government's explicit commitment to empowering women, there is no better time than now for local governments to focus on initiatives that further involve women in the development of their communities. There is an obvious role for international donors here as well, who can support government initiatives—as well as NGO efforts already on the ground—that aim to increase women's access to information, their active participation in the political process, and their informed involvement in community organizations and decision-making. The demand is there to receive such targeted efforts; those with resources need only supply them.

¹⁵⁷ Labor force participation includes individuals currently working. It also includes those who are not currently employed but are actively seeking work. The term “work” also needs to be specified: work includes work for wages and salaries as well as unpaid work on family farm or enterprises and in the informal sector. This definition excludes work carried out to maintain one's own home.

¹⁵⁸ Mumtaz and Khan, 2000.

¹⁵⁹ See for example, Mansuri, 1994; World Bank, 1989; Kazi and Raza 1991, Mumtaz and Khan, 2000

¹⁶⁰ Khattak, 2001; Jejeebhoy and Sathar, 2001.

¹⁶¹ A number of studies from civil society groups as well academia in Pakistan have raised this issue. See for example, Kazi and Raza (1991), Mumtaz and Khan (2000)

¹⁶² Regression results are reported in Table A5.1

¹⁶³ Mammen and Paxson, 2000.

¹⁶⁴ Sathar and Kazi, 1997

¹⁶⁵ Mammen and Paxson, 2000.

¹⁶⁶ Since a very small proportion of female workers engage in paid work, there is a sample selection issue in estimating such a regression equation. The literature is divided over whether sample selection correction (using Heckman's method) is critical to such an exercise or not. The available procedures for correcting sample selection require variables that explain selection into paid work, but not earnings. In the absence of such identifying variables, the estimation of a sample selection-corrected earnings regression is likely to produce inconsistent coefficient estimates.

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- ¹⁶⁷ National Commission on the Status of Women (NCSW), 2003.
- ¹⁶⁸ Kazi and Raza, 1991.
- ¹⁶⁹ Pakistan Poverty Update, 2004. Women aged 15-59.
- ¹⁷⁰ ILO, Convention 177 on Home Work
- ¹⁷¹ Haider and Tahir, 2002: Mapping of organizations working for women homeworkers in Pakistan, Aurat Foundation.
- ¹⁷² The LFS considers the following types of enterprises to be in the informal sector: all household enterprises owned and operated by own-account workers irrespective of the size of the enterprise; household enterprises owned and operated by employers with less than 10 employees. All household enterprises engaged in agricultural activities are not included. See FBS (2003) for more details.
- ¹⁷³ Haider and Tahir, 2002; Sayeed and Khattak, 2001.
- ¹⁷⁴ Kazi and Raza, 1991.
- ¹⁷⁵ World Bank, 1989; Mumtaz and Khan, 2000, Aurat Foundation.
- ¹⁷⁶ For example, Kazi and Raza, 1991. Employment generation in the rural non-agricultural sector increased during the 1980s, particularly in transport and construction activities.
- ¹⁷⁷ Pakistan Poverty Assessment, 2002.
- ¹⁷⁸ Agricultural Statistics of Pakistan, Ministry of Food, Agriculture and Livestock, 2000-2001. The output of food grains increased from 19,587,000 tonnes in 1990-91 to 25,986, 000 tonnes in 2000-01. The output of cash crops increased from 38,285,000 tonnes in 1990-91 to 45,867,000 tonnes in 2000-01.
- ¹⁷⁹ The Economic Survey of 2003 reports that inflation averaged 9.7 percent annum between 1991 and 2001 (this is based on the CPI with 1990-91 as the base year).
- ¹⁸⁰ This section draws mainly on Mansuri, 1994.
- ¹⁸¹ Mansuri (1994), Chaudhury and Khan (1987), Mumtaz and Khan, 2000
- ¹⁸² Chaudhury and Khan, 1987.
- ¹⁸³ Zeba Sathar and Shahnaz Kazi, 1997, Women's autonomy, livelihood and fertility: A study from Rural Punjab, PIDE.
- ¹⁸⁴ Mansuri, 1994.
- ¹⁸⁵ Mansuri, 1994.
- ¹⁸⁶ See Federal Bureau of Statistics (FBS), 2003: Pakistan Labour Force Survey, 2001-02.
- ¹⁸⁷ FBS (2003).
- ¹⁸⁸ See Chaudhury and Khan, 1987 and references therein. Also see Sathar and Kazi, 1997 (page 17).
- ¹⁸⁹ Sathar and Kazi, 1997.
- ¹⁹⁰ Aged 10 or older.
- ¹⁹¹ The pattern of higher returns to schooling for females than for males has also been observed in other developing countries such as Indonesia (Deolalikar, 1993). As Deolalikar (1993) discusses, the gender differences in returns to schooling may arise for several reasons including gender differences in the attributes valued by the labor market, relative scarcity of women in salaried jobs and differential opportunity cost of schooling for males and females. For instance, given the barriers to getting an education and entering the labor force that women face in many developing countries, only few but very capable women may join salaried jobs as compared to the large numbers of men who join such jobs. The higher returns to schooling for females than for males may arise in such a case.
- ¹⁹² Female labor force participation stands at 41 percent (27 percent farm; 21 percent nonfarm) in PRHS 2004.
- ¹⁹³ Regression results are presented in table A5.3.
- ¹⁹⁴ World Bank, 2001
- ¹⁹⁵ Illahi and Grimard, 1999
- ¹⁹⁶ Fafchamps and Quisumbing, 2001
- ¹⁹⁷ Aggarwal, 1997; Sen 1990b
- ¹⁹⁸ See Kabeer, 2000; Thomas, 1990; Schultz, 1990;
- ¹⁹⁹ Sathar and Kazi, 2000
- ²⁰⁰ Ongoing study by Jacoby and Mansuri, 2005.
- ²⁰¹ Sathar and Kazi, 2000; Khattak, 2001
- ²⁰² Sathar and Kazi, 2000. A central idea of the study was that gender norms in Pakistan vary by agro-ecological areas due to differences in familial systems and modes of production.
- ²⁰³ Khattak, 2001.
- ²⁰⁴ Sen 1990b
- ²⁰⁵ This is based on multivariate regression analysis. Results are presented in Table A5.4.

²⁰⁶ World Bank, 2004.

²⁰⁷ World Bank, 2004 (MENA report).

²⁰⁸ World Bank, 2001.

²⁰⁹ Chattopadhyay and Duflo, 2001. Their analysis shows that women heads of local government allocate more resources to development of basic infrastructure (water, fuel and roads) that impinge on women's work burdens

²¹⁰ Women in a number of districts in NWFP were prevented from contesting the elections and voting in the elections. (Aurat Foundation)

²¹¹ Naz, 2005

²¹² Examples include the Women's Political Participation Project (W3P) of the Ministry of Women's Development, Social Welfare and Special Education; and the Citizens' Campaign for Women's Representation in Local Government convened by the Aurat Foundation.

²¹³ Ongoing evaluation, The World Bank.

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ANNEX 2.1: EVOLUTION OF INHERITANCE LAW REGARDING WOMEN IN PAKISTAN

For most of colonial rule, the customary law denying women's right to inherit overrode the Islamic (Shariat) law stipulating this right. Shortly before partition, the *Muslim Personal Law (Shariat) Application Act* in 1937 enacted women's right to most forms of inheritance all over India, though its power was limited: it excluded women's right to inherit land, and it also failed to apply the new law to those who had obtained inheritance interests under customary law prior to 1937. According to Mehdi (2002), the law was therefore widely criticized by those who supported women's rights to property. The establishment of Pakistan brought new legislation, *The Punjab Muslim Personal Law (Shariat) Application Act (IX of 1948)*, which did include agricultural land in women's inheritance rights.

ANNEX 2.2: DETAILS ON MARITAL PRACTICES AND MARRIAGE LAW IN PAKISTAN

Effects of Child Marriage

1. The problems associated with child marriage are well-known to human development experts and human rights advocates in Pakistan. Early marriages choke off the human development potential of children in myriad ways. This is particularly true for girls, whose early marriage typically means the cessation of school attendance and markedly increased health risks: girls who become pregnant by age 10-14 are five times more likely to die than women twice their age. Because *pardah* practices and mobility restrictions on females are severe in parts of Pakistan, moreover, early marriages are likely to confine females to the marriage household for the great majority of their lives, compounding their deprivation of education and work opportunities with diminished opportunities for community activities, interactions with their peers, and the development of meaningful social relationships.²¹⁴ It is believed that the incidence of child marriage remains quite high in contemporary Pakistan; Unicef has estimated that 37 percent of rural children and 32 percent of urban children are in such marriages (1986-2003).²¹⁵ These estimates may be misleading, however, as they likely define child marriage as that involving girls under 18 years of age, in accordance with the international standard of the UN Convention on the Rights of the Child. Although Pakistan did ratify the Convention on the Rights of the Child as early as 1990, there is no such law, as yet, that enforces marriage age minimum of 18 for girls. Currently, marriage of girls age 16 and over is not classified as child marriage—and thus is still legal—in Pakistan.

Marriage Laws Enacted before and since Pakistan's Independence

2. The government of Pakistan has taken pains to incorporate protections for women and girls into marriage law by emphasizing the importance of the marriage contract (*nikahnama*) and abiding by its requirements. In addition to *The Muslim Family Law Ordinance* (MFLO) of 1961, there has been *The Dissolution of Muslim Marriages Act* (DMMA) of 1939; the *Government Servants (Marriages with Foreign Nationals) Rules* (1962); the *West Pakistan Family Courts Act* (1964) and *West Pakistan Family Courts Rules* (1965); the *Dowry and Bridal Gifts (Restriction) Act* (1976) and the *Dowry and Bridal Gifts (Restriction) Rules* (1976). Details of some of these laws are discussed below.

3. *The Child Marriages Restraints Act* (CMRA) of 1929 aimed to ban the practice of early-age marriage by changing the definition of “child” to any female under 16 years of age and any male 18 years of age, and then outlawing the marriage of children and prescribing punishments for any male above age 18 who contracts a marriage to a child.

4. Although it predates the creation of Pakistan by eight years, *The Dissolution of Muslim Marriages Act* (DMMA) of 1939 is fundamental to Pakistan's marriage law. The DMMA has been called “one of the most important pieces of legislation promulgated in the area of Islamic family law in the subcontinent” (Ali 2000: 147). When first established, its dual purpose was to clearly lay out the provisions of Muslim law pertaining to the dissolution of marriages by women who were married under Muslim law, and to specify the effect that a married Muslim woman's renunciation of Islam has on her marriage tie. A particularly important provision of the DMMA (in section 5) was the protection of the wife's right to dower in spite of dissolution of the marriage. Section 2 (vii) of the DMMA also granted to a Muslim girl the option of puberty available to repudiate her marriage—if it occurred while she was a minor—to include a marriage contracted for her by her father or grandfather

5. *The Muslim Family Law Ordinance* (MFLO) of 1961 was a response to recommendations by a Commission set up in 1955 after a large portion of Pakistani society (mostly in the female sector) began agitating for improvements in the status of women. The express charter of the Commission was

find/create legal means of restricting polygamy and granting women more rights of divorce than they'd had under DMMA. Not until 1961 did the Commission's recommendations take the form of the MFLO, which contained important provisions to increase women's advantage. For the first time, regulation and formalization of the process of divorce was incorporated into nationwide law. The MFLO also restricted polygamy by requiring a husband desirous of a subsequent marriage to either obtain permission from the existing wife/wives or submit an application to the Arbitration Council. In the event of the husband contracting such a marriage, the MFLO made him immediately liable to payment of the dower of the existing wife/wives. The MFLO also amended the CMRA by increasing the legal age of marriage from 14 to 16 years for females, and from 18 to 21 years for males.

6. The *Dowry and Bridal Gifts (Restriction) Act, 1976*, requires that the value of the bridal dowry and presents given to her by her natal family not exceed 5,000 rupees, though this value excludes money given to the bride at the wedding. The law also requires that all property the bride receives as dowry or bridal gifts is hers without restriction, limits or conditions; the groom also is denied rights over this property. Furthermore, if the woman dissolves the marriage to which she brought dowry, she has the right to ask for her dowry to be returned up to three years subsequent to the divorce. The Report of the commission of Inquiry for Women (1997) has issued recommended modifications to the law, with the intent to more effectively decrease the frequency and size of dowry. These modifications include expanding the definition of practicing dowry so that there are penalties for displaying dowry or ostentatiously displaying bridal family wealth in any manner, as well as including a punishment of three years' imprisonment for mental or physical cruelty inflicted on a wife (plus liability for a fine); and ten years' imprisonment in cases where such cruelty causes a woman to commit suicide. The recommendations also include amendments that empower police to report and investigate cases of suspicious or unnatural deaths of women.

Customary Practice and Civil Society Responses Related to Dowry, Bride Selling, and Marital Consent in Pakistan

7. A practice related to that of dowry concerns the 'selling' or 'trading' of brides:

The ability of individuals to bypass the law without any fear of repercussions has also perpetuated customary practices of selling girls into 'marriage' in exchange for money, settling disputes with the exchange of girls known as *vani* or *swara* and the use of girl as compensation for crimes. While the formal laws in Pakistan do not condone these practises, the courts do little to address them, allowing informal justice systems to implement a law of their own. High levels of economic hardship and social inequality often lead families to sell their young daughters into marriage as a means of earning money. Bride prices range from Rs. 80,000 to Rs. 200,000 (1,400-3,500 USD) and younger girls receive higher prices. These sales are not legal and are not done with the consent of the girl. In some cases the decision is made by one member of the family without consulting any other members.²¹⁶

8. It is not clear how common such phenomena are, since representative data are not available. Nor is it clear how to draw the line between bride 'selling' and the more common practices of making financial transfers between families at the time of marriage. At any rate, regardless of whether a bride is sold, traded, or given freely, the most salient fact from the women's point of view is the extent to which her marriage is voluntary.

9. One civil society organization that has devoted considerable resources to education about dowry is Pakistan's Society for the Advancement of Community, Health, Education and Training (SACHET). In November 2001, SACHET launched the Fight against Dowry (FAD), a five-year initiative to educate

the public—and Pakistan’s youth in particular—about the harm often inflicted on brides due to the practice of dowry. For more information, please see http://www.sachet.org.pk/home/agehi_resource_center/fad/profile_of_project.asp.

ANNEX 2.3: RECOMMENDED CHANGES TO MARRIAGE LAW AND POLICY RELATED TO WOMEN'S RIGHTS IN PAKISTAN

1. The specific protections of women's rights to be incorporated into the *nikahnama* are detailed in the Legislative Watch Programme's Aurat Publication that recommends changes in the nikahnama form. These include the following:

- requirement of registration within 30 days of the solemnization (or performance) of the *Nikah* (marriage ceremony)
- requirement of the wife's permission if the husband is to take an additional wife/wives
- requirement that the bridegroom disclose his marital status, since the bride is required to disclose hers
- requirement that the husband disclose any conditions on delegating to his wife, married under Muslim law, the right of divorce based on grounds provided in the Dissolution of Muslim Marriages Act (DMMA) of 1939²¹⁷
- Protection of the marriage tie in the event that the married Muslim woman renounces Islam
- The right to protection of a woman's dower (the part or interest of a deceased man's real estate allotted by law to his widow for her lifetime)
- The requirement that the nikahnama specify the amount of dower or, if the amount is not specified, it is presumed payable on demand

2. Recommendations also emphasize the importance of recording the following *nikah* details: the date on which the marriage was contracted; the date on which the contract was registered and the amount of registration fee paid; the amount of the dower; the portion of the dower to be paid promptly and the portion to be deferred; whether property has been given in lieu of any part or whole of the dower (along with its specifications and a value agreed upon by both parties); whether the husband has delegated the right of divorce to his wife and, if so, under what conditions; any restrictions on husband's right of divorce; the husband's marital status; name and address of the person solemnizing the marriage, along with the name of that person's father; signature of the bridegroom *or* his *vakil* (advocate); signature of the bride *and* her *vakil*; signatures of witnesses to the marriage; signatures of witnesses to the appointment of the bride and bridegroom's *vakil*.

Table A3.1: Determinants of Current Enrollment, Children Aged 5-19

		Rural (N=19910)	
		(1)	(2)
Child's Characteristics:			
	Girl (1 if Yes, 0 if Boy)	-0.327** (38.30)	-0.405** (16.90)
	Age (Years)	0.239** (28.80)	0.242** (29.24)
	(Age) ²	-0.011** (29.66)	-0.011** (30.02)
	Age>=13 (1 if Yes, 0 if No)	-0.084** (4.96)	-0.008 (0.44)
	(Age>=13)×Girl		-0.174** (9.43)
Parents' Characteristics:			
	Mother Ever Attended School (1 if Yes, 0 if No)	0.182** (12.26)	0.087** (4.26)
	Mother Ever Attended ×Girl		0.175** (6.01)
	Father Ever Attended School (1 if Yes, 0 if No)	0.251** (29.26)	0.242** (21.41)
	Father Ever Attended ×Girl		0.019 (1.12)
Household Characteristics:			
	Share of children aged 0-4	0.001 (0.06)	0.013 (0.64)
	Share of 0-4 children×Girl		-0.039 (1.25)
	Main Source of Drinking Water (1 if Located Outside House, 0 if Located Inside House)	-0.025** (2.62)	-0.026** (2.70)
	Household Expenditure Quintile (First (Poorest) Quintile is reference category)		
	Second	0.086** (7.96)	0.088** (6.38)
	Second ×Girl		-0.002 (0.07)
	Third	0.136** (11.19)	0.126** (8.04)
	Third ×Girl		0.024 (1.02)
	Fourth	0.187** (13.07)	0.178** (9.66)
	Fourth ×Girl		0.021 (0.75)
	Fifth	0.289** (14.21)	0.265** (9.80)
	Fifth ×Girl		0.054 (1.38)

Table A3.1: Determinants of Current Enrollment, Children Aged 5-19 (Continued)

School Proximity:

Primary School Within Village (1 if Yes, 0 if No)	0.151** (15.15)	0.101** (8.17)
Primary School × Girl		0.142** (7.14)
Post Primary School for Girls Within Village (1 if Yes, 0 if No)	0.061** (5.13)	0.014 (0.86)
Girls' Post Primary School × Girl		0.098** (4.35)
Post Primary School for Boys Within Village (1 if Yes, 0 if No)	-0.024* (2.34)	-0.011 (0.87)
Boys' Post Primary School × Girl		-0.034+ (1.69)

Notes: Logit Model Marginal Effects. z statistics in parentheses. + significant at 10%; * significant at 5%; ** significant at 1%. Additional variables not shown in table include community level variables: Total population of community; average community per capita expenditure, distance to: daily market, postoffice, bank, union council; Whether 50 percent of more of the households in village have electricity.

Data Source: *Pakistan Integrated Household Survey, 2001-02, Rural Children.*

The primary school dummy includes public primary school for girls, public primary coeducation school, private school for girls and private coeducation school. A separate dummy for primary school for boys is not included in regression since almost 90 percent of villages that have a primary school for girls or a coeducation private primary school also have a primary school for boys. Thus including a dummy for availability of primary school for girls also captures the availability of primary school for boys. Post-primary school includes middle and high school.

Table A 3.2: Determinants of Current Enrollment, Children Aged 6-18, Controlling for Household Fixed Effects

		(N=11569)
Child's Characteristics:		
	Girl (1 if Yes, 0 if Boy)	-2.497** (15.61)
	Age	1.356** (25.64)
	(Age) ²	-0.064** (26.33)
	Age>=13	0.019 (0.16)
	(Age>=13)×Girl	-1.091** (9.17)
Parents' Characteristics:		
	Mother Ever Attended School (1 if Yes, 0 if No)	0.124 (0.43)
	Mother Ever Attended×Girl	0.582** (2.90)
	Father Ever Attended School (1 if Yes, 0 if No)	0.112 (0.52)
	Father Ever Attended×Girl	0.187 (1.63)
Household Characteristics:		
	Share of 0-4 children×Girl	-0.642** (2.95)
	Household Expenditure Quintile (First (Poorest) Quintile is reference category)	
	Second ×Girl	0.134 (0.94)
	Third ×Girl	0.282+ (1.72)
	Fourth ×Girl	0.213 (1.12)
	Fifth ×Girl	0.021 (0.07)
School Proximity:		
	Primary School ×Girl	0.853** (6.31)
	Girls' Post Primary School ×Girl	0.596** (4.07)
	Boys' Post Primary School (Girl	-0.108 (0.82)

Notes: Conditional (Household Fixed Effects) Logit Model Coefficients. z statistics in parentheses. + significant at 10%; * significant at 5%; ** significant at 1%.

Data Source: Pakistan Integrated Household Survey, 2001-02, Rural Children.

Table A 3.3: Determinants of Current Enrollment, Rural Boys Aged 6-18

	All	6-10	10-18
	10490	4744	5746
Child's Characteristics:			
Age (Years)	0.288** (26.00)		
(Age)2	-0.013** (26.14)		
Age>=13 (1 if Yes, 0 if No)	-0.052+ (1.94)		-0.285** (16.99)
Parents' Characteristics:			
Mother Ever Attended School (1 if Yes, 0 if No)	0.095** (4.49)	0.128** (3.77)	0.064* (2.46)
Father Ever Attended School (1 if Yes, 0 if No)	0.255** (21.68)	0.245** (15.01)	0.239** (15.53)
Household Characteristics:			
Share of children aged 0-4	0.041 (1.61)	0.009 (0.30)	0.054+ (1.86)
Share of 0-4 children((Age>=13)	-0.054 (1.25)		
Main Source of Drinking Water (1 if Located Outside House, 0 if Located Inside House)	-0.041** (3.19)	-0.025 (1.40)	-0.038* (2.25)
Household Expenditure Quintile (First (Poorest) Quintile is reference category)			
Second	0.103** (7.14)	0.083** (4.24)	0.105** (5.27)
Third	0.147** (8.89)	0.136** (5.82)	0.137** (6.27)
Fourth	0.210** (10.68)	0.220** (7.64)	0.180** (7.11)
Fifth	0.307** (10.74)	0.262** (5.52)	0.293** (8.56)
Community Characteristics:			
Primary School Within Village (1 if Yes, 0 if No)	0.109** (8.39)	0.099** (5.52)	0.109** (6.26)
Post Primary School for Boys Within Village (1 if Yes, 0 if No)	0.003 (0.17)	-0.008 (0.44)	-0.003 (0.16)
Boys' Post Primary School ((Age>=13)	-0.025 (1.06)		

Notes: Logit Model Marginal Effects. z statistics in parentheses. + significant at 10%; * significant at 5%; ** significant at 1%. Additional variables not shown in table include community level variables: Total population of community; average community per capita expenditure, distance to: daily market, postoffice, bank, union council; Whether 50 percent of more of the households in village have electricity.

Data Source: Pakistan Integrated Household Survey, 2001-02, Rural children.

Table A3.4: Determinants of Current Enrollment, Rural Girls Aged 6-18

	All	6-10	10-18
	9420	4504	4916
Child's Characteristics:			
Age (Years)	0.155** (14.70)		
(Age) ²	-0.008** (15.67)		
Age>=13 (1 if Yes, 0 if No)	-0.105** (4.28)		-0.192** (15.32)
Parents' Characteristics:			
Mother Ever Attended School (1 if Yes, 0 if No)	0.200** (12.10)	0.244** (8.29)	0.153** (8.74)
Father Ever Attended School (1 if Yes, 0 if No)	0.201** (19.93)	0.233** (14.13)	0.167** (13.99)
Household Characteristics:			
Share of children aged 0-4	-0.038+ (1.81)	-0.066* (2.27)	0.010 (0.43)
Share of 0-4 children×(Age>=13)	0.038 (0.90)		
Main Source of Drinking Water (1 if Located Outside House, 0 if Located Inside House)	-0.008 (0.65)	-0.031+ (1.66)	0.016 (1.13)
Household Expenditure Quintile (First (Poorest) Quintile is reference category)			
Second	0.059** (4.45)	0.059** (2.83)	0.067** (3.97)
Third	0.105** (7.21)	0.116** (4.91)	0.094** (5.34)
Fourth	0.134** (7.90)	0.113** (3.93)	0.133** (6.88)
Fifth	0.222** (9.43)	0.284** (6.25)	0.170** (6.91)
Community Characteristics:			
Primary School Within Village (1 if Yes, 0 if No)	0.184** (14.57)	0.222** (11.16)	0.142** (8.97)
Post Primary School for Girls Within Village (1 if Yes, 0 if No)	0.042** (2.88)	0.069** (3.23)	0.054** (3.97)
Girls' Post Primary School ×(Age>=13)	0.053* (2.29)		

Notes: Logit Model Marginal Effects. z statistics in parentheses. + significant at 10%; * significant at 5%; ** significant at 1%. Additional variables not shown in table include community level variables: Total population of community; average community per capita expenditure, distance to: daily market, postoffice, bank, union council; Whether 50 percent of more of the households in village have electricity.

Data Source: Pakistan Integrated Household Survey, 2001-02, Rural children.

Table A3.5: Choice between public and private primary schools: Nested Multinomial Logit estimates

	Coefficient	Std. Err.	Z statistic
School Choice: Public or Private:			
Girl× Private School	-0.58	0.091	-6.32
Household's Consumption (excluding expenditure on education)	0.47	0.022	20.85
School in community (1 if Yes, 0 if No)	0.85	0.077	11.04
School in community × Girl	0.63	0.112	5.61
Enrollment Decision: Enroll or Not Enroll:			
Girl	-1.04	0.079	-13.08

LR test of homoskedasticity (iv = 1): $\chi^2(2) = 6.85$ Prob > $\chi^2 = 0.0326$

LR $\chi^2(7) = 4477.247$

Log likelihood = -7179.7798 (Prob > $\chi^2 = 0.0000$)

Notes: Coefficients from Nested Multinomial Logit model. Model estimated for rural children aged 6-10.

Table A3.6: Primary school location decision, Rural Pakistan, PIHS 2001-02

	Public School				Private School	
	Boys' School Logit	Boys' School Fixed Effects Logit	Girls' School Logit	Girls' School Fixed Effects Logit	Coeducation School Logit	Coeducation School Fixed Effects Logit
	(1)	(2)	(3)	(4)	(5)	(6)
Bus stop within 1 Km of community	0.832 (2.84)**	0.693 (1.89)	0.590 (2.47)*	0.832 (2.62)**	0.922 (2.56)*	1.160 (2.85)**
Daily Market within 1 Km of Community	1.720 (1.62)	1.733 (1.57)	0.007 (0.01)	0.127 (0.21)	0.738 (1.74)	0.842 (1.68)
Bank within 1 Km of Community	-0.388 (0.68)	-0.199 (0.31)	0.104 (0.22)	-0.047 (0.09)	0.766 (2.00)*	0.561 (1.27)
Postoffice within 1 Km of Community	0.268 (0.75)	0.076 (0.17)	0.855 (3.29)**	0.424 (1.28)	1.411 (5.01)**	0.738 (2.15)*
Union Council within 1 Km of Community	0.061 (0.16)	-0.330 (0.74)	0.602 (2.24)*	0.790 (2.46)*	0.177 (0.60)	0.301 (0.84)
Village average per capita expenditure	1.203 (0.18)	6.825 (0.80)	12.793 (2.40)*	8.424 (1.14)	14.276 (2.25)*	9.389 (1.00)
High schools for girls available within 5km	0.477 (1.45)	0.524 (1.28)	0.618 (2.62)**	0.597 (1.93)	1.272 (4.78)**	0.973 (2.97)**
Proportion of workers working in the non-agricultural sector in community	0.004 (0.01)	0.396 (0.53)	1.070 (2.27)*	1.075 (1.79)	1.654 (2.81)**	1.441 (1.87)
Proportion of households in community with at least one adult (age>=15) with secondary education	1.536 (2.00)*	2.639 (2.80)**	2.116 (3.72)**	2.463 (3.23)**	-0.208 (0.29)	0.182 (0.19)
Community population	0.000 (0.31)	-0.000 (1.65)	0.000 (3.99)**	-0.000 (0.29)	0.000 (4.33)**	0.000 (0.15)
Constant	0.420 (0.64)		-3.672 (6.28)**		-6.475 (7.92)**	
Number of Communities	575	337	575	465	542	386

Notes: Logit and Conditional Logit Model Coefficients . z statistics in parentheses. + significant at 10%; * significant at 5%; ** significant at 1%. Village average per capita expenditure divided by 10000. Regression estimated at the level of communities. Fixed effects estimates pertain to district level fixed effects.

Table A3.7 Private primary school location decision including availability of high school close to community, Rural Pakistan, PIHS 2001-02

	(1) Logit (N=532)	(2) Logit with Fixed Effects (N=386)
Bus stop within 1 Km of community	1.037 (2.83)**	1.232 (2.97)**
Daily Market within 1 Km of Community	0.855 (1.99)*	0.861 (1.72)
Bank within 1 Km of Community	0.717 (1.84)	0.558 (1.25)
Postoffice within 1 Km of Community	1.299 (4.54)**	0.713 (2.06)*
Union Council within 1 Km of Community	0.078 (0.26)	0.202 (0.55)
Village average per capita expenditure	15.532 (2.42)*	9.587 (1.02)
High schools for girls available within 5km	1.256 (4.67)**	0.922 (2.79)**
Number of public girls' school available in community	0.252 (2.87)**	0.226 (1.99)*
Proportion of workers working in the non-agricultural sector in community	1.696 (2.82)**	1.442 (1.83)
Proportion of households in community with at least one adult (age>=15) with secondary education	-0.475 (0.65)	0.134 (0.14)
Community population	0.000 (4.43)**	0.000 (0.11)
Constant	-6.896 (8.05)**	

Notes: Logit and Conditional Logit Model Coefficients . z statistics in parentheses. + significant at 10%; * significant at 5%; ** significant at 1%. Village average per capita expenditure divided by 10000. Regression estimated at the level of communities. Fixed effects estimates pertain to district level fixed effects.

ANNEX 4.1: TABLES WITH FULL RESULTS (A4.1-A4.5)

Table A 4.1: Determinants of Probability of Falling Ill, Consulting a medical practitioner and Medical expenditures, Rural Children aged 0-17, PRHS 2001

	(1)	(2)	(3)
	Probit Marginal Effects	Marginal Effects from Probit with Selection	Ordinary Least Squares
	Probability of Falling Ill	Probability of Consulting Medical practitioner if Ill	Log(Medical Expenditure) if ill
Girl	-0.032 (4.78)**	-0.311 (5.07)**	-0.242 (1.92)+
Child's parent is household head	0.028 (3.45)**	0.026 (3.70)**	-0.070 (0.44)
Age (years)	-0.014 (5.70)**	-0.013 (5.59)**	0.034 (0.76)
(Age) ²	0.001 (4.58)**	0.001 (4.81)**	-0.001 (0.22)
Mother Ever Attend School (1 if yes)	0.012 (0.90)	0.0003 (0.03)	0.371 (1.54)
Father Ever Attend School (1 if yes)	-0.020 (2.84)**	-0.010 (1.55)	0.171 (1.30)
Log Per Capita Expenditure of household	0.026 (3.84)**	0.0021 (0.71)	0.628 (4.88)**
Distance to Health Facility	0.007 (4.41)**	-0.0016 (2.56)**	-0.030 (0.98)
Distance to Pharmacy	0.007 (3.46)**	-0.0008 (1.04)	-0.046 (1.26)
Distance to Daily market	-0.001 (0.40)	0.0049 (3.68)**	0.011 (0.36)
Community Level: Improper disposal of waste water (Waste Water thrown into ground)	-0.010 (1.19)	-0.0069 (0.92)	-0.081 (0.54)
Community Level: Improper disposal of garbage (Garbage thrown into river or ground)	0.024 (3.20)**	0.022 (3.16)**	-0.263 (2.04)*
Constant			3.153 (3.42)**
Observations	7482	7525	550

Absolute value of z statistics in parentheses. + significant at 10%; * significant at 5%; ** significant at 1%.

Notes: Probit model marginal effects in Column 1. Marginal effects from Probit model with selection in Column 2. Regression coefficients from Ordinary Least Squares regression. Absolute value of z statistics in parentheses. + significant at 10%; * significant at 5%; ** significant at 1%.

Table A4.2: Determinants of Immunization, Rural Children aged 12-23 months, PIHS 2001

	(1)	(2)	(3)	(4)
	DPT3 (N=1347)	Polio3 (N=1347)	BCG (N=1347)	Measles (N=1347)
Girl	-0.029 (1.02)	0.002 (0.12)	-0.045 (1.54)	-0.065 (2.04)*
Age in Months	0.030 (0.50)	0.082 (2.30)*	0.002 (0.03)	0.012 (0.19)
(Age) ²	-0.001 (0.41)	-0.002 (2.10)*	0.000 (0.10)	0.000 (0.01)
Mother ever attended school (1 if yes)	0.165 (3.23)**	0.047 (1.61)	0.141 (2.57)*	0.130 (2.53)*
Father ever attended school (1 if yes)	0.122 (3.46)**	0.015 (0.70)	0.096 (2.80)**	0.090 (2.38)*
Mother has Media Exposure (Heard Hygiene related information through Media) (1 if Yes)	-0.016 (0.39)	0.037 (1.42)	-0.004 (0.09)	0.016 (0.37)
Log (Per Capita Household Expenditure)	--	--	0.089 (1.80)+	0.125 (2.38)*
Lady Health Worker in Community	0.089 (1.82)+	0.038 (1.39)	0.142 (2.86)**	0.108 (2.21)*
Government Primary Health Facility (BHU, MCH Center, Family Welfare Center) Within 5 Kms	0.082 (1.73)+	0.006 (0.23)	0.093 (1.80)+	0.137 (2.73)**
Private Health Facility Within 5 Kms of Community	-0.037 (0.77)	-0.025 (0.94)	-0.030 (0.59)	0.005 (0.09)
Immunization Camp held within 5 kms of community	0.068 (1.57)	0.004 (0.16)	0.015 (0.34)	-0.008 (0.20)

Notes: Probit model marginal effects. Regression weighted using household weights. Robust z statistics in parentheses. + significant at 10%; * significant at 5%; ** significant at 1%. Additional variables not shown in table include community level variables: Community level variables include dummies for electricity, drainage, distance to: tehsil capital, nearest bus stop, market, nearest motorable approach road, public primary school for girls, middle school for girls. DPT 3 and Polio 3 measure whether final dose of each immunization received by child or not. Log per capita expenditure only included for BCG and Measles. DPT and Polio are usually supplied free of cost.

Table A4.3: Determinants of use of maternal health services, Rural Women aged 15-49 , PIHS 2001-02

	(1)	(2)	(3)	(4)	(5)	(6)
	Contraceptive use	Prenatal care	Tetanus Toxoid Immunizations	Postnatal consultations	Birth in a medical institution	Birth assisted by TBA
Age (Years)	0.055 (7.68)**	0.027 (2.79)**	0.022 (2.27)*	0.010 (2.39)*	0.007 (0.99)	0.016 (1.77)+
Agesq	-0.001 (7.25)**	-0.000 (2.78)**	-0.000 (2.29)*	-0.000 (2.20)*	-0.000 (1.07)	-0.000 (2.05)*
Woman Ever Attended School (1 if Yes)	0.084 (4.07)**	0.224 (8.49)**	0.207 (7.10)**	0.058 (4.33)**	0.101 (4.89)**	-0.082 (3.50)**
Husband Ever Attended School (1 if Yes)	0.033 (2.72)**	0.031 (1.71)+	0.052 (2.71)**	0.009 (0.89)	0.035 (2.96)**	-0.030 (1.99)*
Ratio of Number of Sons alive to Number of Daughters Alive	0.019 (4.43)**					
Media Exposure (Heard Hygiene related information through Media) (1 if Yes)	0.052 (2.87)**	0.060 (2.10)*	0.103 (3.08)**	0.005 (0.36)	0.051 (2.36)*	-0.014 (0.45)
Log (Per Capita Household Expenditure)	0.022 (1.54)	0.122 (5.23)**	0.117 (4.02)**	0.041 (3.91)**	0.113 (6.37)**	0.030 (1.31)
Lady Health Worker in Community	0.030 (2.16)*	0.011 (0.47)	0.064 (2.41)*	-0.003 (0.28)	0.009 (0.56)	0.021 (0.64)
Government Primary Health Facility (BHU, MCH Center, Family Welfare Center Within 5 Kms)	0.008 (0.61)	0.052 (2.15)*	0.077 (3.04)**	-0.004 (0.37)	-0.011 (0.63)	0.040 (1.11)
Private Health Facility Within 5 Kms of Community	0.007 (0.54)	0.025 (0.98)	0.009 (0.33)	0.014 (1.18)	-0.002 (0.10)	-0.044 (1.23)

Notes: Probit model marginal effects. Regression weighted using household weights. Robust z statistics in parentheses. + significant at 10%; * significant at 5%; ** significant at 1%. Additional variables not shown in table include exposure to hygiene information through family members and community level variables: Community level variables include dummies for electricity, drainage, distance to: tehsil capital, nearest bus stop, market, nearest motorable approach road, public primary school for girls, middle school for girls.

Table A4.4: Determinants of use of maternal health services, with interaction terms, Rural Women aged 15-49, PIHS 2001-02

	(1)	(2)	(3)	(4)	(5)	(6)
	Contraceptive use	Prenatal care	Tetanus Toxoid Immunizations	Postnatal consultations	Birth in a medical institution	Birth assisted by TBA
Media Exposure* Woman Attended School	-0.053 (1.54)	-0.031 (0.59)	-0.083 (1.11)	0.007 (0.24)	0.067 (1.32)	0.012 (0.18)
Media Exposure* LHW in community	0.039 (1.13)	-0.001 (0.01)	0.016 (0.23)	-0.033 (1.66)+	0.045 (0.98)	-0.040 (0.69)
LHW*Woman Attended School	0.001 (0.03)	-0.048 (1.11)	0.010 (0.20)	-0.016 (0.87)	0.001 (0.03)	-0.075 (1.56)
LHW*Log(Per Capita Expenditure)	0.012 (0.42)	0.085 (1.73)+	0.164 (2.51)*	0.011 (0.52)	0.019 (0.63)	-0.036 (0.82)
Government Facility within 5 kms *Woman Attended School	-0.010 (0.33)	0.019 (0.39)	0.011 (0.20)	0.008 (0.37)	0.016 (0.38)	-0.058 (1.10)
Government Facility * LHW	-0.014 (0.55)	0.029 (0.58)	0.019 (0.35)	0.044 (1.78)+	0.063 (1.60)	0.005 (0.07)
Government Facility*Log(Per Capita Expenditure)	-0.052 (1.95)+	0.026 (0.55)	0.007 (0.12)	-0.005 (0.24)	-0.001 (0.02)	-0.067 (1.35)
Private Facility within 5 kms* Woman Attended School	0.015 (0.45)	0.016 (0.31)	0.000 (0.00)	0.019 (0.79)	-0.042 (1.22)	-0.014 (0.26)
Private Facility * LHW	-0.046 (1.92)+	-0.050 (1.08)	-0.020 (0.37)	-0.048 (3.19)**	-0.039 (1.19)	-0.032 (0.45)
Private Facility*Log(Per Capita Expenditure)	0.006 (0.21)	0.030 (0.62)	-0.032 (0.49)	-0.008 (0.36)	-0.078 (2.20)*	-0.035 (0.68)

Notes: Probit model marginal effects. Regression weighted using household weights. Robust z statistics in parentheses. + significant at 10%; * significant at 5%; ** significant at 1%. These interaction terms were estimated as part of a full regression that included additional variables not shown in table include woman's age, square of woman's age, whether woman attended school, whether spouse attended school, source of hygiene health information (media or family), log of per capita household expenditure, dummy variables for: availability of Lady Health Worker (LHW) within community, availability of nearest primary health care facility within 5 kilometers of community, availability of nearest private health facility within 5 kilometers of community. Also included are the following community level variables: Community level variables include dummies for electricity, drainage, distance to: tehsil capital, nearest bus stop, market, nearest motorable approach road, public primary school for girls, middle school for girls. Full results of the regressions can be obtained on request.

Table A4.5: Determinants of Village Level Placement of LHWs, PIHS 2001

	Column (1)	Column (2) With Village Topography Dummies
Log(Village Population)	-0.072 (0.73)	-0.071 (0.72)
Share of children aged 5 or younger	-0.628 (0.97)	-0.621 (0.95)
Share of Females 15-49	0.438 (0.54)	0.487 (0.58)
Public Primary School for Girls in Village	0.178** (2.81)	0.176** (2.72)
Public Middle School for Girls in Village	0.241** (3.25)	0.229** (3.15)
Average Per Capita Expenditure of Village/100	0.054 (0.95)	0.060 (1.04)
(Average Per Capita Expenditure of Village/100) ²	-0.003 (1.26)	-0.004 (1.34)
Basic Health Unit in Community	0.166* (2.40)	0.177* (2.44)
Nearest bus stop 0-3 Kms from Community	0.085 (1.05)	0.085 (1.01)
Nearest tehsil capital 0-3 Kms from Community	0.113 (1.28)	0.106 (1.22)
Nearest rail station 0-3 Kms from Community	-0.014 (0.13)	-0.008 (0.08)
Community has motorable approach road	0.101 (1.20)	0.072 (0.94)
50 % of households in community have electricity	0.124+ (1.73)	0.128+ (1.77)
Community has drainage	0.116* (2.43)	0.123* (2.45)
Sindh	0.099 (1.22)	0.100 (1.21)
NWFP	-0.016 (0.18)	-0.021 (0.24)
Balochistan	-0.193 (1.43)	-0.170 (1.25)
Mountainous topography		-0.245** (2.70)
Desert topography		-0.013 (0.10)
Inland/coastal plain topography		-0.131 (1.26)
Observations (No. of Villages)	524	524

Notes: PIHS 2001-02 Data, Community Level Data. Weighted Probit **Marginal Effects**. Absolute value of t statistics in parentheses. + significant at 10%; * significant at 5%; ** significant at 1%.

²¹⁴ <http://www.unfpa.org/swp/2003/english/ch2/index.htm>

²¹⁵ http://www.unicef.org/infobycountry/pakistan_statistics.html

²¹⁶ Report of the Commission of Inquiry for Women, Pakistan, 1997.

²¹⁷ These grounds include the following: the husband's whereabouts have been unknown for four or more years; the husband has been imprisoned for at least three years; the husband has failed to provide for her maintenance for at least two years; the husband has contravened MFLO provisions in taking a new wife. the husband has neglected to perform his marital obligations for at least three years; the husband's impotency—present at the time of marriage—persists; the husband has been suffering from insanity, leprosy, or a dangerous venereal disease for at least two years; the husband was impotent at the time of marriage; the bride was given in marriage before age 15 and repudiated the marriage prior to reaching age 18—provided lack of consummation of the marriage; the husband treats her cruelly by conduct that is not limited to physical ill-treatment; the husband associates with women of evil repute or leads an infamous life and/or tries to force his wife to lead an immoral life the husband disposes of or prevents his wife from exercising legal rights over her property; the husband obstructs his wife in observing her religious practice or profession; the husband does not treat her equitably to his other wives, if he has more than one, in accordance with the Qur'an's injunctions.

ANNEX 4.2: METHODS OF ANALYSIS

A2.1. One of the key factors affecting health examined in this Chapter is access to health facilities and outreach services. In the regression analysis in this Chapter access to these services is measured at the community/village level. It is entirely possible that over time expansion of health facilities and outreach workers has occurred in some communities and not in others in a way that is closely associated with the level of development of that community or village for one. For instance, the government may have made special efforts to recruit outreach workers in communities that are not well connected to main town centers or where health outcomes are poor.²¹⁸ At first glance then it would appear that health outcomes are worse in areas served by LHWs or where facilities are close to the village. To ensure that to the largest extent possible we are indeed estimating the causal impact of the availability of health facilities and services we include village characteristics such distance to nearest market and distance of village from the tehsil headquarters.

²¹⁸ This issue is common to assessing the impact of availability of facilities at the village level referred to as non-random program placement. A large literature has analyzed the potential solutions to taking into account non-random expansion or placement of programs. An overview is available in Thomas and Strauss (1995).

ANNEX 4.3: NOT MUCH EVIDENCE OF PRENATAL SEX SELECTION IN PAKISTAN

1. The sex ratio at birth is one statistic that can reveal prenatal sex selection: it is the ratio of the number of male births to female births. Biologically, more males are born than females, and normal sex ratios at birth range between 105 and 107 boys per girls. This high male-to-female ratio at birth could be considered an evolutionary adaptation to the fact that females have higher survival probabilities than males. A sex ratio at birth that is much higher than this biologically expected ratio suggests that female fetuses are being aborted. Societies with a strong preference for sons and with access to prenatal sex detection technology show an alarming rise in sex ratios at birth. Unusually high sex ratios at birth have been reported in parts of India, China and South Korea.

2. The problem with the sex ratio at birth statistic is that it cannot be computed from a Census. It is ideally computed from birth registration data, yet reliable and complete data of this type is difficult to obtain in most developing countries. The data from Pakistan Integrated Household Survey (PIHS) can be used to estimate the sex ratio at birth. Calculated using the 1998 PIHS, the sex ratio at birth shows a national average of 105 (Table B2.1). This is within the normal range and indicates the absence of prenatal sex selection in Pakistan. The province-wide sex ratios at birth are well within the normal range, except in Balochistan, where the ratio is higher than that expected. Since there is little evidence of sex-selective abortions in Balochistan, this ratio may reflect the underreporting of female births. Ratios by mother's literacy status show marked variation in Balochistan and NWFP. While literate mothers report ratios in the expected range or lower, illiterate mothers report fewer female births.

Table A4.6: Sex Ratios at Birth (Estimated Using PIHS 1998 Birth History Data)

	Overall	Mother (Literate)	Mother (Illiterate)
Pakistan	105	103	106
Punjab	104	103	104
Sindh	107	106	108
NWFP	105	99	105
Balochistan	109	100	110

3. A telling comparison can be drawn between Punjab and Indian Punjab. Punjab displays a sex ratio at birth of 104; the considerable ratio of 124 in Indian Punjab (NFHS-II) results from widespread use of sex-selective abortions. Declining fertility together with strong son preference and rising incomes are largely responsible for the rise in prenatal sex selection in India, China and elsewhere. This combination of factors could well prevail in Pakistan in the future, as the present trend of fertility decline continues.

ANNEX 5.1: TABLES WITH FULL RESULTS (A5.1-A5.4)

Table A5.1: Probit Marginal Effects: Determinants of Labor Force Participation, Currently Married Women aged 15-49

	(1)	(2)	(3)	(4)	(5)	(6)	(7)
	All	Urban	Urban Paid Work	Urban Unpaid Work	Rural	Rural Paid Work	Rural Unpaid Work
Age	0.004 (1.07)	0.016 (2.93)**	0.013 (3.10)**	0.000 (0.28)	-0.003 (0.58)	0.000 (0.12)	-0.004 (0.89)
Age ²	-0.000 (0.71)	-0.000 (2.41)*	-0.000 (2.48)*	-0.000 (0.43)	0.000 (0.65)	-0.000 (0.08)	0.000 (0.79)
Education (years)	-0.031 (7.64)**	-0.015 (3.96)**	-0.011 (4.27)**	-0.001 (0.78)	-0.053 (6.25)**	-0.006 (1.96)+	-0.039 (4.68)**
Education ²	0.003 (10.96)**	0.002 (7.94)**	0.002 (8.45)**	-0.000 (0.11)	0.005 (6.67)**	0.001 (4.77)**	0.002 (2.34)*
Husband's education (years)	-0.015 (6.11)**	-0.010 (3.43)**	-0.005 (2.22)*	-0.002 (1.75)+	-0.022 (5.99)**	-0.003 (1.85)+	-0.013 (3.96)**
(Husband's education) ²	0.000 (0.90)	-0.000 (0.23)	-0.000 (0.45)	0.000 (0.37)	0.001 (2.31)*	0.000 (0.54)	0.000 (1.15)
Second per capita expenditure quintile	-0.037 (2.33)*	-0.051 (2.53)*	-0.034 (2.63)**	-0.003 (0.61)	-0.031 (1.42)	-0.007 (0.80)	-0.015 (0.81)
Third per capita expenditure quintile	-0.059 (3.56)**	-0.070 (3.54)**	-0.047 (3.63)**	-0.006 (1.12)	-0.053 (2.33)*	-0.017 (2.04)*	-0.023 (1.13)
Fourth per capita expenditure quintile	-0.067 (3.89)**	-0.055 (2.82)**	-0.035 (2.62)**	-0.008 (1.54)	-0.089 (3.64)**	-0.026 (2.75)**	-0.040 (1.93)+
Fifth per capita expenditure quintile	-0.124 (6.65)**	-0.120 (5.58)**	-0.072 (4.96)**	-0.012 (2.11)*	-0.121 (4.47)**	-0.032 (3.56)**	-0.069 (3.12)**
Has child aged 3 or younger	-0.032 (3.37)**	-0.047 (3.73)**	-0.027 (3.13)**	-0.007 (1.98)*	-0.022 (1.68)+	-0.011 (2.03)*	-0.005 (0.50)
Rural (1 if yes)	0.153 (10.77)**						
Punjab	0.003 (0.21)	0.008 (0.50)	-0.015 (1.49)	0.001 (0.25)	0.003 (0.13)	-0.002 (0.21)	-0.057 (2.82)**
NWFP	-0.110 (4.82)**	0.005 (0.20)	-0.037 (2.49)*	-0.010 (1.92)+	-0.153 (4.33)**	-0.065 (7.44)**	-0.099 (3.29)**
Balochistan	-0.134 (4.90)**	-0.020 (0.75)	-0.008 (0.46)	-0.008 (0.95)	-0.180 (4.32)**	-0.034 (2.26)*	-0.155 (4.65)**
Barani agriculture (1 if yes)					-0.068 (2.08)*	-0.037 (2.44)*	-0.010 (0.34)
Barani Punjab							
Barani NWFP							
Barani Balochistan							
Observations	12372	4690	4690	4690	7409	7409	7409

Notes: PIHS 2001 Robust z statistics in parentheses.

+ significant at 10%; * significant at 5%; ** significant at 1%

Table A5.2: Regression of Log Monthly Earnings

	Urban and rural		Urban		Rural	
	(1)	(2)	(3)	(4)	(5)	(6)
	Men	Women	Men	Women	Men	Women
Age (years)	0.078 (19.47)**	0.102 (5.50)**	0.087 (15.22)**	0.126 (4.49)**	0.066 (12.45)**	0.061 (2.47)*
Age ²	-0.001 (18.06)**	-0.001 (4.68)**	-0.001 (13.35)**	-0.001 (3.57)**	-0.001 (12.06)**	-0.001 (2.23)*
Education (years)	0.058 (55.32)**	0.144 (33.41)**	0.055 (39.89)**	0.139 (25.51)**	0.044 (27.36)**	0.136 (13.96)**
Constant	6.041 (73.50)**	3.886 (10.40)**	5.963 (51.49)**	3.360 (5.97)**	6.294 (57.47)**	4.784 (9.57)**
Observations	13748	1732	5490	851	8258	881
R-squared	0.20	0.40	0.26	0.44	0.10	0.18

Notes: Data from PIHS 2001. Sample of paid workers aged 25-65. Absolute value of t statistics in parentheses. + significant at 10%; * significant at 5%; ** significant at 1%

Table A5.3: Regression of female work on purdah and safety concerns, PRHS 2004

Probit Regression: Any paid work in last year			
Variable	(1)	(2)	(3)
Observes purdah (yes/no)	0.248	---	0.143
Purdah index (0-5)	-0.036	---	-0.021
Unsafe within settlement	---	-0.400**	-0.378**
Unsafe outside of settlement	---	0.250**	0.241**
Age	0.054	0.053	0.05
Age squared	-0.001	-0.001	-0.001
Ever attended school	0.009	0.038	0.034
hh landownership (acres)	-0.033***	-0.032***	-0.032***
S. Punjab	1.157***	1.191***	1.157***
Sindh	0.733***	0.713***	0.673***

Note: * p<0.05; ** p<0.01; *** p<0.001

Probit Regression: Any paid farm work in last year			
Variable	(1)	(2)	(3)
Observes purdah (yes/no)	0.417*	---	0.316
Purdah index (0-5)	-0.181***	---	-0.171**
Unsafe within settlement	---	-0.509***	-0.400**
Unsafe outside of settlement	---	0.174	0.253*
Age	-0.008	-0.005	-0.009
Age squared	0	0	0
Ever attended school	-0.440**	-0.479**	-0.445**
hh landownership (acres)	-0.046***	-0.044***	-0.043***
S. Punjab	1.565***	1.462***	1.574***
Sindh	0.905***	0.746***	0.848***

Note: * p<0.05; ** p<0.01; *** p<0.001

Probit Regression: Any paid non-farm work in last year			
Variable	(1)	(2)	(3)
observes purdah (yes/no)	-0.173	---	-0.213
purdah index (0-5)	0.073	---	0.088
unsafe within settlement	---	-0.144	-0.2
unsafe outside of settlement	---	0.047	0.022
age	0.096	0.099	0.094
age squared	-0.001	-0.001	-0.001
ever attended school	0.252*	0.302*	0.260*
hh landownership (acres)	-0.014*	-0.013	-0.013
S. Punjab	0.559***	0.586***	0.549***
Sindh	0.480***	0.491***	0.453**

Note: * p<0.05; ** p<0.01; *** p<0.001

Table A5.4: Regression of decision-making on women's labor force participation, PRHS 2004

Variable	Child schooling	Have another child	Major Consump. Expend	Participate in community/political activity
Age	-0.0037 (0.467)	-0.0017 (0.758)	-0.0169 (0.001)	-0.0197 (0.001)
Any primary schl.	-0.142 (0.162)	-0.1199 (0.200)	-0.0793 (0.305)	-0.0856 (0.385)
Any secondary schl.	-0.4664 (0.001)	-0.5516 (0.000)	-0.2399 (0.017)	-0.279 (0.011)
log (earnings + 1)	0.0021 (0.864)	0.0018 (0.856)	-0.0061 (0.492)	-0.0376 (0.001)
S. Punjab	-0.0443 (0.661)	-0.1247 (0.274)	0.2117 (0.033)	1.033 (0.000)
Sindh	-0.4574 (0.000)	-0.4496 (0.001)	-0.5362 (0.000)	0.566 (0.000)

Note: P-values in parentheses. Omitted categories: Education: No schooling; Region: N. Punjab.

Source: PRHS 2004. The survey asks married women to rank their say in various family decisions according to whether their preferences/opinions were always, mostly, sometimes, rarely, or never taken into consideration. Ordered probit regressions are used to examine the determinants of decision making authority in the case of: child schooling, whether to have another child, major consumption expenditures, and the wife's participation in community or political activity. In addition to the woman's age, education, region of residence (landownership can be included but does not change the basic results), the log of earnings from paid employment is included, both farm and non-farm.

Note: The results in Table 1 indicate that, while a woman's earnings in the labor market has no significant influence on her decision-making authority for internal household matters (regarding children, etc.), it does have a very significantly *positive* impact on her input into external decisions – i.e., whether to participate in the community (note: a negative coefficient implies that a women's opinion is increasingly being taken into account for a given increase in earnings, etc.).

ANNEX 5.2: ACTIVITIES INCLUDED IN LFS’ “IMPROVED” MEASURE OF FEMALE LABOR FORCE PARTICIPATION

According to the Labor Force Survey (LFS) definition, an individual is in the labor force if she is over 10 years of age, is economically active, and was employed or looking for work in the survey’s reference period. Economically active individuals are those who provide labor to the production of goods and services. Central to inclusion in the economically active category is participation in what is considered the production of goods or services. Pakistan follows the United Nation System of National Accounts and defines such production to include production of goods and services for the market, as well as household production for own consumption or for sale in the market. In response to long-standing attention to this issue by Pakistani researchers, the LFS now also collects data on participation in the following 14 agricultural and non-agricultural activities by individuals aged 10 or older who are otherwise classified as economically *inactive*:

1. Agricultural operations, such as ploughing, sowing, transplanting rice, picking cotton, collecting vegetables and fruit, harvesting crops, weeding fields.
2. Processing food, namely milling, grinding, drying seeds, maize or rice husking.
3. Livestock operations such as feeding and milking animals, churning milk, grassing, collecting cow dung and preparing dung cakes.
4. Raising poultry, as by feeding poultry birds, collecting and packing eggs, giving injections or medicine to birds, and preparing feeds.
5. Construction work, such as mud plaster of roofs and walls of houses and godown construction and repair of boundary walls, rooms, etc.
6. Collection of firewood or cotton sticks for use as firewood for household consumption.
7. Bringing water from outside to the house; taking food from the house to the farm.
8. Making clothes, sewing pieces of cloth or leather, knitting, embroidering, mat and rope making, ginning, spinning and weaving.
9. Shopping and marketing.
10. Washing, mending or pressing clothes.
11. Caring for children or health care of ill persons.
12. Helping children do homework or other educating activities.
13. Cleaning and arranging the house.
14. Other activities.