Bridging the Gender Gap: Opportunities and Challenges

Pakistan Country Gender Assessment

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• **Gender disparities “huge” and persistent in the region**

• **Reducing gender disparities yields very significant development dividends**

  - A well nourished girl child is more likely to survive a pregnancy and have “healthy” babies- yielding significant intergenerational benefits.

  - A better educated woman is not only more likely to educate her children, but is also more likely to access public services more regularly and participate in the political and social life of her community.
How to realize the “development dividend” in Pakistan

• Longer-term “cultural shift”: valuing gender equality
  - Gender disparities exist in many domains of life: some rooted in culture/history; not amenable to immediate policy response

• Near term focus: Education, Health, Work
  – Working around institutional, cultural and legal constraints.

• Iterative Process: Gender Assessment identifies areas for incremental change
Opportune policy environment

- Poverty Reduction Strategy paper recognizes gender equality as a key goal
- Devolution to improve service delivery
- Legislative measures
  - Reservation of seats for women in local government, national and provincial assemblies
  - Bill against honor killings
- Sectoral initiatives:
  - Middle school stipends for girls
  - Lady Health Worker program
- Gender Reform Action Plan
- Civil society gaining more momentum
The dimensions of gender gaps

• Education
  – Gaps in enrollment: Primary net enrollment rates were 46 percent for girls, 58 percent for boys in 2001.
  – Gap in literacy rates: 57% for men and 29% for women

• Health:
  – Maternal mortality: 500 deaths per 100,000 live births.

• Work
  – Gender gap in participation rates: 67 % of men, but only 25 % of women participated in the labor force in 2001-02
  – 60 % of all women workers were unpaid workers
• Analysis focuses on two dimensions:
  • Policies amenable to near term goals:
    – Addressing constraints to girls’ schooling
    – Ways to improve health outcomes for women and children
    – Ways to improve women’s labor force participation

• Understanding the nexus between culture and policy
  - Mobility constraints
  - Family law and cultural institutions
Constraints to girls’ schooling

Supply side
– School Access: 1/3rd of rural communities do not have a public primary school for girls (as compared to only 15% for boys)
– Quality of schools (teacher absenteeism, poor infrastructure etc.)

Demand side
– In addition to the well understood constraints that arise from low wealth, low returns to schooling for girls etc. analysis suggests that:
– Mobility restrictions for young girls may explain, to a substantial degree, lower enrollment rates and much poorer school retention for girls
  • Analysis of annual expenditure on travel to school (for enrolled children) shows markedly higher travel expenditures for girls age 13 and older (even after controlling for distance to school). No corresponding increase in travel expenditures for boys in any age group
Education: Important insight from analysis of national data

School proximity matters for girls

- Of those who enroll in school, girls are more likely to drop out if school not in community
- Impact of not having a school inside the community is heightened with the increasing age of girl
• Access remains a constraint:
  – 42 percent of rural communities had no public primary health facility within 5 km.
  – 35 percent of communities had neither a nearby public health facility nor a Lady Health Worker

• Poor usage of facilities symptomatic of demand side constraints
  - Only 35 percent of women used antenatal care in 2001

• Coverage of facilities and availability of Lady Health Workers affects rural women’s use of maternal health services during pregnancy:
  – Having a Basic Health Unit (BHU) nearby increases use of antenatal care by 5 percent
  – Women living in communities served by an LHW are 6% more likely to receive tetanus toxoid injections during pregnancy
  – But, coordination between LHWs and BHUs appears to be poor: over 40 percent of women got tetanus toxoid injections but no antenatal checkups

• Giving women health information through mass media stimulates the use of maternal health services
  – Women who have heard health information from mass media are 6%-10% more likely to use contraceptives, receive antenatal care, get tetanus toxoid injections and give birth in a hospital
Information and Education have a big pay-off

Percentage women using services

- **Contraceptive use**
  - No information from media + No school: 12%
  - Information from media + No School: 22%
  - No information from media + School: 21%
  - Information from media + School: 32%

- **Tetanus Toxoid Injections**
  - No information from media + No school: 27%
  - Information from media + No School: 39%
  - No information from media + School: 59%
  - Information from media + School: 69%

- **Antenatal care services**
  - No information from media + No school: 20%
  - Information from media + No School: 29%
  - No information from media + School: 51%
  - Information from media + School: 60%

- **Birth in hospital/clinic**
  - No information from media + No school: 10%
  - Information from media + No School: 16%
  - No information from media + School: 29%
  - Information from media + School: 36%

➢ While both educated and uneducated women benefit from information, the gain is much larger for uneducated women.
Women’s labor participation rates are below those of men
Highest female participation rates are in rural areas of Punjab and Sindh
Data masks true participation but there is room for improvement

- Measurement of female labor force participation

  - Reference period of survey matters
    - If reference period goes from “past one week” (LFS) to “past year” (PRHS/PIHS) we find that estimates of rural female labor force participation rates increase threefold in 2001— from 16 percent to 50 percent

  - Depth of questions asked matters
    - To better capture women’s work requires survey questions about participation in a detailed range of activities, as does the PIHS of 1991 and PRHS of 2001.

  - Socio-cultural practices affect data gathering
    - Segmentation of labor market for women because of restrictions on their mobility
    - Cultural acceptability of women working in paid jobs
Findings: Common threads

- Poor availability of key services

- Rural areas far worse along every dimension.

- Low levels of education affects all other outcomes

- Mobility constraints permeate all outcomes—restricting access to key services and limiting participation in broader social and political institutions
Why mobility constraints?

• Confluence of cultural practices and the legal environment

• Evidence on mobility restrictions reflects more fundamental constraints related to culture and law
  – Seclusion practices
  – Lacuna in laws protecting women (changes in family laws in the 80s are perceived as having weakened legal protections granted to women—perhaps also increased the incidence of violent crimes against women)
  – Weak enforcement of existing laws, which may also exacerbate
    • perceptions of safety and intensify seclusion practices
    • Reduce access to justice
    • Intensify reliance on informal institutions/arrangements that guarantee protection
Women’s perception of safety

Percentage of women who report feeling ‘safe’ or ‘unsafe’ while walking alone in the day, within their settlement and outside it.

A case in point is the law on the division of property upon a parent’s demise. Islamic law provides women the right to inherit parental assets. The data indicate that women are by and large aware of this right, but few actually choose to exercise it.

Source: 2004 Pakistan Rural Household Survey
Opportunities for improvement in the near term

• **Improving access to key basic services: what can be done now?**
  
  Education:
  - Need schools particularly in rural areas. Can build more schools but where are the teachers? (lessons from the Balochistan’s Mobile Teacher Training Units?)
  - Investments in middle and high schools for girls extremely important to ensure availability of educated women who can become teachers

• **How can we address demand side constraints?**
  
  – Incentives to attract and retain girls in school could be designed to alleviate mobility restrictions for girls
  – Financial incentives (such as Punjab stipend program for middle-school girls) may not be sufficient to keep girls in school
  – Incentives addressing mobility could include: public provision of school transport, transport subsidies for households at a distance from the nearest relevant school, the provision of trained chaperones for the walk to and from school, and stipends based on school distance
Getting going on basics:

Improve access and use of health services

- Increase coverage of primary health care facilities, particularly in rural areas
- Mount intensive information campaigns covering a wide range of health messages for mothers and children.
- Expand and Strengthen LHW program
  - Expand range of health services delivered by LHWs
  - Expand LHW program to cover underserved areas
  - Strengthen synergy between LHW and Dept of Health programs (BHUs)
- Where such expansion currently is not possible, mobile service provision should be made available so that people know when and where to access services.
Getting women visible outside the homestead

How to stimulate women’s labor force participation?

• Measures to encourage female participation must be designed to take into account female mobility constraints/social acceptability of job
  - Education and skills training is a partial answer.
  - But, physical mobility restrictions and labor market segmentation will continue to circumscribe women’s participation

What can be done now?
  - Micro-credit programs could enable women to establish small businesses within their communities

Affirmative action programs such as quotas or repealing of labor laws such as factory laws that discriminate against women are likely to be more effective if complemented by efforts to ease mobility constraints and concerns about safety.
In conclusion …. 

• Reducing gender inequality is a big dividend waiting to be reaped.
  – Growth in itself does not guarantee the outcome.
• Much can be done right away to improve access to basic services to close these gaps.
  – Pilots and experimentation needed.
• The shortest route to improving gender equality is that which accelerates a virtuous and enduring cycle of improvements.
  – Urgent priority is education – educating a woman means educating a village.
A few quotes from our qualitative study:

- In response to interview question regarding reservation of seats for women in local government:
  "I have not heard anything about it. I have told you that one can be well informed only if one goes out of home for some time. For example, I have learnt some things from you, as you have come to me. Those women, who are confined to their homes, do not know much about the things happening around in the world."

- Social/cultural reasons for tolerating domestic violence
  "As women live in this society and according to the customs of village [they have to follow the customs]. For the same reason, women bear violence because it becomes a question of honor of her parents. They think that if they leave home, what would their parents say? In my opinion, they should tell their parents. They should not live quietly. It has never happened to me yet."
Gender gap in enrollment rates 2001-2004

Primary Net Enrollment Rate (age 6 - 10 years)

<table>
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<th>Year</th>
<th>Urban Male</th>
<th>Urban Female</th>
<th>Rural Male</th>
<th>Rural Female</th>
<th>Total Male</th>
<th>Total Female</th>
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<td>65</td>
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<td>2004/05</td>
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<td>74</td>
<td>62</td>
<td>47</td>
<td>58</td>
<td>55</td>
</tr>
</tbody>
</table>

Urban | Rural | Total

Male  Female

2001/02 2004/05 2001/02 2004/05 2001/02 2004/05
Use of maternal health services is low, 2001-2004

- Antenatal care: 35 (2001-02) vs. 49 (2004-05)
- Tetanus toxoid: 42 (2001-02) vs. 50 (2004-05)
- Births at home: 78 (2001-02) vs. 72 (2004-05)