



# Mobility Constraints and Gender Inequalities in Access to Education and Health

**Dr. Ghazala Mansuri**

**May 4<sup>th</sup>, 2006**

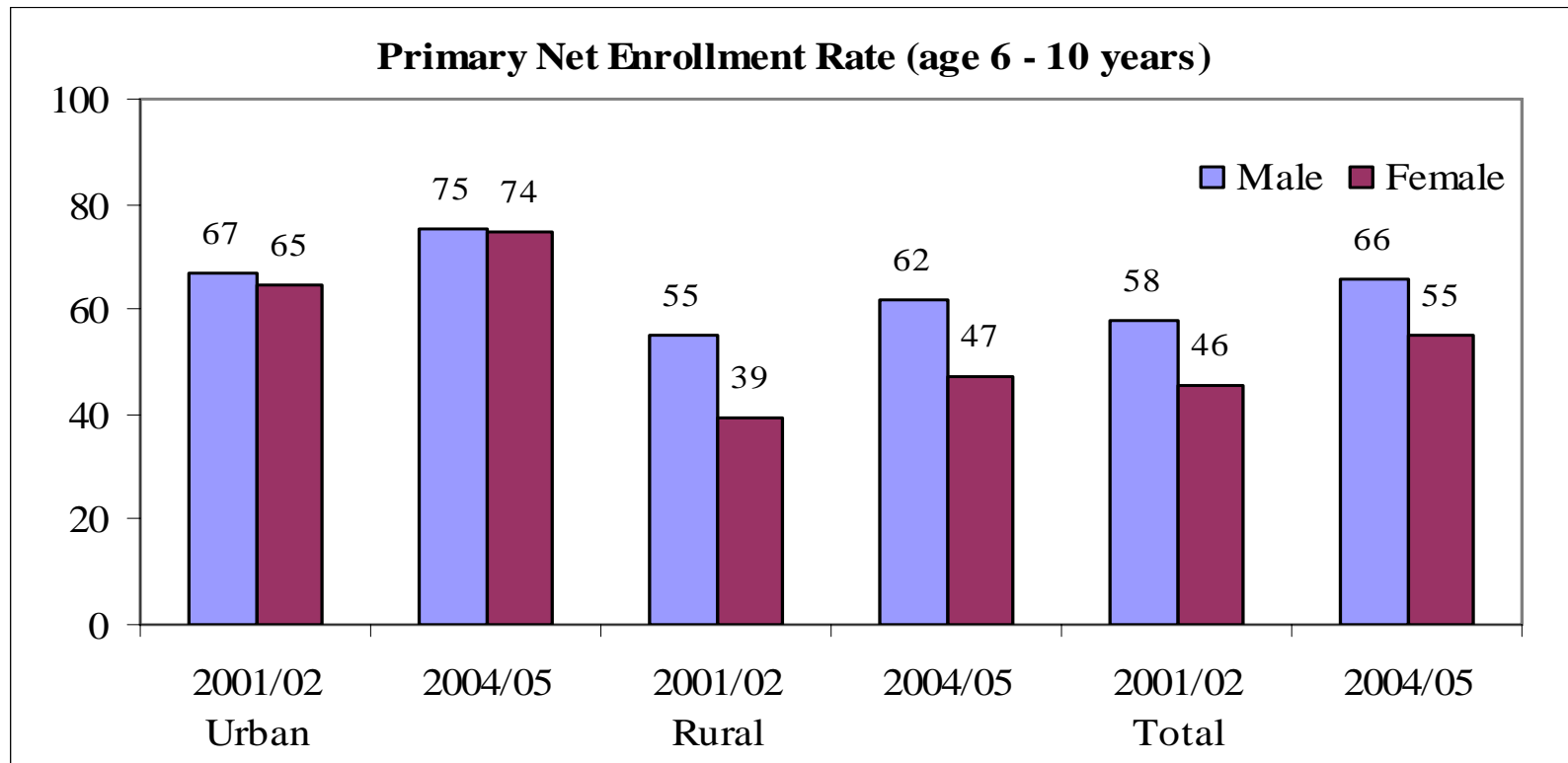
# Education

- Gender differentials in schooling remain large, particularly in rural Pakistan 
- Enrollment gaps increase with age, peaking at age 12-13, the normal middle school transition point 

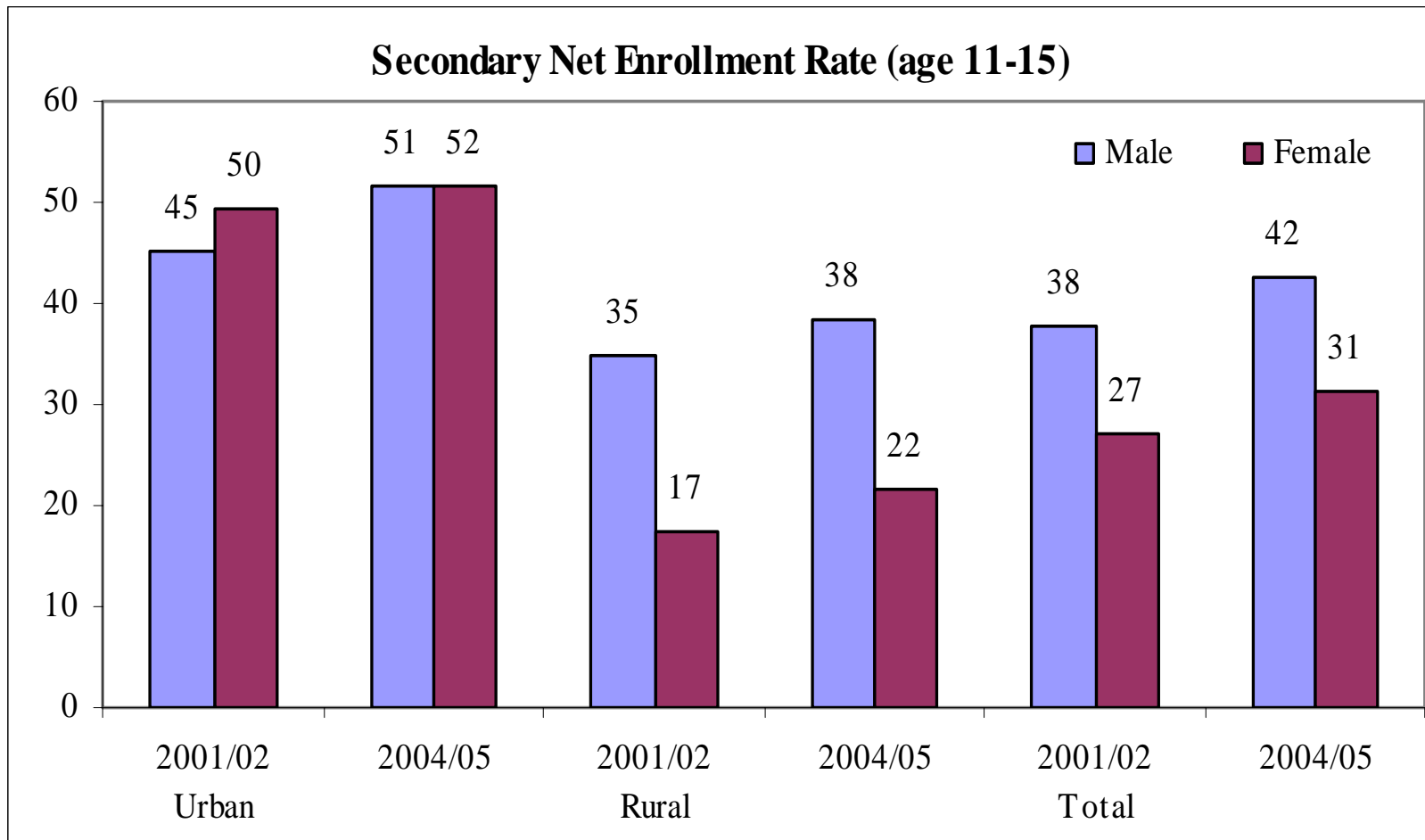
# The Picture in 2001-02

	<i>Primary (6-10)</i>		<i>Secondary (Middle and High School) (11-16)</i>	
	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

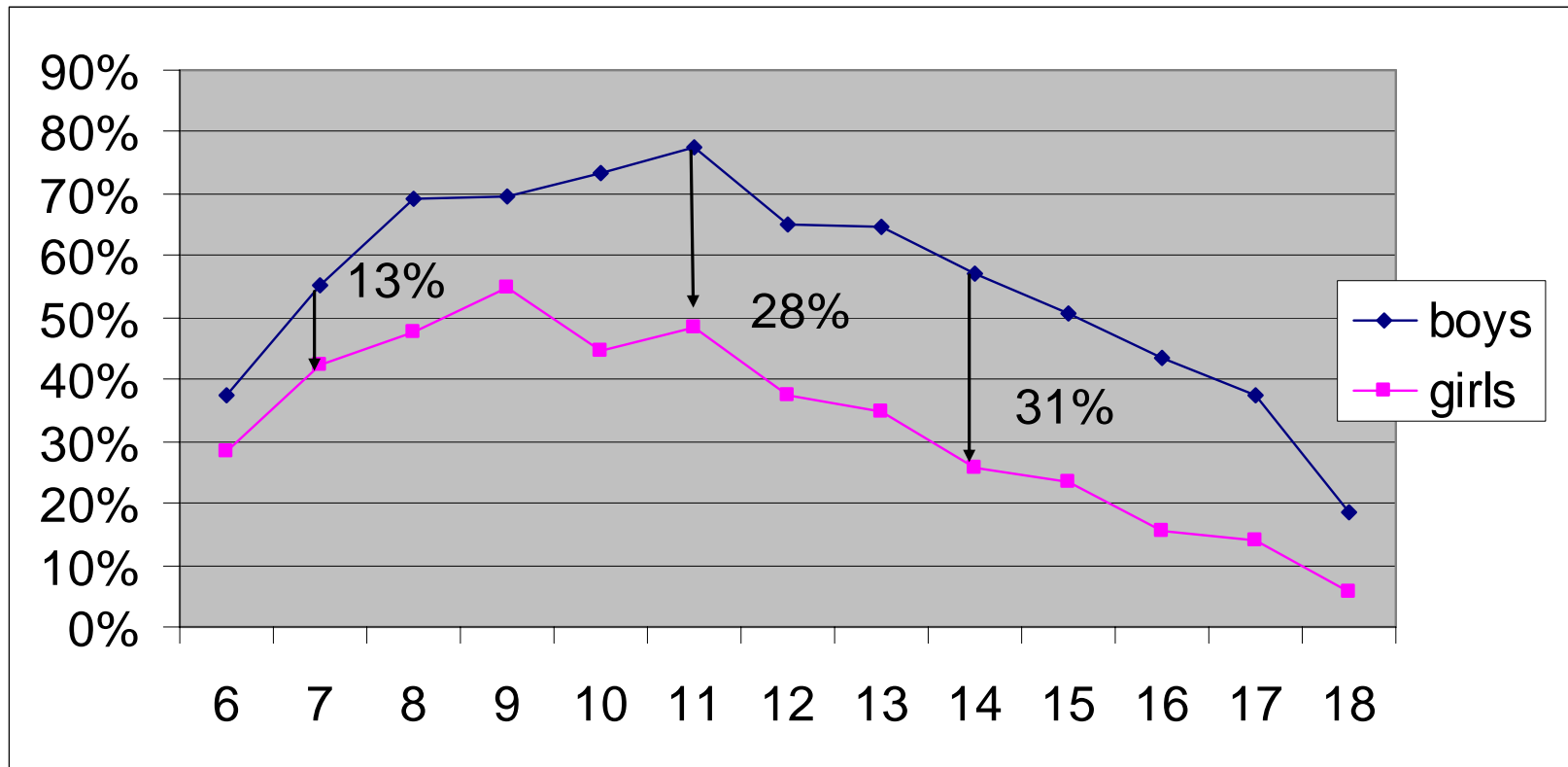
# Gender gap in enrollment rates 02-05



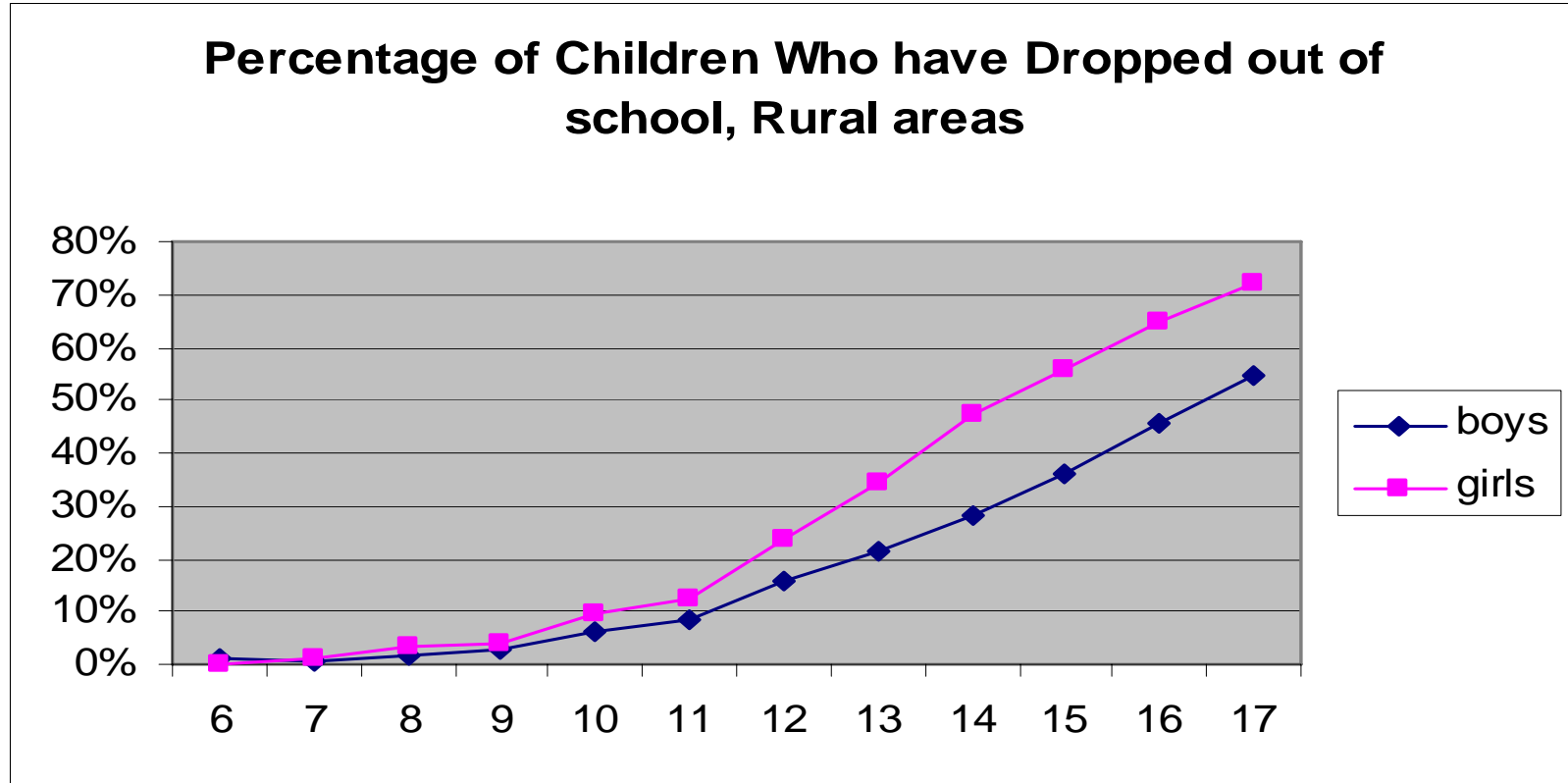
# Gender gap in enrollment rates 02-05



# Enrollment Gap Increases With Age— More Than Doubling Between Age 7 and 11



Not Just Due to Cohort Effects – Since *Among Enrolled Children*, Drop Out Rates Diverge Sharply After Age 11 – With Much Higher Rates For Girls



# Why do parents invest less in the education of their girls?

- ***Supply Side Constraints***
- Using the PIHS, we find that 1/3<sup>rd</sup> of rural communities do not have a public primary school for girls as compared to only 15% for boys
- Schools also locate in larger, more central and wealthier villages-
- Private schools do not (yet) appear to increase school access, though they may well increase schooling quality in well served areas.
- More broadly, the quality of schools (teacher absenteeism, poor infrastructure etc.) remains a serious impediment to enrollment for both boys and girls

# Why do parents invest less in the education of their girls?

- *Also some well understood demand side constraints:*
  - Poverty
  - Differential returns to schooling girls and boys (labor market considerations, early marriage)
  - However, gender inequalities in enrollment and retention do not appear to be fully explained by financial constraints (poverty), labor market considerations or early marriage

# Wealth and the Gender Gap in School Enrollment and Retention

Figure 1: Enrollment Rates by Age

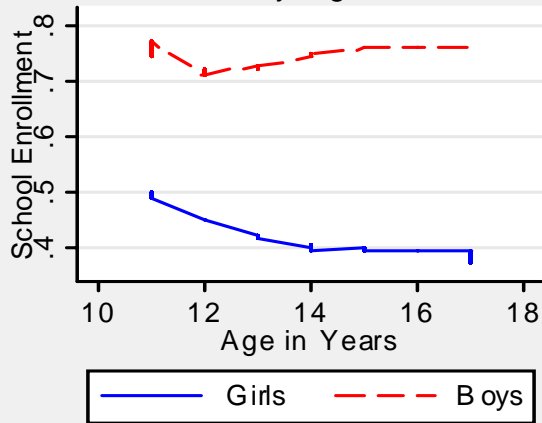


Figure 2: Dropout Rates by Age

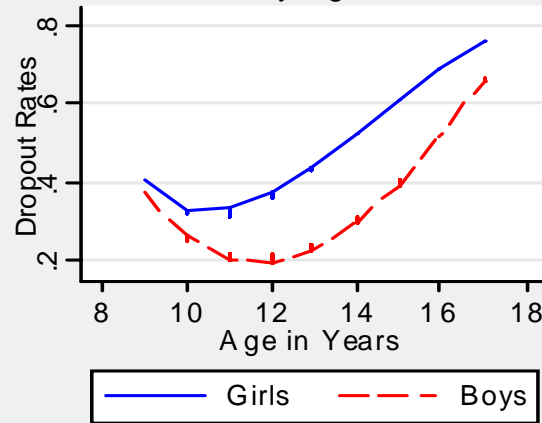


Figure 3: Completed Grades by Age

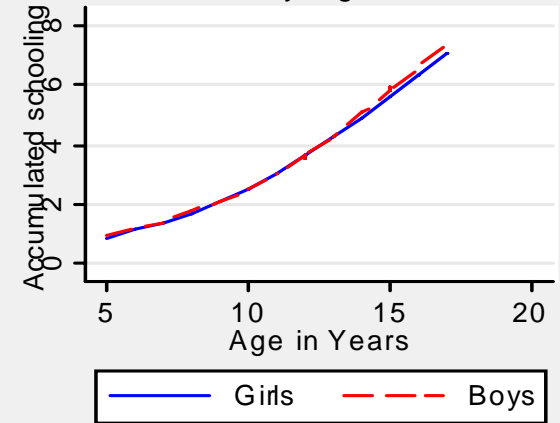


Figure 4: Enrollment Rates by Wealth

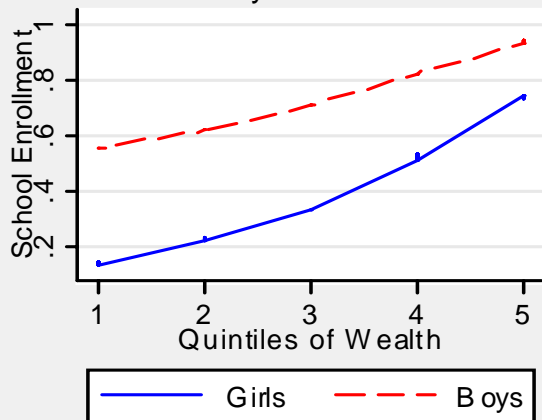


Figure 5: Dropout Rates by Wealth

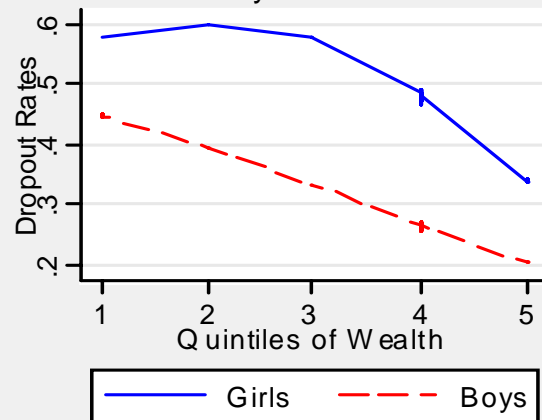
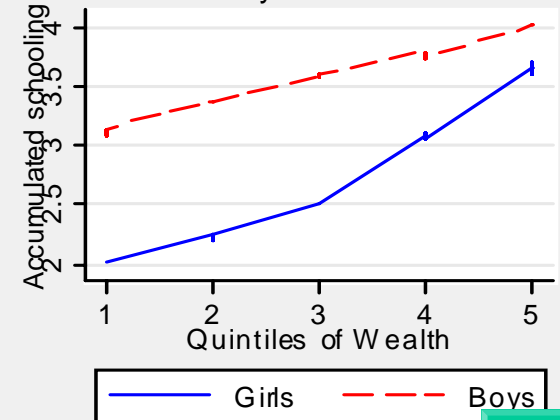


Figure 6: Completed Grades by Wealth



# Child Labor and the Gender Gap in School Enrollment and Retention

Figure 7: Work-I by Age

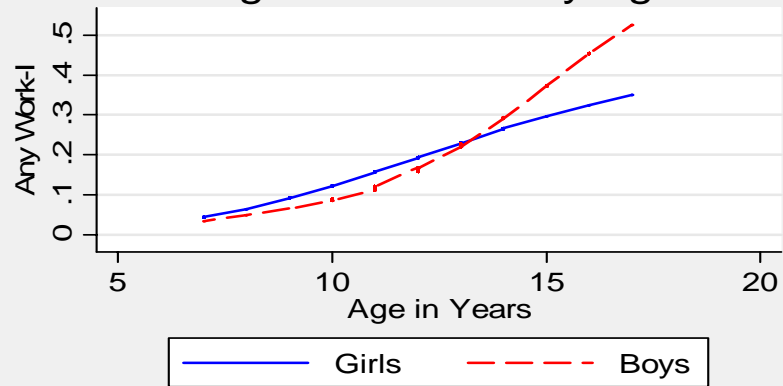


Figure 8: Work-II by Age

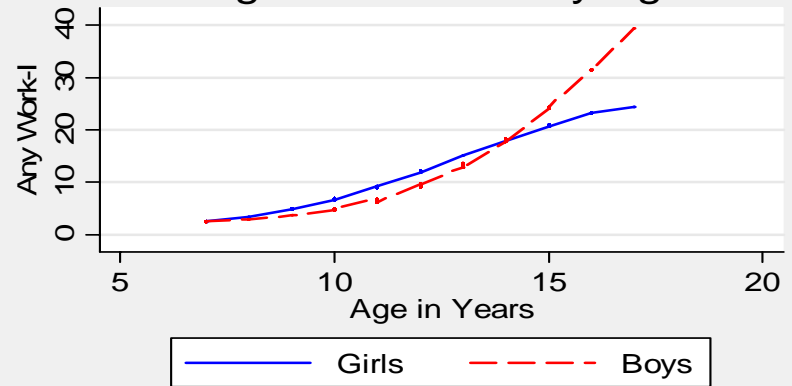


Figure 9: Days Worked-I by Age

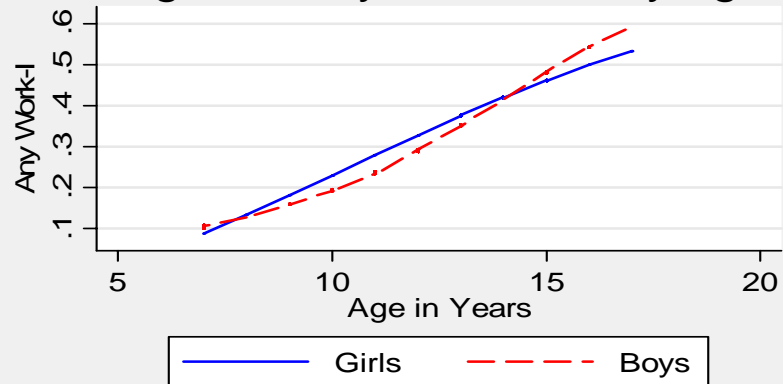
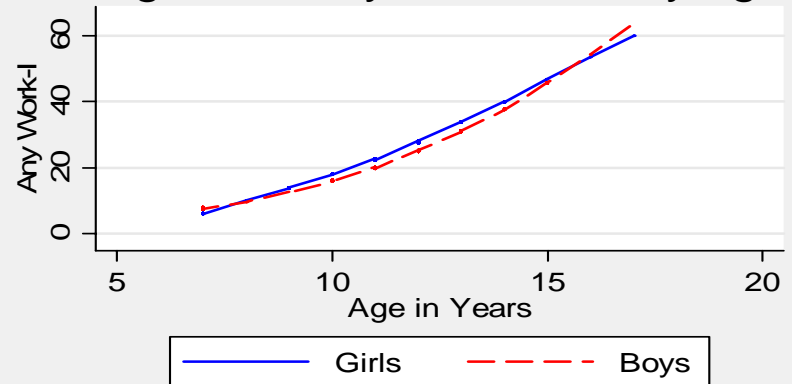




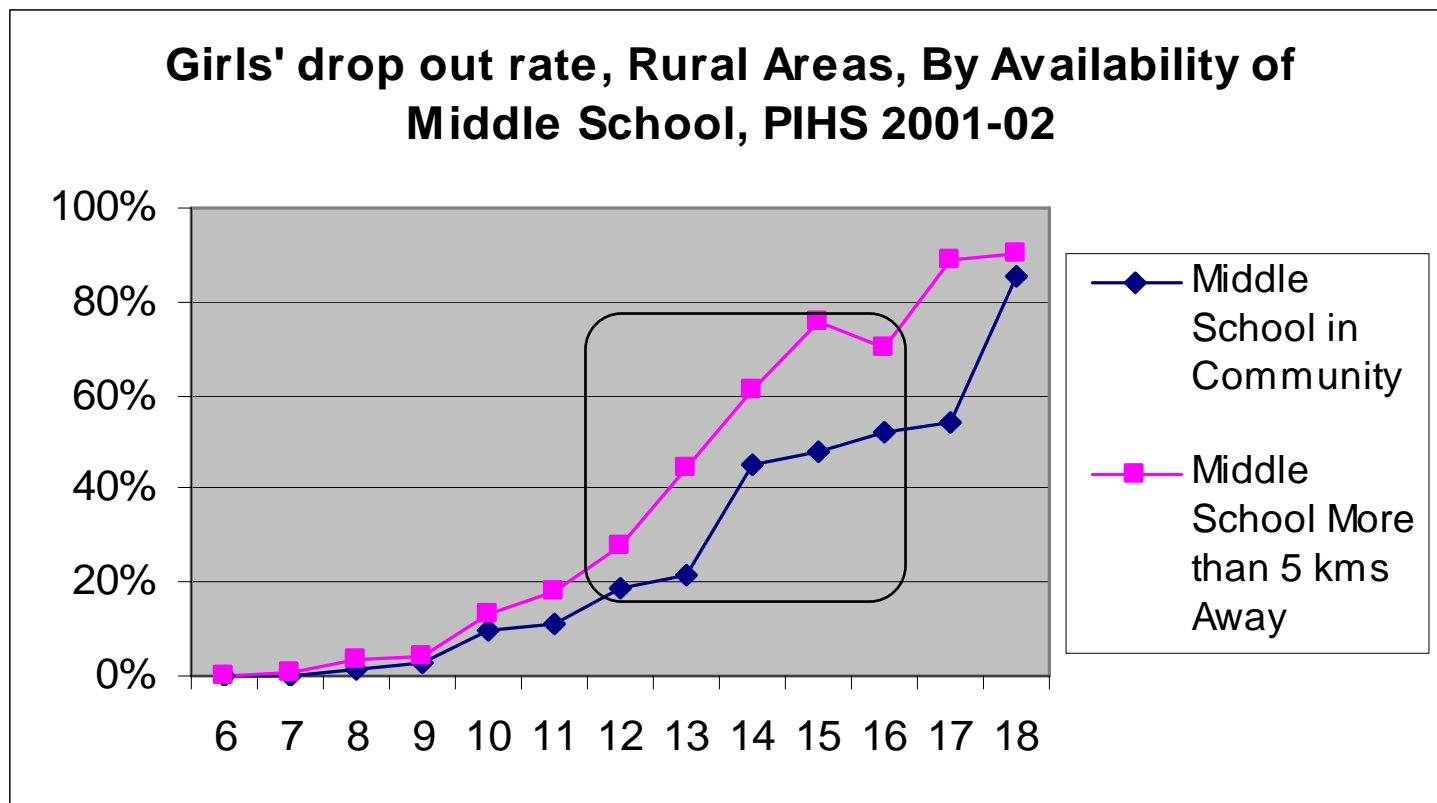
Figure 10: Days Worked-II by Age



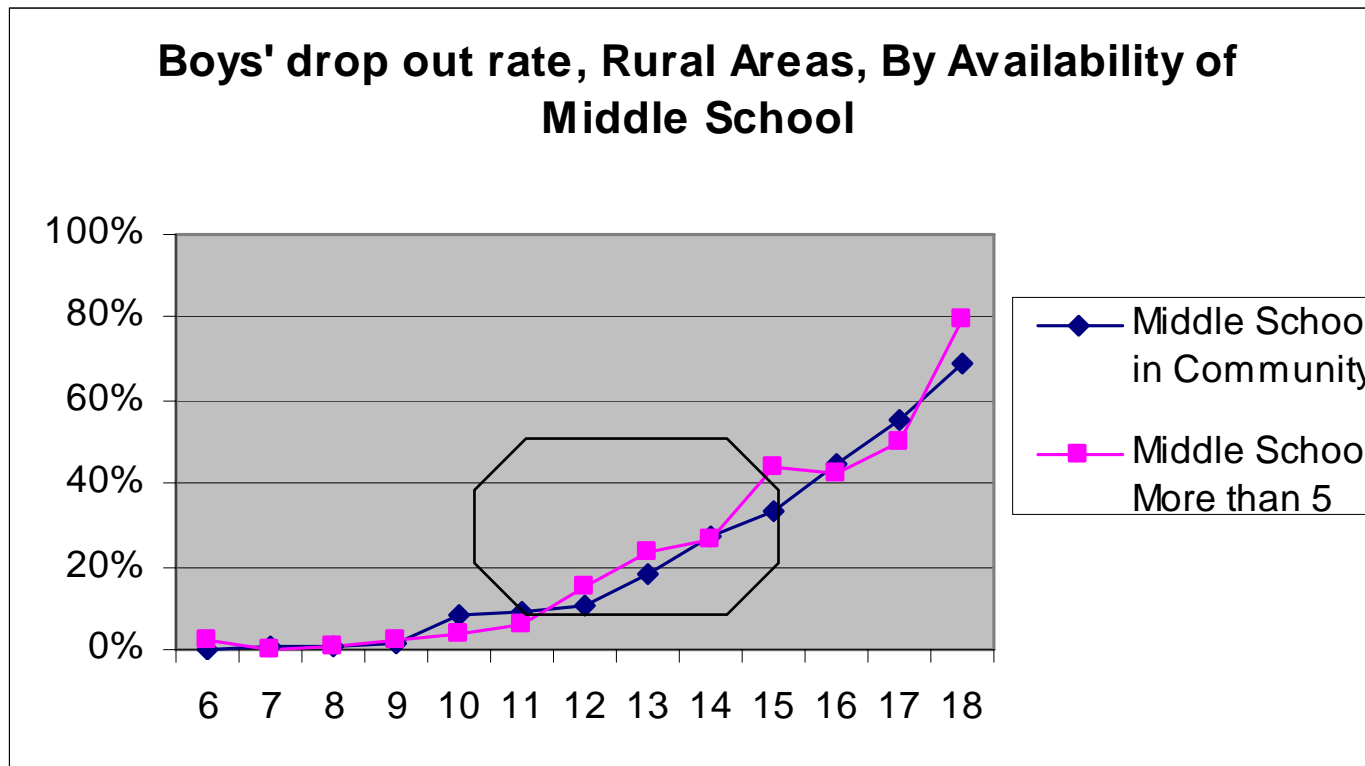
# Substantial evidence that “non-economic” constraints may also be important

- School proximity is a significant determinant of enrollment and school retention decisions for girls 
- Sensitivity to school proximity increases sharply with age-peaking at age 14
- Analysis of annual expenditure on travel to school (for enrolled children) also shows markedly higher travel expenditures for girls age 13 and older (even after controlling for distance to school). There is no corresponding increase in travel expenditures for boys in any age group
- Also borne out in parents statements about why they remove children from school 

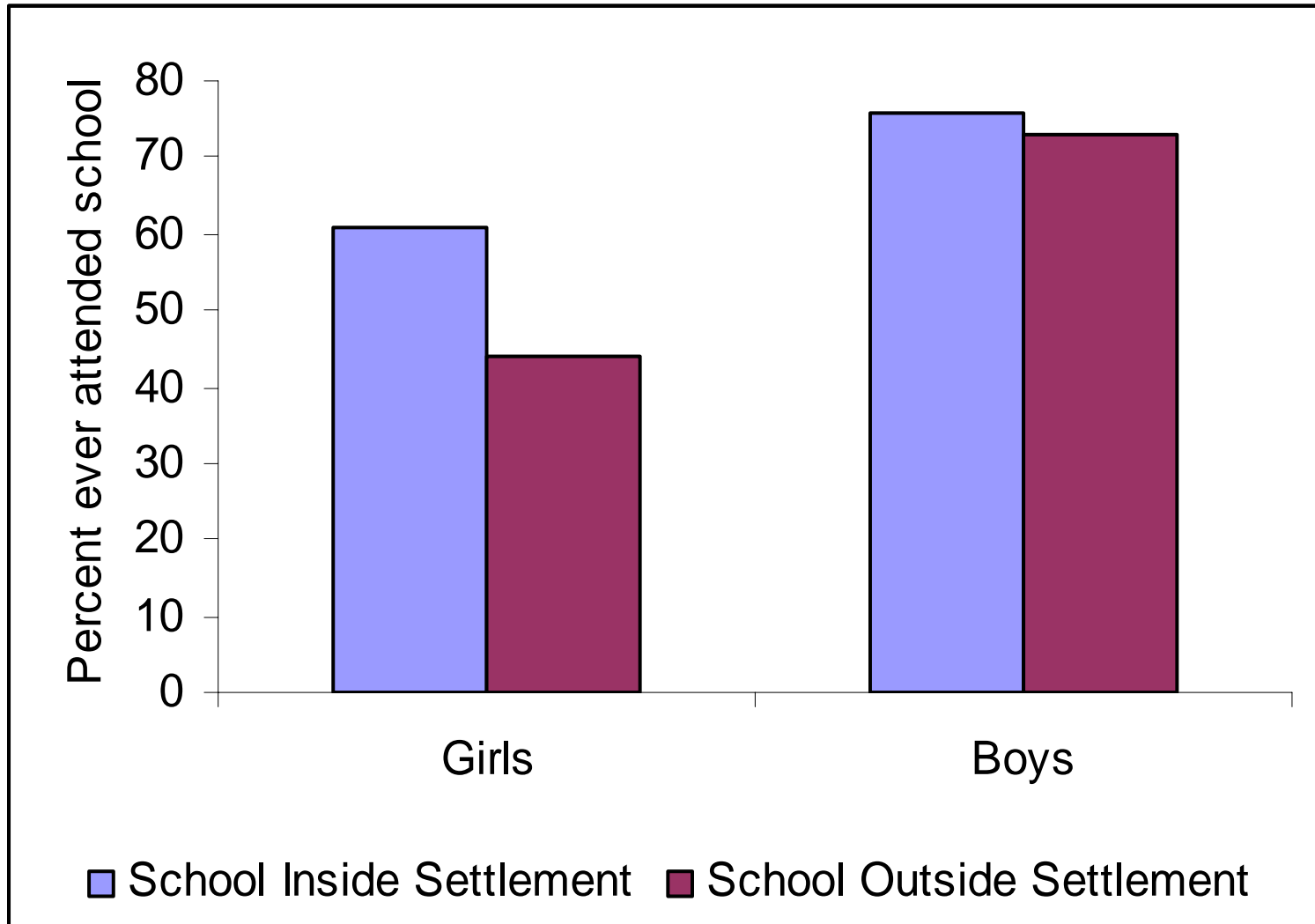
# Drop Out Rates For Middle School Girls Increase Sharply When The Nearest Middle School Is Not In The Village



# But Not So for Boys....Drop Out Rates Are Not Only Lower for Boys They Are Also Invariant To The Distance Of The Nearest Middle School



# School location effects at the sub-village (settlement) level



# More qualitative evidence...

- 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% of parents), but the picture was quite different for girls.
- While economic motives were cited, respondents were much more likely to report that they either did not "approve" of their non-enrolled daughters going to school (30%) or that the community did not sanction it (in comparison only 7.5 reported such disapproval in the case of boys).
- This pattern is much stronger when we look at reasons for withdrawing a child from school and in both cases- parental 'disapproval' increased sharply with a girl's age.

# Quotes from the five village qualitative study conducted in 2005

"...I took my daughters out of school because it was too far to walk and I feel that things are not safe there..." (Female respondent, 35, WB Southern Punjab).

"When sons go to schools that are far away we don't get worried, but our daughter has reached puberty, so we get worried." (Female respondent, WB, Southern Punjab).

# Implications for education policy to reduce the gender gap

- These substantial school location effects suggests that any measure to improve school access will yield large returns.
- Improving school access through investments in public primary and middle schools for girls is extremely important – particularly in currently poorly served communities
- However, new data also shows that mobility for girls is restricted even across settlements *within* a revenue village and qualitative studies also suggest 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.

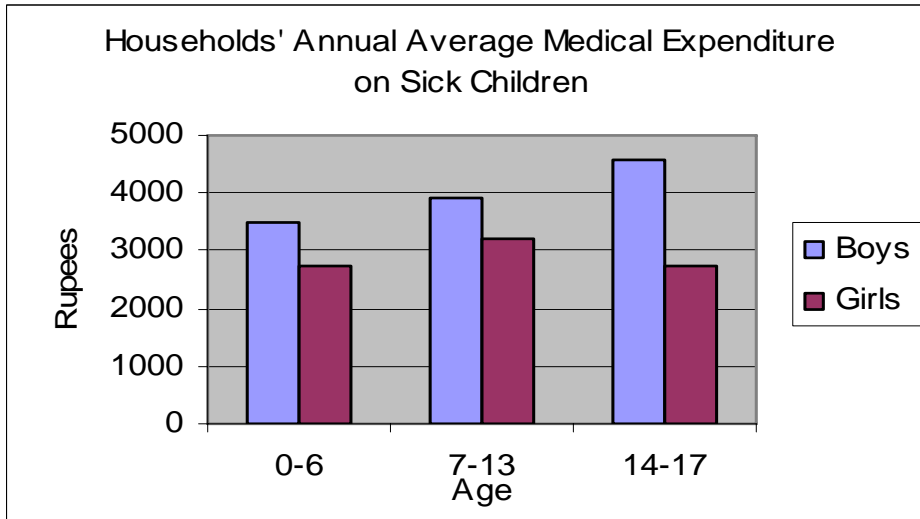
# Potential Complementary Strategies

- Since neither public nor private schools can be built in every settlement—strategies that can get girl’s safely to schools are crucial
- These strategies could include the 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.
- Each of this is **complementary** to existing programs and could potentially increase their uptake and efficacy

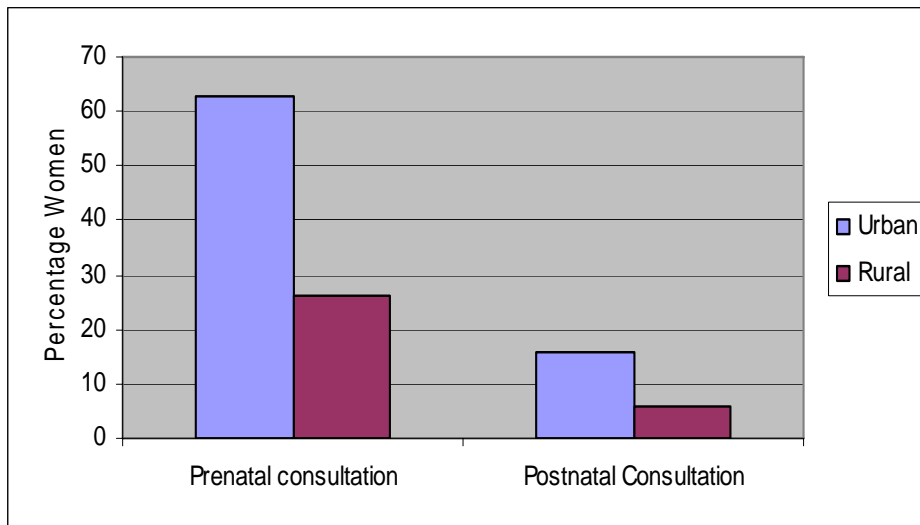
# Health

- Girls' child mortality rate higher
- Maternal mortality ratio amongst the highest in the world
- High incidence of malnutrition, especially amongst pregnant women
- High sex ratio

# Key source of health gender disparity : females receive less medical care



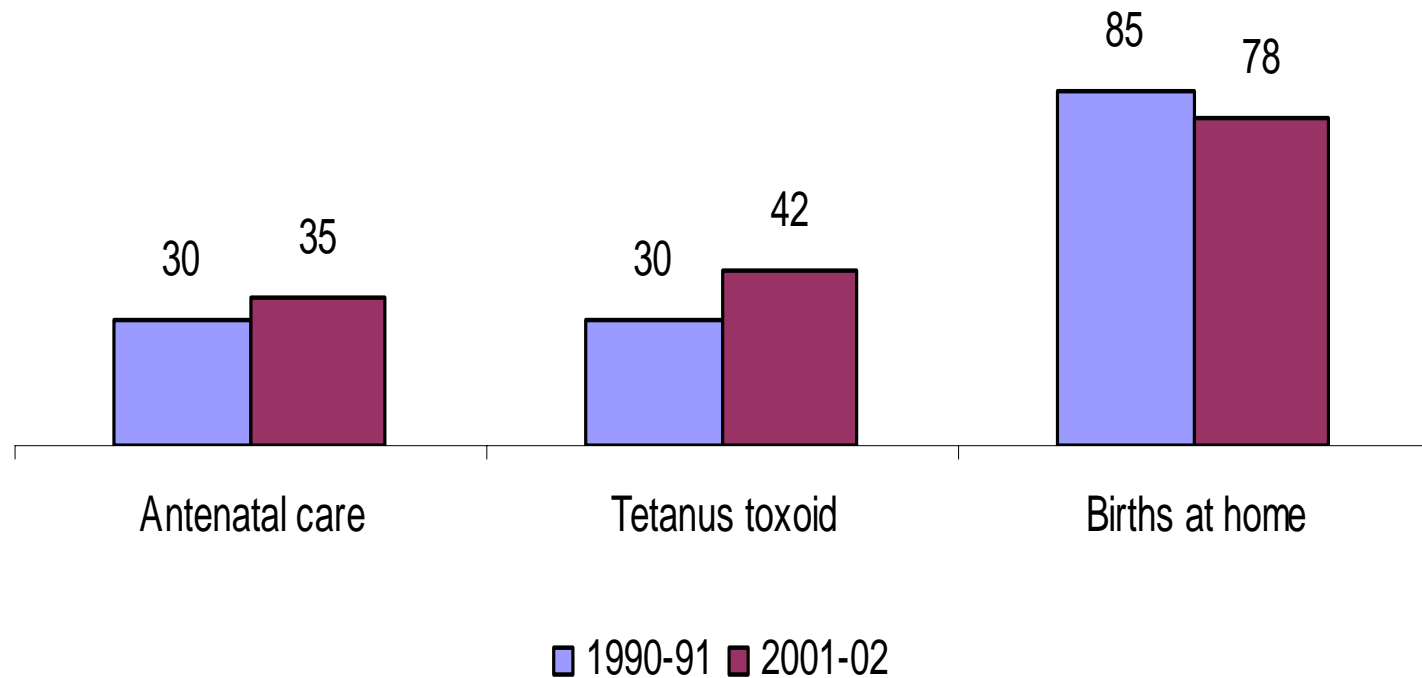
Households spend less on girls



Women get very little maternal care

# Use of Maternal Health Services Is Low

Percentage women reporting use of maternal health services



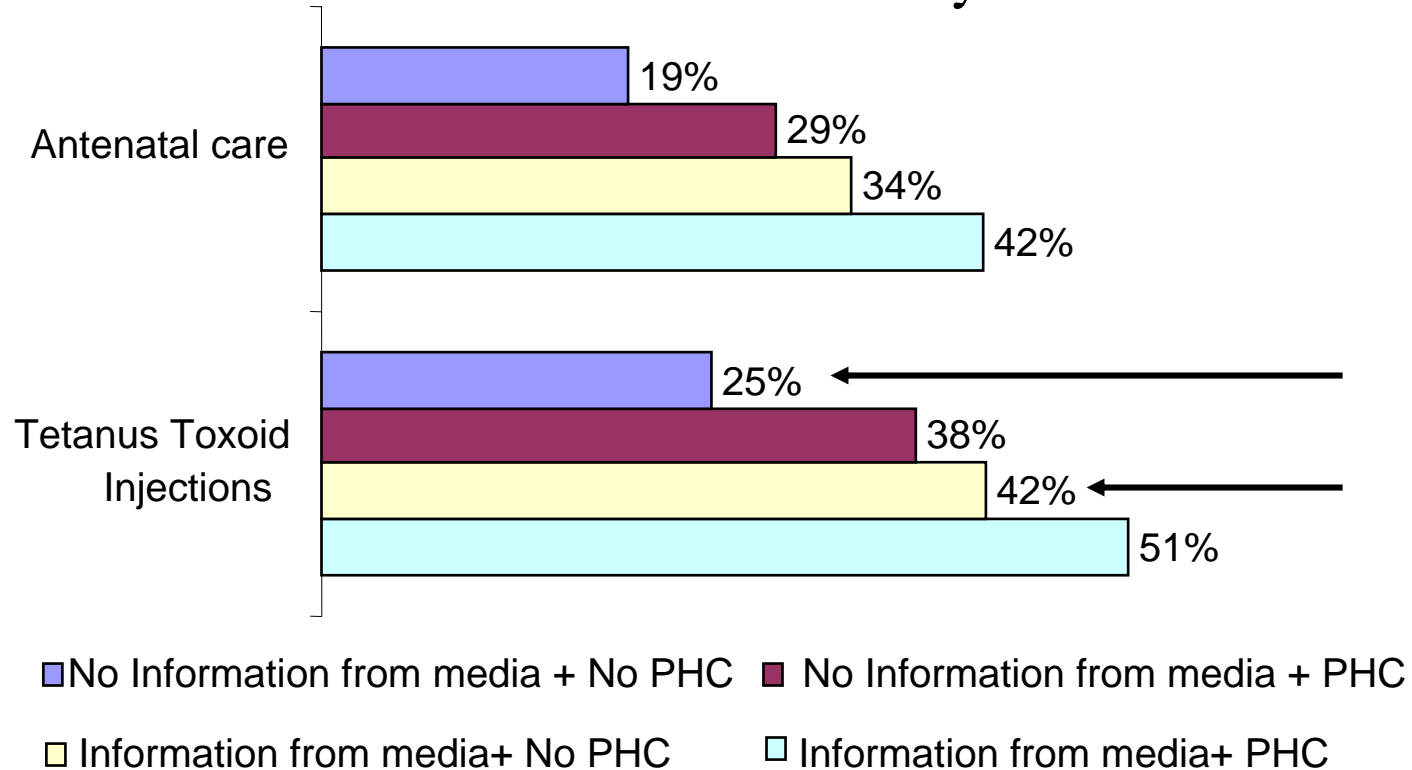
# Why Don't Women Use Health Services?

- Demand side barriers
  - Low levels of female education.
  - Health information low, cultural beliefs about seeking care
  - Mobility is restricted
    - Women require permission even to visit relatives within village or next village
    - Most women do not visit health facilities unaccompanied *regardless of distance to health provider*
- As a result of these barriers, women either lack knowledge about the care they need or lack the bargaining power to negotiate care for themselves

# Policy Efforts in Pakistan

- Primary health care facilities
  - Provide primary health services, including maternal and child health and family planning services
  - Coverage of facilities very low in many parts of the country
- Lady Health Worker (LHW) program
  - Doorstep delivery of health information and family planning methods by trained female health workers
  - Introduced in 1994-95. Evaluation in 2001 found program to be effective (Oxford Policy Management, 2002)
  - Limits to expansion of program
- Public information campaigns on health
  - Family planning, immunization, breastfeeding
  - No coordinated effort to promote messages on care during pregnancy and delivery

# Demand-side Barriers Matter [1]: Effect of Information From Mass Media and Proximity to Health Facility

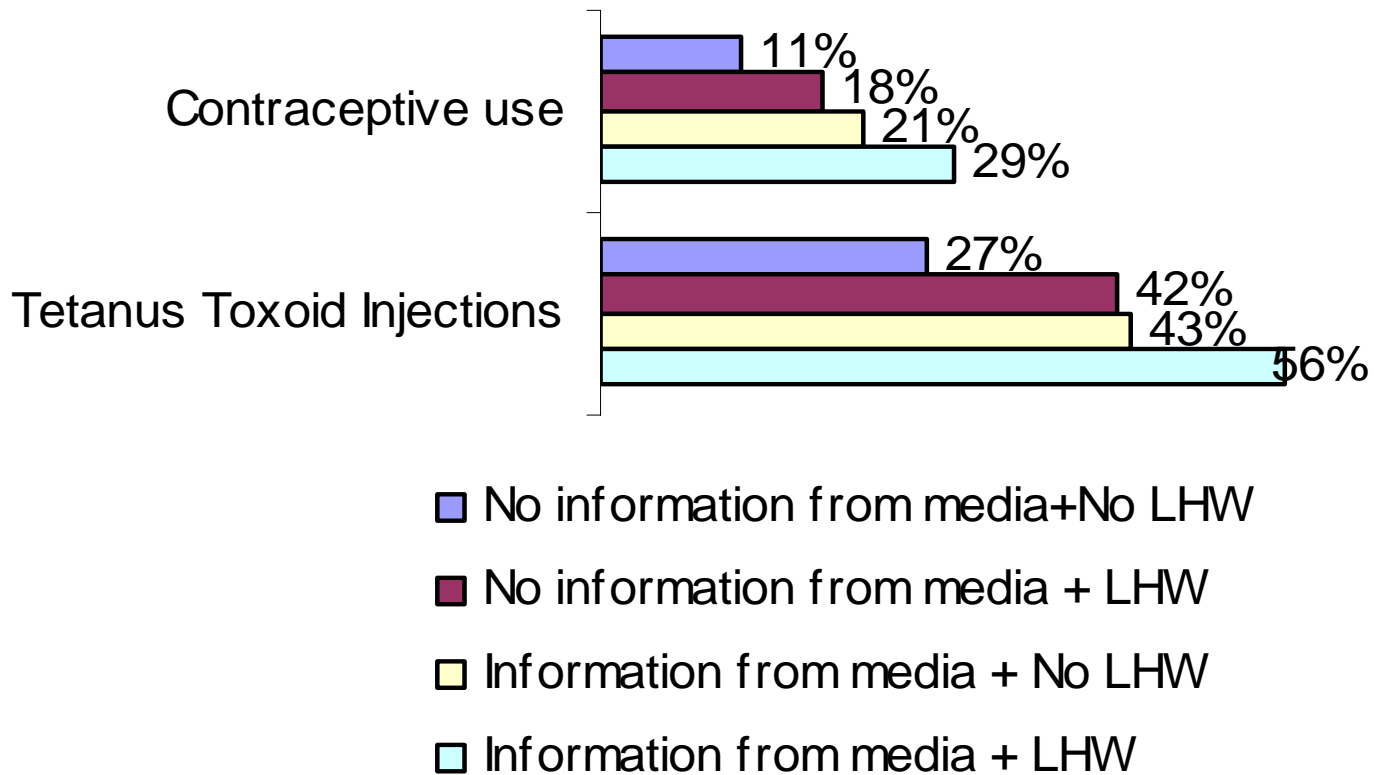


PHC: Primary Health Center within 5 km of community

\*Predicted using regression model

➤ **Information offsets lack of facility**

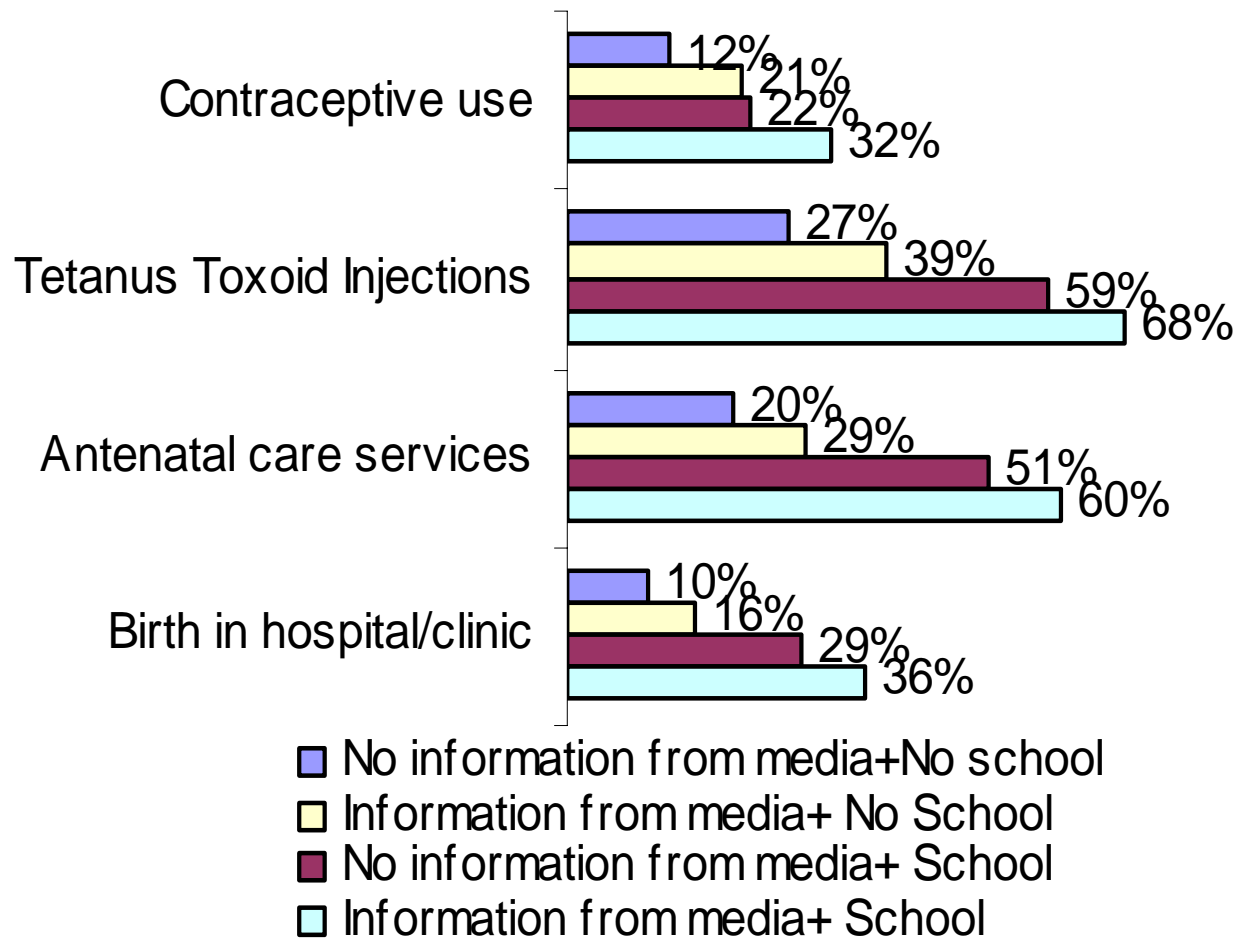
# Demand-side Barriers Matter [2]: Effect of Information From Mass Media and Presence of Lady Health Worker



LHW: Lady Health Worker in community

➤ **Information and outreach stimulate demand**

# Demand-side Barriers Matter [3]: Effect of Education and Information From Mass Media



➤ **Educated and uneducated women benefit from information**

# Lessons For Policy

## The analysis shows:

- Information from mass media
  - Offsets problem of low coverage of health facilities
  - Offsets the unavailability of outreach worker
- Outreach workers stimulate demand for services
- Information useful for –and uneducated women benefit more
- Information dissemination is an effective tool for increasing service utilization --- and thereby increase program impact