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GENDER DIFFERENTIAL IN SOCIAL DEVELOPMENT IN PAKISTAN, WITH SPECIAL FOCUS ON HEALTH AND INCOME / WORK: A SOCIOLOGICAL STUDY

Social Sciences

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ABSTRACT

This study is conducted to analyze the gender differential in social development in Pakistan in general and rural areas in particular. Social development is not possible without taking gender equality into consideration. It cannot achieve its set goals. Unfortunately, Pakistani society is patriarchal society which denies women's share in the developmental processes. The social indicators of social development are numerous ranging from access to education, provision of health facilities, freedom to participate in social activities, and political activities and work and income. This paper only focuses on the two main indicators of social development. Which are income and work and provision of health facilities. Women are lag behind in these two areas of social development. As compared to women male are provided health facilities in their ailment and are taken to hospitals and consulted with doctors. On the other hand women are not taken to hospitals and not consulted with doctors when they are ill. The same differential is observed in income and work of women. Women work most of the time but their work is not recognized and paid. Their work in the family and fields are considered their daily routine activities in patriarchal system. This paper highlights women in these indicators from sociological perspective in order to bring a clear picture of status of women in these areas in Pakistan.

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KEY TERMS

Social Development, gender differential, differential in health and differential in income and work

INTRODUCTION

World Bank (2001) in a report entitled 'Engendering Development' expresses that gender differential in main indicators such as knowledge, health, and freedom has negative impact on the process of the social development. In 2003 again World Bank says that "There is now a shared understanding within the development community that development policies and actions that fail to take gender inequality into account and fail to address disparities between males and females will have limited effectiveness and serious cost implications" –(World Bank (2003).In the report published by World Bank in 2001 it is reiterated that gender differential is a universal phenomenon it is experienced round the globe today, in spite of the fact that world saw a significant economic and social progress in the last century. In all regions of the developing world women do not enjoy the same legal, social and economic rights as men do. Further the report says women face the most of the problems but expenses of gender differential influence the whole society and the economy and can ultimately harm every member of the society (World Bank, 2001). There is worldwide consensus that development should be broad-based, but unfortunately women are always sidelined in the process. It does not mean all women are equally marginalized in the development process. Some may enjoy all benefits of development as men do. Generally, women as a group pay more price than men on a number of fronts, going from the incidence of poverty to protection under the law, and from access to health care to decision-making power. The problem of gender differential in social development is a universal phenomenon. It exists in each and every society of the world. Though, varies in magnitude and aspects of development yet it has its existence as problem in all societies. Still there are fewer opportunities for women than men to lead an accomplished life, and to make full use of their capabilities and resources of society. As compared to men women are less well nourished, and less healthy, more vulnerable to physical violence, less literate, faced with greater obstacles in economic and political life, and have fewer or no choices in marital decisions. In short, women faced in life with "unequal human capabilities" (Nussbaum, 2000, p. 46). Gender deferential is found mostly in developing countries with slight variation in its nature and extent (World Bank, 2001). Women as a girl-child as compared to boy-child possess lower status and lead life with fewer rights,

opportunities and benefits in most of the underdeveloped countries. In these countries women have to face the problem of gender differential at a very young age and become almost impossible for them to get rid of it in their remaining life (Rizvi, 1980).

This gender differential in social development gives a unique opportunity to draw together analysis of the situation of women in this country in general and in rural areas in particular and discuss ways forward. Like other subjects the term development has so many different aspects, gender cannot be analyzed in one or three aspects of development it would be analyzed in its fundamental all aspects, going from access to education to health, from freedom to take participation to political activities to social activities and from employment policy to property inheritance, and from decision making to poverty alleviation.

But this paper only focusses on the two aspects of social development namely, provision of health and income and work disparity.

STATEMENT OF THE PROBLEM

The problem of gender differential has remained noticeable in all societies of the world from past to the present. Though the form and extent of gender differential have varied from society to society and from time to time yet women almost in all societies have possessed secondary status to men. In Pakistani society the dominant social system is patriarchy. In this system there is inflexible division of labor and restriction on women's freedom to take part in social, political and religious activities in the society. In this system of patriarchy women role in everyday activities is strictly defined. Women are given central position in the family in relation not to enjoy but to work properly by maintaining family by bearing and rearing children and caring elder family members. Gender differential exist in great extent between women and men in the social indicators of social development such as education, employment, political participation, decision making, controlling the resources, access to health facilities and job this is because of the patriarchy in social system. Such type of position of women in family and in the society is not considered satisfactory in the system where women are discriminated (Tisdell, 2002). Lesser social, economic, and cultural status of women in the country has resulted in the poor health conditions for women. As in Pakistan women's sexuality is controlled by family, they depend on man in economic affairs, and obstacles in their social mobility all these factors determine the differential access of males and females to health services. The health of women in the country is also affected by the factors such as bias in food distribution within the family, early marriages, excessive childbearing, lack of control over their own

bodies, and a high level of illiteracy. Customary gender prejudice inside the health facility delivery system in relations to lack of female service providers, and neglect of women's basic and reproductive health needs, intensify women's disadvantaged health status. In Pakistani culture women's wage work reflects a threat to the male ego and identity. Women remain engaged in various home-based economic activities which always go under remuneration. Women in Pakistan spend their most of the time in fetching water, doing laundry, preparing food, and carrying out agricultural duties. On one hand these tasks are physically hard and demanding and on the other hand they also rob girls of the opportunity to study. Though women have legitimate rights to own and inherit property from their families, yet there are very few women who have access and control over these resources. Both the unfair working environments at the workplace and overbearing circumstances at home where women continue to take the sole responsibility for domestic work, led them to the injury of their health. Form the above mentioned facts it can be concluded that women are discriminated in all indicators which are prerequisite for social development. Most of the time women are engaged in working in the house. Though women work long hours yet their work is not recognized. Society is patriarchy in nature which ensures male domination. Women lead life in poor health conditions.

CONCEPTS AND DEFINITIONS

According to Hazel Reeves and Sally Baden (2000) the term gender may be defined as the rules, norms, customs, and practices by which biological differences between males and females are translated into socially constructed differences between men and women and boys and girls. The characteristics, roles, behaviors, patterns and power relations are changeable; they vary from time to time and cultural groups to groups due to the constant variation of cultural and biased meanings of gender (Hirut, 2004).

GENDER DIFFERENTIAL

The intention of feminists positioned them to claim that various differentials between women and men were socially made and consequently, changeable. The expression 'sex/gender system' as used by Gayle Rubin (1975, 165) to explain "a set of arrangements by which the biological raw material of human sex and procreation is shaped by human and social intervention" He further argued saying that while biological differentials are static, but gender differentials are the oppressive outcomes of social interventions that govern the social life of women and men. Women are

oppressed *as women* and "by having to *be* women" (Rubin 1975, 204).' Nevertheless as gender is socially produced therefore, it is changeable. It can be changed by political and social reforms that would eventually bring an end to women's subordination. According to Rubin (1975, 204) feminists should aim to establish a "genderless (though not sexless) society, in which one's sexual anatomy is irrelevant to who one is, what one does, and with whom one makes love". In recent times it is common to say that gender is socially constructed. It denotes that gender means both men and women are "intended or unintended product[s] of a social practice" (Haslanger 1995, 97).

SOCIAL DEVELOPMENT

Social development is defined by Morris (2010: 144) as:

"It is the bundle of technological, subsistence, organizational, and cultural accomplishments through which people feed, clothe, house, and reproduce themselves, explain the world around them, resolve disputes within their communities, extend their power at the expense of other communities, and defend themselves against others' attempts to extend power".

REVIEW OF LITERATURE

In developed countries women are economically empowered and they are very vocal and there is wattage to their demands. On the contrary women in developing countries are silent and this silence is due to the existing strong cultural factors and to the economic dependence on women. The social indicators of social development like access to education, health facilities, income and employment, participation in political process, in social activities and in decision making process are selected as main indicators of social development, in the present paper the focus is on two main factors provision of health facilities and income and work. And gender disparity is observed in these areas of the social development.

GENDER DIFFERENTIAL IN INCOME WORK: AN INDICATOR OF SOCIAL DEVELOPMENT

The participation of women in income generating activities and paid jobs reduce their economic dependency in society. Non dependency of women enables them to control resources and take active participation in decision making processes and gives greater chance of their social mobility. There exists a strong relationship between social development of women and income generating activities and jobs. In the support of this a review of previous literature is presented as follows: According to Batliwala (1994) women are powerless mainly due to their economic dependence. On the contrary economically independent women lead an improved and high status

life in their all aspects of social life. It is therefore, necessary that women should be provided jobs in a supportive environment to lead a socially developed life. Heaton*et al.* (2005) argue in cross country research that in regions under study employment of women was positively associated with promotion of social development of women. Roy and Tisdell, (2002) in their study in India state that women do unpaid work in their homes and fields. They further, argue that recognition of women's participation in economic activities can be helpful in the improvement of their social status. To make women participation visible socially they should work outside their home. Because in patriarchal society women work in family and in the field is not recognized as paid work rather their duty. According to Jones *et al.* (2006) in their study state that working women not only develop themselves but are proved to be a cause of the wellbeing of the family, but also they help in developing a just society. The countries where women are socially developed are considered prosperous countries. Tisdell, (2002) in a research paper says that reduction in the economic capabilities and limitations to their human capital is mainly due to the social restriction to their paid work. Gender differential can be reduced through enhanced women participation in economic generating activities Blumberg (2005). On one hand, female earnings increase their own resources and on the other hand it helps them control over these resources. All these help women develop socially. But it is not an easy task for women to earn and control over resources in patriarchal societies.Participation of women in paid jobs is beneficial for them only when they have full control over their remunerations. If not, their participation will prove an additional burden on them with no meaningful gain. The women development is totally dependent on economic independence of women. There are two prerequisites for social development of women they are access to job earnings and control over them. In patriarchal societies females' wages are received by father- in-laws which is not helpful to them for their social development despite their full participation in economic activities. Participation of women in paid jobs and control over their earnings are not only lead to social change but also it is necessary for their political and economic development (Mayoux, 2001).

GENDER DIFFERENTIAL IN HEALTH: AN INDICATOR OF SOCIAL DEVELOPMENT

In the light of above discussed facts, it is clear that in developing countries women possess low status as compared to men which have negatively affected women's health conditions. In South Asia the health status of rural women taking into consideration and found that the mortality of rural women has increased gradually in the region. The age group 1-5

female children much suffer from diseases and are most prone to death (Bhatia, 1985). According to her socio cultural factors which lead gender differential in access to health are: 1 attitude of parents and their discriminatory attitude is obvious from the examples such as; they usually celibate the birth of male child only; they in terms of provision of health facilities ignore female children; they provide less nutrition to pregnant women; they get girls married in their playing age: 2 Social pressure is maintained on women though these factors; women after marriage have no say in the family planning matters; they are pressurized to give birth to sons; and they are provided no proper diet when they get pregnant: 3 the physical factors which include; unplanned and frequent pregnancies and they give birth under untrained midwives. Poor health conditions of women are strongly associated with poverty in Bangladesh. Women from poor families have no access to health facilities and face continued malnourishment. They are married at very early age and have pregnancies very quickly. Mortality rate is observed in married women and found them dissatisfied from their lives (Kabir, 1988). According to the report of UNICEF (1996) titled as "The Asian Enigma", there is prevailing exceptionally high rate of malnutrition in South Asia and it further mentions that they are embedded extremely in the gender differential. Due to the poor care by parents to their daughters and by husbands to their wives women face malnutrition. This gender differential is very high in the region than elsewhere in the world.

METHODOLOGY

Exploratory and descriptive research designs are applied in this research. The reason for choosing and combining the flavor of both types is that no research happens purely either exploratory or descriptive in true essence. The two types support each other.Rural Sindh is selected as the universe of this study. The official census was conducted in 1998 which is considered reliable and authentic. But due to the political reasons attempts of conducting fresh census is sabotaged. To make the study perfect, 384 respondents as random sample were taken out. The validity of research findings has great dependence on the selection of a research sample. In the present research multistage sampling of probability methods have been used. In probability sampling methods some form of random selection is applied which enables the researcher to predict the probability of equal chance of being included into the sample (LoBiondo-Wood & Haber 1994:291).An interview schedule method is used, in this present research study, through which the respondents answered in a pen and paper format on a structured questionnaire. The main aim of using the structured data collection is to draw data about the respondents' views on various aspects pertaining to theirsocial

life, including the aspects of access to health, and income and work, which are taken as indicators of social development in the research.

RESULTS AND THEIR DISCUSSION

INCOME/ WORK

There exists a strong relationship between social development of women and income generating activities and paid jobs. The present study reveals data about personal occupation of the respondents 33.6% were household workers, 27.1% were fieldworkers, 25.5% were students, 6.0% were engaged in sewing, 3.1% were housemaids 2.3% were engaged in teaching, 1.6% were engaged in private services, and .8% were self-employee.

TABLE: NO. 1

Work	Frequency	Percent	Cumulative Percent
House wife	129	33.6	33.6
Self-Employee	3	.8	34.4
House maid	12	3.1	37.5
Student	98	25.5	63.0
Private Service	6	1.6	64.6
Sewing	23	6.0	70.6
School Teacher	9	2.3	72.9
Working in the field	104	27.1	100.0
Total	384	100.0	

The data in table 1 reveals that women were mostly engaged in unpaid works like working in households and fields. This unpaid work led them nowhere in terms of social development but added in their pain and difficulties. This fact is well supported by the Roy and Tisdell, (2002) in their study in India who state that women do unpaid work in their homes and fields. They further, argue that recognition of women's participation in economic activities can be helpful in the improvement of their social status. To make women's participation socially visible they should work outside their home. It is because in patriarchal society women work in family and in the fields which is not recognized as paid work rather their duty.

TABLE NO. 2

Income	Frequency	Percent	Cumulative Percent
No Income	343	89.3	89.3
2001-3000	24	6.3	95.6
3001-4000	8	2.1	97.7
4001-5000	7	1.8	99.5
5001-above	2	.5	100.0
Total	384	100.0	

The table 2 denotes the personal income of the respondent. The data revealed that 89.3% of the respondents were dependent on male members, 6.3% of the respondent were able to earn , 2000-3000, 2.1% of the respondents earned 3001-4000, 1.8% of the respondents earned 4001-5000, and 0.5% of the respondents earned 5001 and above. The above data revealed that majority of the women were dependent on male family members economically. Due to their dependency they were not socially developed. This fact is also supported by the Batliwala (1994) saying that women are powerless mainly due to their economic dependence. On the contrary economically independent women lead an improved and high status life in their all aspects of social life. It is therefore, necessary that women should be provided jobs in a supportive environment to lead a socially developed life.

TABLE NO. 3

Response	Frequency	Percent	Cumulative Percent
Yes	259	67.4	67.4
No	125	32.6	100.0
Total	384	100.0	

The table 3 indicates data about the women who have more personal income are better socially developed than low income, 67.4% of the respondents responded yes and 32.6% responded No. Majority of the women were of the opinion that those women who have personal income and resources at their disposal were able to develop socially. On the other hand those who had little or no income and resources were denied of their social development. Gender differential can be reduced through enhanced women participation in economic generating activities Blumberg (2005). On one hand, female earnings increase their own resources and on the other hand it helps them to control over these resources. All these help women to develop socially. But it is not an easy task for women to earn and control over resources in patriarchal societies. In patriarchal societies females' wages are received by

father- in-laws which is not helpful to them for their social development despite their full participation in economic activities.

PROVISION OF HEALTH SERVICES

Health is one of the important indicators of social development. The women who lead lives in poor health conditions, and give more and unplanned births, and are got married at early age will definitely not socially developed. In this regard the facts in the study are shown grim picture of the health conditions of women in rural Sindh. They are not provided health services and facilities. They are not considered even for medicine in their ailment. They have to lead a life totally depending on prayers and luck.

TABLE NO. 4

Kind of Treatment	Frequency	Percent	Cumulative Percent
Alopathy	199	51.8	51.8
Homeopathy	45	11.7	63.5
Hikmat	42	10.9	74.5
Religious Healer/ Spiritual	71	18.5	93.0
No treatment	27	7.0	100.0
Total	384	100.0	

The table 4 denotes data about thekind of treatment; 51.8%, of the responded received medicine Alopathy, 11.7%, of the women received Homeopathy medicine, 10.9% of the women received Hikmat medicine, 18.5% of the women during ailment were referred to Religious / Spiritual Healer, and 7.0% of the women never received any kind of medicine or Treatment. The situation in the present study presented is very much grim in terms of kind of treatment women get in rural Sindh. This indicates poor health conditions of women in the research area. Such poor health conditions are signs of underdevelopment of women in the research area.

TABLE NO. 5

No of Children	Frequency	Percent	Cumulative Percent
1-3	90	23.4	23.4
4-8	130	33.9	57.3
9-10	38	9.9	67.2
11-above	10	2.6	69.8
No Children	116	30.2	100.0

The table 5 shows data about the no of children women had; 23.4% of women had 1-3 children, 33.9% of the women had 4-8 children, 9.9% of women had 9-10 children, 2.6% of women had 11 and Above children, and 30.2% of women had no children. This denotes that women in rural Sindh are having unplanned and frequent pregnancies; which have negative effects on the health of women.

TABLE NO. 6

Age at Marriage	Frequency	Percent	Cumulative Percent
14-17	194	50.5	50.5
18-20	66	17.2	67.7
21-25	8	2.1	69.8
No response	116	30.2	100.0
Total	384	100.0	

The data in table 6 denotes that 50.5%, of women got married at the age group of; 14-17, 17.2%, ofthe women got married at age group 18-20, 2.1%, of women got married at the age group 21-25, and 30.2% of respondents did not respond. This study revealed that girls in rural Sindh get married at their early age. On one hand it affects their health and on the other hand it prevents their social development.

The above facts are well supported by the Bhatia (1985) she says that socio cultural factors which lead gender differential in access to health are: 1. attitude of parents and their discriminatory attitude is obvious from the examples such as; they usually celebrate the birth of male child only; they in terms of provision of health facilities ignore female children; they provide less nutrition pregnant women; they get girls married in their playing age: 2. Social pressure is maintained on women through these factors; women after marriage have no say in the family planning matters; they are pressurized to give birth sons; and they are not provided proper diet when they get pregnant: 3. The physical factors which include; unplanned and frequent pregnancies and they give birth under untrained midwives.

RESULTS AND DISCUSSION OF HYPOTHESES

HEALTH FACILITIES

***Objective*:** To Understand the Role of Provision of Proper Health Facilities in the Social Development of Rural Women in Sindh.

Hypothesis:

H_o: Provision of better Health Facilities as an indicator of social development has no role to promote social development of women in rural Sindh.

H_a: Provision of better Health Facilities as an indicator of Social Development has a significant and positive role to promote Social Development of Women in rural Sindh.

***Data set*:** Comparing groups (Provision of Health Facilities and Social Development).

***Type of observation*:** **Unpaired.**

***Type of variable*:** **Categorical (Nominal).**

***Sample*:** **Large.**

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	26.320[a]	2	.000
Likelihood Ratio	25.841	2	.000
Linear-by-Linear Association	14.373	1	.000
N of Valid Cases	384		

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 35.48.

Test: **χ^2 Test(Chi-square test of Independence)**

Significance Level **0.05**

Pearson Chi-Square Value (χ^2 computed value)
Degree of Freedom **2**
P- Value **.000**
Significance level at **0.05**

As the significance level **(0.05)** is high than the P value **(0.000)** therefore, the null hypothesis can't be accepted by researcher. As a result it is concluded that there exists a relationship between Provision of Better Health Facilities and Social Development of women in Rural Sindh.

INTERPRETATION OF RESULTS

26.320 is the calculated value of chi-square drawn including **2** degrees of freedom. That indicates **H_a:** is accepted and **H_o:** is rejected. The p-value is zero, therefore, the degree of association between two variables i.e. Provision of Better Health Facilities and Social Development of Women in Rural Sindh is also strongly interconnected. Keeping in view the aforementioned data, it can be concluded that **H_a:** Provision of better Health Facilities as an indicator of Social Development has a significant and positive role to promote Social Development of Women in rural Sindh.is accepted as supported by the data. Thus, it is clear that there exists a strong interdependence or a significance association between variables concerned.

INCOME AND WORK

***Objective*:** To analyze the impact of Consultation of Female on Economic Matters in their Social Development in Rural Sindh.

Hypothesis:

H_o: Consultation with women on economic affairs as an indicator of social development has no role to promote social development of women in rural Sindh.

H_a: Consultation with women on economic affairs as an indicator of Social Development has a significant and positive role to promote Social Development of Women in rural Sindh.

***Data set*:** **Comparing groups** (Consultation in economic affairs & Social Development).

***Type of observation*:** **Unpaired.**

***Type of variable*:** **Categorical (Nominal).**

***Sample*:** **Large.**

Test: **χ^2 Test (Chi-square test of Independence)**

Significance Level: **0.05**

Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	**165.671[a]**	**4**	**.000**
Likelihood Ratio	**159.601**	**4**	**.000**
Linear-by-Linear Association	**45.684**	**1**	**.000**
N of Valid Cases	**384**		

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 30.09.

Pearson Chi-Square Value	(χ^2 computed value)
Degree of Freedom	**4**
P- Value	**.000**
Significance level at	**0.05**

As the significance level **(0.05)** is high than the P value **(0.000)** therefore, the null hypothesis can't be accepted by researcher. As a result it is concluded that there exists a relationship between Consultation with females on economic affairs & Social Development of women in Rural Sindh.

165.671 is the calculated value of chi-square drawn including **4** degrees of freedom. That indicates **H_a:** is accepted and **H_o:** is rejected. The p-value is zero, therefore, the degree of association between two variables **i.e.** Consultation with females on economic affairs & Social Development of Women in Rural Sindh is also strongly interconnected. Keeping in view the aforementioned data, it can be concluded that **H_a:** Consultation with women on economic affairs as an indicator of Social Development has a significant and positive role to promote Social Development of Women in rural Sindh is accepted as supported by the data Thus, it is clear that there exists a strong interdependence or a significance association between variables concerned.

CONCLUSION

Women's subordination to men is a universal phenomenon; but in its magnitude it varies from society to society and region to region. Present research indicates a grim picture in Pakistan in general and in rural Sindh in particular; that women on one hand remain subordinate to men in their whole cycle of life and in all forms like wife, daughter, sister, and even mother, and on the other hand they are also exposed to mistreatments, disparity, embarrassment and violence and control. It is further concluded that women

in rural Sindh are discriminated in their basic rights, like, health care, food, education, and control over productive resources, employment, livelihood and decision making. Women are not discriminated due to their natural biological differences or sex but they are denied their basic rights on the basis of socially constructed status gender. It is also concluded that Provision of Better Health Facilities plays a key role for social development of women in rural areas of Sindh. The reason is that health is very important for the physical and mental well-being of women. Health is the key variable which influences all other associated variables. Social development is dependent on provision of better facilities. The variables as mentioned earlier indicate the close dependency upon each other. Therefore, it is concluded as supported by the above contingency that without proper provision of health facilities the concept of social development is incomplete in itself.It is further concluded that consultation with females on economic affairs plays a key role in the social development women in rural Sindh. The reason is that consultation with females on economic affair is very important for the social and economic empowerment of women. Consultation with females on economic affairs is the sole variable which controls and improves all other allied variables necessary for empowerment of women in rural Sindh. Social development is dependent on empowerment of women in rural Sindh. The variables as mentioned earlier indicate the close dependency upon each other. Therefore, it is concluded as supported by the above contingency that without proper education the concept of social development is a far cry.

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