Social Policy for Women in Pakistan

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To my father,
Syed Ali Mazhar Rizvi

Preface

Pakistan is in dire need of developing a social protection floor for its women population. The country's women have become synonymous with terms such as feminization of poverty, feminization of disease, feminization of displacement, and feminization of agriculture or unskilled labor. For my last two books, colleagues asked why I concentrate only on women's studies, to which my answer is, there is so much to cover related to women alone in our country. This does not suggest that men, children, the elderly, the transgender community, special needs people, and other minorities in the country do not need attention for research and social policy development, but that I have not been able to turn to them yet. I hope to start with a systematic literature review on child health next year if life and health permits. Having said this, much of the social policy recommendations made in this book, I hope, will also benefit other population groups in the country, where relevant.

Returning back to the women of Pakistan, there needs to be greater recognition for the multiple inequalities and deprivation faced by the 114 million women living in the country and also that with each socio-political and climate disturbance that takes place in the country, these inequalities are on the rise. Less females, compared to males, are in school, at the workplace, or in political offices. Laws for protection and equal opportunities may exist but are rarely implemented. The family structure is known for its patriarchy and subjugation of women in the country, but lack of state-level protection and security makes the public space and workplace equally dangerous for women. Small achievements and progress that have been made over the years are under threat of being wiped out due to the

economic and financial crisis facing the country. The coronavirus pandemic, post-March 2020, and the nation-wide floods, post-August 2022, have seen the limited policy focus shift to public health and recovery, with women's protection taking a backseat. Furthermore, regressive cultural beliefs and sometimes extreme religious attitudes have always been barriers to equality and development for the women of the country.

Two years ago when I started writing this book I had two things I was counting on—my father was still alive for guidance and critique, and there was confidence that the Ehsaas Program, a social safety program launched by the Government of Pakistan in March 2019, would release their dataset for assessment by independent researchers like me. Unfortunately, today I have had to complete this book without both. My father passed away to his final abode in October 2021 and the Ehsaas Program dataset has not been released to date. In an effort to identify the main areas of social policy protection needed by the women of Pakistan, I have used evidence by previous researchers through an extended literature review and available, yet limited, sex-disaggregated data from nation-wide surveys that include the Pakistan Demographic Health Survey, Pakistan Economic Survey, Pakistan Living Standards Measurement Survey, and the Pakistan National Nutrition Survey. A few relevant case studies and qualitative narrations from women of Gilgit-Baltistan, Punjab, and Sindh are also part of the book to provide a more in-depth perspective about challenges and needs. The book attempts to make key recommendations for regionally relevant social policy for women's protection in the following areas, one chapter each: family safety and housing adequacy; food security and nutritional adequacy; environment and disaster protection; educational development; employment and formal sector inclusion; and health security. The first chapter summarizes the existing social protection in the country, while the last three chapters focus on specific means of moving forward (i) through improved collaboration of South Asian countries, (ii) using experiment-based pilot projects and overcoming limitations of past interventions before upscale, and (iii) using religion, social media, financing, and a new model of governance for comprehensive coverage and sustainable social policy for women.

I dedicate this book to my father, Syed Ali Mazar Rezvi, who I wait to be reunited with in the next life. It is only because of his love and sacrifices that I am here today and his watchful prayers from the heavens which keep me going without him. When my second daughter was born and people used to comment about how important it was to try again for a son, my

father used to tell my husband and me to ignore the world, thank God for his blessings, and concentrate on bringing up my daughters with full commitment. He used to worry about how much property and savings would be left for them after we were gone, reminding us often that they should not be left without bank savings and property ownership documents. Some of us in Pakistan are lucky to have assets to pass on to our daughters, but the majority are not. They are the ones who do not want daughters because women without family-inherited wealth and high family status have little security in Pakistan. This is one of the reasons why my father was so happy I had started writing this book and I pray that in some small way it contributes to the development of comprehensive protective policy for women in our country.

Lahore, Pakistan
October 2022

Sara Rizvi Jafree

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CHAPTER 1

Introduction: Protection and Patriarchy, Can They Co-exist?

Introduction

This book is an attempt to highlight that women have different needs and face different challenges in Pakistan, and from a human rights perspective they deserve to have a separate social policy plan for holistic protection. There is limited research on social policy for women and in fact no resource book, yet, in the country. This book is expected to be a valuable resource for students, researchers, and policy-makers in the country, and for people in other developing regions and South Asia. The discussion in the book includes analysis of the history, culture, and political climate of Pakistan. Each chapter includes a literature review and discussion of the existing conditions of women in the country, along with the most recent secondary data from nationally representative surveys. The data includes socio-demographic characteristics of women, such as regional and provincial belonging, literacy, occupation, and wealth status, so that different women groups and their realities are represented.

Additionally, primary data has been collected through qualitative interviews and presented as a case study in seven chapters of the book. The case studies help to identify protection gaps and elaborate on specific life circumstances of women in the country, and thus adds to the evidence from secondary data. Each chapter concludes with salient policy recommendations, based on actual challenges facing women in the country and having the advantage of regional relevance and context. It is hoped that this book

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mobilizes policy-makers in the country to plan and invest in social protection, which are critically needed in the country, not just for women but all marginalized groups, including the transgendered community, ethnic minorities, religious minorities, refugees, migrants, displaced people, and special needs people. The rationale of researching and planning social policy for women, separate from other population groups, is necessary, because each population group faces unique challenges and requires different protective policy planning, which will be identified and discussed in this book.

Local evidence and scholarship corroborates that women of Pakistan suffer from complex and growing challenges related to poverty, disease burden, informal sector employment, violence, and low life quality, with no targeted or coordinated policy net for their protection (Butt & Asad, 2016). Literacy and employment rates are critically low for females in the country both due to supply and demand barriers (Pakistan Bureau of Statistics, 2021). Data related to risk is also bleak, with maternal mortality and domestic violence rates in the country being the highest in the world (Rizwan et al., 2022). Most women groups in the country face some form of leakage in the protective net, which includes women belonging to elite and upper-class families. Even women from educated and upper-class families are known to experience barriers to employment, security, and health-seeking. Overall, the socio-economic inequalities facing the 114 million women in the country is a growing problem, which will not go away on its own and needs to be dealt with through research and evidence-based plans for social policy development (Rauf, 2022).

Pakistan Background

Long-standing political instability and financial insecurity in Pakistan have prevented planning and accountability for social policy development for the entire population, including the women (Zeeshan et al., 2022). Since its independence in 1947 from colonial rule, the country has been suffering from simultaneous and dire challenges related to regional conflict, natural disasters, climate change, and political unrest. Governance has been weak and there has been little certainty about democratically elected governments or sincere leaders who are working for sustainable policy development. Pakistan has a large population of 220 million people, making it extremely difficult to plan and achieve development goals due to issues of governance and management (World Bank, 2021). The country

is currently facing a major financial crisis related to rising debts, rising inflation, and declining purchasing power parity and is classified as a low middle-income country (Bhattacharya & Singh, 2022). Majority of the low- and middle-income families in the country are finding it difficult to purchase basic goods and services, pay their utility bills, or save sufficient funds for emergencies (Abbass et al., 2022). Recent crises like the coronavirus pandemic and national floods have shifted focus on recovery and stabilization, as opposed to plans for new policy or women's protection (Ullah & Majeed, 2022).

The United Nations Human Development Index (HDI) provides an approach to categorizing and ranking countries using composite indices based on educational attainment, health and survival, economic resources, and standard of living. Pakistan's HDI ranking is one of the lowest in the world, 161 out of 192 countries, confirming that its people suffer from complex problems related to basic rights and quality of life (United Nations Development Programme, 2022). Data from the HDI report confirms that women in the country have low literacy, health standards, and income but also that they bear the burden for domestic and care work and have very little decision-making rights, preventing their agency and capacity-building potential. Pakistan ranks third from the last on the World Economic Forum's Global Gender Gap (World Economic Forum, 2022), with the report helping to further elaborate on why indicators on the HDI are less favorable for women compared to men in the country. Gender gap evidence confirms that women in the country have extremely low economic participation or opportunities to succeed in the job market, and have low literacy, health status, and survival outcomes. One of the biggest barriers to development and advancement is that though women are almost half the population, they comprise less than 5% of the legislators and senior officials in the country (Moin et al., 2018). In this way, both discourse and decisions are controlled by the male members of society and the traditional patriarchal order keeps women's development or protection agendas non-existent in the policy-making process.

Social policy planning and research are both severely neglected areas in the country, yet ironically it is social policy development that is needed the most to improve wellbeing and protection of women and other minorities of the country. Whereas the Western European countries spend an average of 25% of their gross domestic product (GDP) on the social sector, Pakistan spends only 0.6% on social assistance, 2.8% on education, and 0.7% on healthcare (UNICEF, 2020). The limited social sector

expenditure that does exist in Pakistan includes allocation for broad areas and does not recognize the different needs of women, such as housing, pension, and protection during displacement and climate change. There is another reason for limited mobilization for social policy development for women in Pakistan, which has to do with the country's colonial legacy. The colonial administration had promoted selective social welfare for the needy such as cash payments and developing skills for informal work, but there were no efforts for universalist protection. This is still the case today. Both colonial-inherited infrastructure and lack of efforts by governments post-independence in 1947 have left Pakistan with a weak infrastructural framework and non-existent workforce for governing and executing social policy initiatives for women.

With an expected increase in population growth of 2.0%, Pakistan is expected to suffer from bureaucratic failures in most initiatives, leaving social policy development to remain a severely neglected area (Kapur, 2006). As the federal government have shown inefficiency in the past, the country now has constitutional amendments based on devolution, giving power to individual provinces for autonomy in policy implementation. However, devolution has to date remained ineffective due to large provincial populations, insincere provincial governments, unsatisfactory coordination and supervision by the federal center, low federal budget allocations, and overall lack of provincial resolve for social policy development for women. There is almost no representation in the country of social policy councils, offices, or human resources for social protection, such as social welfare officers or social protection officers. It is because of this also that there is almost a complete absence of civilian awareness, demand, or advocacy for social policy development for women.

It is also important to consider that "social policy" is perceived by some Muslim nations to be a Western and European agenda which attempts to modernize women and destabilize the family unit (Moghadam, 2005). In Pakistan, there has been a greater preference for development of an Islamic model of social welfare, which does not benchmark or emulate the West but develops its own principles for protection and wellbeing (Sheikh, 2018; Weiss, 2002). However, an Islamic model of social welfare, including a protective framework for women and other marginalized groups, has not been drafted, agree upon, or implemented to date in Pakistan. In 2018, the government, led by the Pakistan Tehreek-e-Insaf Party, claimed implementation of a universalistic social welfare model, but these efforts have halted upon the party being ousted from office in April 2022

(Qureshi, 2022). The limited efforts for social protection that are currently operational in Pakistan will be discussed in detail in the next chapter; however, a brief history is presented below for this introductory chapter.

In 1951, the government of Pakistan, with the assistance and guidance of the United Nations, used the Islamic values of mandatory assistance to develop a protection plan for needy groups of society. The aim was to provide funds to the poor and orphans through the mandatory religious tax system (*Zakat*) through the Bait-ul-Maal system (Jabeen, 2013). Though the plan was sound and has great potential, the major limitation to date has been that the tax collection has remained limited and the distribution to the poor and needy is almost negligible (Rehmatullah, 2002). Furthermore, there is no separate allowance or stream dedicated for female beneficiaries, and as men are more mobile in society they have greater access to the Bait-ul-Maal distribution. A proper audit and data record of the Bait-ul-Maal system is also not available to assess the annual distribution or who the major recipients are.

Later in 1973, the Constitution of Pakistan recognized the need for including a provision for citizenship rights and added Articles 25, 27, 34, 35, and 37 to the state laws, which specifically target women's rights in Pakistan (Perveen, 2016). In addition, the 1973 constitutional amendment allowed that both the federal and the provincial governments could legislate social welfare policies across the country. For better organization and coordination of provincial efforts, a central Ministry of Social Welfare was formed in 1988. However, these developments did little to further the cause of women's protection as constitutional clauses were not followed through with implementation of concrete policy. Ultimately, the traditional and cultural ethic in Pakistan is that social security must be provided by the family members and extended kin (Alam et al., 2020). It is also assumed that since majority families live in the dominant joint family setup, that there will always be dual-income earners in the household, willing and able to provide all-inclusive security to household members (Hussain et al., 2022).

There have been poverty alleviation efforts by the state, starting with direct cash transfers from the Benazir Income Support Programme (BISP), in 2008, and the Ehsaas Emergency Cash Program, in 2020. However, the greatest challenge with the BISP and Ehsaas programs has been that they have provided minimal cash transfers to few women beneficiaries (Javed et al., 2021). The amount of cash transfer has been too small for

any significant impact on poverty reduction in women, with children of women beneficiaries still remaining out of school (Mumtaz & Whiteford, 2017). The BISP and Ehsaas Programs have also been criticized for their lack of prospective evaluation or feasibility assessment before the launch of the programme. Similarly, the formative and summative evaluation of the programmes have been non-existent, thus preventing assessment of implementation and impact. Pakistan is in dire need of independent assessment of the BISP and Ehsaas Programs and cost evaluations to plan financial sustainability and revenue generation. External evaluations by independent organizations would also serve to highlight needs and leakages for upscale and improvement. More importantly, Pakistan must devise policy to reach the entire women population groups in need of it and not just 'token' beneficiaries.

The 18th Constitutional Amendment in 2011 gave exclusive power to the provinces to design policy for their own regions. To date each provinces' progress for social protection for women is either non-existent or limited to pilot projects which cover some areas and cannot be considered a comprehensive net. Pakistan requires effective and relevant social policy, instead of perfunctory pilot projects, to target holistic social protection for women. It is also true that within each province there are diverse women population groups, and it is difficult for provincial governments to design and implement one policy which benefits all. An example of this is the pink *rikshaw* scheme (small three-tyer auto vehicle for cheap public transport), which aimed to provide safe and affordable transport for women in the country. This scheme was relatively successful in urban Lahore, a large metropolitan and capital city of Punjab province, but has not been launched in other cities or villages of Punjab, or other provinces of the country, due to social unacceptability for women to travel alone and fear that women-only public transport will change the traditional social order and the culture of domesticity.

Patriarchal Barriers to Social Protection for Women

We can agree that a combination of ill state governance, lack of prioritization for social policy, low budget allocations, economic instability, and natural disasters have prevented the development of a social protection for women. However, there is also the major role of systemic patriarchy, both

family-level patriarchy and structural patriarchy, that has prevented development efforts for women's protective policy in Pakistan (Chauhan, 2014). Majority women in the country remain subjugated members of society, without mobility rights, or small and large decision-making autonomy (N. Mahmood, 2002). Male members of the household are considered legitimate custodians and protectors of women, and any interference from outside, by state or private sector, is considered an unacceptable intervention and a deviance against the traditional social order. It is because of this patriarchal culture that attitudes of society remain conservative and passive with respect to advocacy or demand for protection from the state.

Most Muslim countries of the world suffer from immense patriarchal barriers to development and implementation of social policy (Hadi, 2017). It is the misinterpretation of Islam and the promotion of selective text and traditions from the Prophet Muhammad's (peace be upon him) time which promotes subjugation of women in Muslim societies. To complicate matters, there are divergent interpretations amongst different sects of Islam about property ownership and inheritance rights for women. There is little consensus about whether allocation should be based on the inferior share due to women if the male guardian dies without a will versus the belief that women can be willed or gifted equal or all share in inheritance during the lifetime of male guardians (Hoque et al., 2013). The former interpretation is favored in Pakistan, as majority women in the country have very little exclusive ownership and control over land, house, and other assets, disempowering them from capacity-building and agency. Patriarchy is deeply intwined in the social fabric of Muslim societies, with many women conditioned to accept and promote their own inequalities in an attempt to gain social approval. Adherence to the patriarchal order is also considered an important social tool to maintain the traditional order and prevent Westernization or modernization.

In Pakistan, achieving gender equality goals cannot come without massive social change. Scholars from South Asia, which suffer from common patriarchal barriers, suggest that this social change must be led by united efforts of male and female members of the family and policy-makers if any substantial and long-lasting change is to be made (Ghosal, 2018; Karim et al., 2018). Furthermore, main social institutes and social actors such as the media, judicial system, community notables, and religious leaders also need to play a proactive role for social change and improvement in gender equality. However, bringing all these groups together to transform culture

and develop an ethic for equality and state-sponsored protection for women is a momentous task. There is also very little recognition that removing the inequalities facing women will eventually translate to better socio-economic conditions in Pakistan and overall development. In a male-dominated society, it is perhaps this recognition that can drive forward support and policy development for women, as household poverty alleviation is an important driver for social change, when all else fails.

Defining Social Policy and Contextualization for Pakistan

The history of social policy dates back to the traditional era, with ethics of equality and charity being touted by most religions of the world as part of community responsibility and kinship obligation (Payne, 2005). As social policy, by definition, attempts to improve the wellbeing of all members of society, it seems rational that it would be a primary focus for state and society across the world. However, ironically it is the least developed and prioritized policy area, especially for developing nations, including Pakistan. Policies that receive greater priority in Pakistan include military and defense policy, foreign policy, finance and revenue policy, population policy, and labor policy (Government of Pakistan, 2021). Within the population policy initiative, there is some attention specifically for women, through investment in family planning and reproductive health. But this effort is mainly to control the demographics and cater to international agreements to meet the Sustainable Development Goals and not to create a wide social protection floor for women which supports their holistic wellbeing and opportunities for capacity development.

Another challenge facing Pakistan is that there is very little understanding for what social policy is and thus it is not discussed or prioritized during policy development (Cook et al., 2003). The most frequently used terms relating to social protection in South Asia include social security, social assistance, social safety nets, and social welfare, which are usually targeted for the whole population and vulnerable groups, and not women specifically. Overall, women have been neglected in pilot or small social welfare project initiatives in the country, with children or unemployed men being predominant beneficiaries. In Pakistan, microfinance loan provision is promoted by some as a form of social policy for women (S. Mahmood et al., 2014). However, most of the microfinance loan

schemes for women in the country are devoid of micro insurance, community self-help groups, savings schemes, skill development, and other social protection policies (Haq & Safavian, 2013), and thus cannot be considered social policy (Baulch et al., 2008).

Social policy development for women emerged as an important human rights concept post–World War II, after the huge loss of men and infrastructure, which brought women into focus for their role in contributing to the family as heads of households and as working members of the paid economy. The Global North led by example in introducing social welfare systems which aided needy women for child support, healthcare, education, food security, cash transfers, unemployment compensation, and disaster relief (Bashevkin, 2002). Thus, the early planning initiatives emphasized the importance of identifying region-specific needs of women, before providing relevant policy support (Dolgoff, 1999). In recent years, social policy has additionally come to include consideration for environmental protection and citizenship status of women, given the realities of climate change, conflict, and displacement, which can affect girls and women more adversely compared to men.

There are three models of social protection which debate whether social welfare services should be made universally available to all the people of a society (Blomqvist & Palme, 2020). The first model, the residual model, is focused on the economic growth of society, arguing that as economic prosperity is gained, poverty will decline, thus not requiring social policy interventions (Pinker, 2017). It rests on the laissez-affaire government model of least involvement. In this model, welfare is only provided to the poor and needy for a temporary period. However, the provision in this system is conditional on all other agents not being able to provide support as primary or first-line sources, including the employer or job market, family or relatives, and charity organizations or the non-government organization (NGO) sector. Thus, provision is mean-tested and dependent on eligibility. The residual model has been evidenced in many countries as stand-alone policies for poverty alleviation, such as the UK, the USA, and developing economies like Jamaica and Bangladesh.

The strengths of the residual model include lower cost and less burden on the state for provision of universal services (Sainsbury, 1991). However, the limitations of this model include bias in means testing and exclusion of minority groups. Provision of services to beneficiaries may also take a long time due to complicated and bureaucratic eligibility processes. Limited provision can also be a detriment to sustainable services and stability in the

lives of the poor and needy who may face challenges across the life-course. Furthermore, with needs-based provision there is always fear that beneficiaries become free-riders and adopt behavior to remain unproductive in the economy and society (Olson, 2009). Other limitations include the lack of awareness that benefit schemes exist and low utilization by the deserving and needy, which is especially a problem in populated countries. Finally, there can be a lot of community shame and social stigma attached to people who receive needs-based services, which can become a disincentive for some needy populations to actively seek benefits and invest time in applying for assistance.

The second model, performance model, is dependent on industrial achievements in an economy (Pascall, 2002). Unlike the residual model, it holds that social welfare should be provided on the basis of merit and productivity. Welfare is distributed to those who are part of the labor force. Furthermore, benefits and welfare for workers is matched according to optimal performance and consistent productivity. Thus, with the performance model, social policy is geared to help the economy grow and offer the workforce a secure foundation for continued service and output. The performance model of social policy has been evidenced in former Socialist countries and also in capitalist states like Germany, France, and the Asian Tiger economies. The strength of this model includes incentivization to work and remain productive. There is also greater protection against contingencies like disability and unemployment. Some limitations of the model, however, are that, firstly, it considers social policy to be a useful economic regulator, as opposed to a human right. Secondly, policy planning becomes focused for the working population and productive members of society, neglecting to consider all other groups, especially those with serious disability and those who cannot work. A third limitation is that pensions and insurance schemes are designed based on the position and status of the employee, thus creating lower allocations for lower paid workers and sustaining inequality in society (Korpi & Palme, 1998).

The third model, known as the institutional distributive model, places universalist services at the forefront (Palme, 2006). It argues that welfare should be provided not just for the poor but for the entire population, in the same way as public services like roads and schools are. Social welfare is considered the first line of defense and thus the model incorporates systems of redeployment in power-over-resources through time. It is a permanent and long-term welfare service and in this way is known to cause less stigmatization in society as it does not label users as needy and

underprivileged. The Scandinavian countries are known to adopt the institutional distributive model, which is also known to be the best welfare states of the modern world. Some of the strengths include strong social protection for all citizens and heavy investment in human capital and overall wellbeing. Universalist services are also known to imply higher level of social equity compared to selective provision (Béland et al., 2019), thus attracting broader support for social welfare services and remaining a permanent policy agenda in some countries. The different approach to universalism, for example, state-provided or dual-provision, suggests that the model can be used by nations in an ideal universalistic approach versus less universalistic approach by using some dimensions and not all.

An important question for universalist social policy remains some of the benefits, like pensions or insurance, which are paid at a flat-rate or at an earnings-related rate. In the case of the latter, it may be that the systems only provide basic insurance benefits, which then necessitate private providers to have to also deliver services. This is also known as the *adequacy logic*, which summarizes that if the scope of the policy design is inadequate or of poor quality, it would pave the way for the private market, which would deliver services for those with greater income, thus creating or widening class inequality in society (Blomqvist & Palme, 2020). Another problem with the private providers is that the basic business ethics is competition and profit. Women are usually not provided services as they are considered more risky clients due to poverty and rural belonging. Another limitation of the institutional distributive model and universalist services is the financial viability and cost sustainability of such a model, which is highly dependent on taxation and state revenue (Hultqvist & Hollertz, 2021). Schemes can be plagued by rigidity which do not allow provision for specialized needs such as specific disability or minority ethnic communities. Lack of good governance would cause the system to fail in the long run or remain ineffective in outreach in its initial stages of deployment. Discussions about funding and taxation must consider that the size and construction of user fee may be unfavorable to the society and not part of the traditional taxing culture. This would prevent payment and tax collections and also lead to other problems such as the free-rider problem, migration to another nation, or then illegal practices to manage money in offshore accounts or businesses.

Given the acceptance of the capitalist system for economic development in contemporary societies, social policy development led by the government is embedded in a capitalist economy and the social democratic

approach (Gilpin, 2018). Social democracy is a government system that has similar values to socialism, where people influence government actions, but simultaneously support a competitive economy. The challenge, however, is how to keep the society competitive and committed to economic growth, but not to let private wealth accumulation and individual profit-making become dominant, as this would undermine equity and justice. Many agree that for social policy to take-off in developing nations, there is need to concentrate on internal financial sustainability and international financial institutions, both of which are dependent on how open an economy is with regard to trade and how successful it is with regard to diplomatic relations and foreign policy (Hujo & McClanahan, 2009).

In the twentieth century, the Fabian belief of social democracy was dominant in Europe and the UK. The Fabian argument was in favor of the state remaining a pillar for welfare provision, within a mixed economy, regulating the private sector to contribute and support the welfare model and also to identify specific needs for marginalized populations in society (Spektorowski & Mizrachi, 2004). Arguments against the exclusive role of the state in welfare provision was led by the New Right, including think tanks such as the Adam Smith Institute and the Centre for Policy Studies and the Institute for Economic Affairs. A welfare model led by the government was seen as demanding excessively high levels of state expenditure and was seen as a tax burden which demotivated entrepreneurs and citizens. Ultimately, the welfare model was seen as weakening economic growth prospects and creating dependency on the state instead of the family and kinship structures (Navarro, 2020). The latter has been a primary factor in demotivating state planning for social protection in countries like Pakistan. State safety nets for women, children, and elderly are seen as weakening the role of family, including the joint family system and the kinship network. Pakistan is a strongly conservative society, also profoundly influenced by Islamic ideologies. Both traditional conservatism and Islamic interpretations create a powerful locus in favor of promoting family commitment and responsibility for the protection and provision of weaker members of society (Alam et al., 2020).

As an alternative to the Fabian model, the New Right in the UK have argued that economic and political policy must include (i) low income tax to motivate productivity and entrepreneurial activity, (ii) growth of the private market through which individuals can provide for themselves and their families, (iii) user fees for services such as education and health, and (iv) provision of benefits and services for the needy from private and

voluntary sectors (Smith, 2018). These arguments and the implicit promotion of a capitalist framework has been heavily criticized by the Marxists and Feminists. The Marxists believe that state welfare services within a capitalist economy aim to support only the skilled and healthy workforce. Whereas the needs of the capitalist workforce are fulfilled, all other groups in society like the stay-at-home mothers, unemployed, and retired, remain deprived of social security and benefits. State-led social welfare services have also been criticized because of the dependency on large state bureaucracies which are inherently inefficient, inflexible, and lack responsiveness, thus neglecting the needs of people. At the same time, communist regimes of the past, like those led by Stalin and Lenin, which promised social protection for all, were similarly unable to deliver due to bureaucratic inefficiencies and the corruption of administrators who prioritized their own interests above civilian needs. The feminists have helped to highlight that much of the care burden within the family, at the workplace, and in a social welfare model is placed on the women. Even in welfare regimes, the state tends to exploit the caring and nurturing role of women and deprioritize social policy support for women compared to the provision for men. Similarly, many welfare services fail to recognize particular needs or plan specific policy for women with intersectional backgrounds, such as religious minorities, ethnic minorities, special needs women, and women refugee or migrant groups.

Despite so much literature on theories and models, there is still complexity with regard to classifying and defining social policy. When policy is created to solve social problems, it may be considered social policy, such as poverty alleviation. However, if poverty alleviation schemes are being targeted to grow the capitalist economy, the policy would then be classified as a revenue policy. Sometimes policy schemes are promoted by the state as social policies, but with the hidden motives of a capitalist agenda and monetary growth (Lavinas, 2018), which have little impact on welfare and wellbeing of women groups. Other scholars argue that fundamentally effective social policy is linked to the extent of formality in the economy and the large tax base (Ahmad & Best, 2012). As long as there are enough finances, social policy development will not be a problem. However, for Pakistan, there are two major problems: (i) lack of financing for social development and (ii) the complexity of planning and delivering social policy which will be culturally accepted. In a conservative region like Pakistan, with dominant Muslim ideologies, the effectiveness of social policy

interventions is also dependent on the uptake and willingness of society. We will discuss two examples of this.

The first is the case of public transport investment. Superficially, it may seem that investment in public transport is a social policy which supports the poor and middle classes including women. However, in a conservative developing nation like Pakistan, investment in public transport is a means of profit for the private and public investors and a means of improved mobility for male members of the population. Majority of the women population in Pakistan do not gain from availability of public transport, as they still face cultural and safety barriers from travelling alone. Better planning for social policy in the country must include consideration for parallel social policy which supports cultural acceptability and safety for women using public transport independently without male guardians. A second case is that of subsidized housing schemes for low- and middle-income families. Such schemes are usually only availed by families and cannot be utilized by single women or women-only families. Both cultural and safety barriers prevent women from utilizing such schemes, and purchase or loan application forms require signatures and identification records of male guardians, like the father or husband. Thus, once again better policy design is needed to improve cultural and structural support for women who may need or choose to purchase homes independently. This is especially needed for orphan females, unmarried women, and divorced and widowed women, who can face extreme forms of violence and abuse in having to live with extended relatives in the absence of immediate male guardians (Jibeen, 2014).

Conclusion

Though social policy has the characteristic of promoting redistribution and equality in society, it cannot work alone. There is high dependence on the economy and financial development of the nation, the political milieu, and governance, and perhaps most importantly, the cultural attitudes and traditions of a nation. In resource poor countries with large populations, the collaboration between the state, the private sector, and development NGOs is essential for social policy development for women (Hall & Midgley, 2004). This is because social policy development is complex and is not a natural consequence of economic growth as assumed. In fact, empirical evidence from the Global North shows that women do not necessarily gain when a nation's GDP rises (Diener et al., 2013). It is also true

that even women from the developed world need support for ensuring equality in resource allocation within the family and for symmetrical household assistance (Probert, 2002). Across the world, women have faced historical problems related to unequal citizenship status and low security in society and thus they require diverse social policy planning. Due to the wide expanse of services and support that social policy must provide to secure holistic and sustainable social protection for women, the partnership between the state and private sector is essential for delivery of social protection.

Global evidence also shows that relatively affluent societies, like the USA, can have poor social protection coverage and social policy planning. This begs another question that perhaps prioritizing capitalist agendas and economic growth can eventually drive away the need for social protection. Yet, no matter how affluent a society, there will always remain some marginalized and disprivileged groups that require some kind of protection either through the life-course or for vulnerable times. Regardless of the extent of social policy in a nation, regional evidence is needed for relevant and prudent formulation and implementation of policies. To conclude this section, we can agree that evidence-based policy-making is critically important as it considers the cultural and ideological conditions of a nation which can influence the success and uptake of social policy (Powell, 2011). We can also agree that we now live in a "world of welfare," with social policy being provided across the countries of Europe, in the USA, Canada, Australia, China, and in many developing regions of the world like India, Brazil, and sub-Saharan Africa (Ballat et al., 2020). In fact, it is not wrong to say that social policy is part of human rights and employee rights across the world for all population groups.

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CHAPTER 2

Existing Social Protection Services in Pakistan

Introduction

More than half of the 114 million women population of Pakistan live below poverty line and face multiple problems related to access to basic human rights such as adequate housing, education, and healthcare (Haque et al., 2021; United Nations Department of Economic and Social Affairs: Population Division, 2022). Poor women predominantly remain unemployed or engaged in unskilled work in the informal sector of the economy (Asian Development Bank, 2022). Literacy for females is low and skill development opportunities are inadequate for adult or working women. As real earnings and purchasing power parity are declining with each passing day in the country, women are unable to maintain decent standards of living (Saleem et al., 2022). Majority of women in the country also face some kind of household risk and vulnerability related to disability, natural disaster, and eco-political disturbance (Hameed et al., 2022; Nasir et al., 2019; Rehman et al., 2020; Sayed & González, 2014). Overall, women in the country are desperately in need of state support for a social safety net and social policy development.

The Pakistan government recognizes the need for social protection for its population. In fact, the Pakistan Economic Survey has an annual report which dedicates an entire chapter to describing state efforts for social protection. However, there are some important points to note about government efforts, based on the change evident in annual reports from

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2014–2015 (Pakistan Economic Survey, 2015), 2018–2019 (Pakistan Economic Survey, 2019) to 2021–2022 (Pakistan Economic Survey, 2022). First, the chapter title has changed from "social safety nets" to "social protection" over the last years, suggesting conformance with language used by international organizations, and not local political will for investment in the area. Pakistan has a history of attempting to develop social protection due to international pressure and ratification of international charters, such as the Sustainable Development Goals (SDGs) and the Convention on the Elimination of All Forms of Discrimination Against Women (Anjum et al., 2018). Secondly, the protection areas described by state reports present individual party initiatives which change over time as new governments come into office. This implies major issues with continuity of social protection programs and inability to expand and develop earlier schemes to make them effective. Lastly, all efforts so far for social protection have been restricted to limited efforts for poverty alleviation and have neglected to consider social policy for a women's rights agenda or a universalistic approach.

The Existing Social Services in Pakistan

There is no recognition or planning for separate protective policy for women, and all population groups are grouped together as target beneficiaries for the limited social welfare that does exist in the country (Haris Gazdar, 2011; Sayeed, 2004). These limited initiatives have been led by the Bait-ul-Mal system which relies on the *Zakat* and the *Ushr* religious tax deductions from the population (Jehle, 1994; Zeb & Zaman, 2014). However, the Bait-ul-Mal collections are not exclusively distributed to vulnerable women groups and very limited revenue is generated and dispersed from this scheme to people in the country. Pakistan has a pension program for civil servants and private sector workers, including the Employees' Old-Age Benefits Institution, the Workers' Welfare Fund, and the Provincial Employees' Social Security Institutions. However, these schemes do not benefit majority of the women in the country who are informal women workers or unemployed. Furthermore, the existing employee social security benefits have been criticized in Pakistan due to low allocations, which do not match inflation or provide purchasing power parity to beneficiaries (Sayeed & Khan, 2000; ShuHong et al., 2017).

The Pakistan government developed and adopted the National Social Protection Strategy in 2007 to modernize its social protection system,

which centers on a poverty reduction strategy and targets to help the poorest families, groups who suffer from emergencies and income shocks, and people who are unable to work and earn an income (Haris Gazdar, 2011). In 2009, the Benazir Income Support Program (BISP) was introduced which was devoted exclusively to poverty alleviation for women and to date is a promising scheme with potential for universal protection and safety from destitution for women in the country (Farooq, 2014). However, there is much that remains to be done to expand services and make existing services effective in reaching all the deserving members and poor of Pakistan (Mumtaz & Whiteford, 2017).

In 2019, the Ehsaas program was launched in Pakistan, claiming to be the first initiative in the history of Pakistan to attempt to create a welfare state and adhere to the SDGs for universal protection and gender equality (Latif, 2019). As Pakistan's constitution has devolved powers to the provinces, the federal-level Ehsaas program was able to inspire some provincial governments to develop their own plans for social protection. Punjab, Sindh, Khyber Pakhtunkhwa, and Azad Jammu and Kashmir (AJK) developed some plans, with main priority given to filling the gaps for social security coverage (Salman, 2021). In this way, protection for women and consideration of their unique problems was not on the agenda for any of the provinces. No significant development for social protection policy of any kind has been recorded for Balochistan and Gilgit Baltistan provinces. There has been some notable recognition for informal workers through the Punjab's Domestic Workers Act of 2019 and the Sindh's Home-Based Workers Act of 2018, but implementation and impact on women workers has not been reported.

The Ehsaas program had 134 ambitious policy actions to support different vulnerable groups. However, only a few of these policy actions have been launched as pilot projects with limited outreach, and the program has been heavily criticized for corruption, malpractice, and mismanagement (Bhutto & Kashif, 2022). There is also no confirmed data about the extent of disbursement to the deserving or the impact on women beneficiaries. With the ouster of the government backing the Ehsaas Program in April 2021 through a no-confidence vote, the Ehsaas program has been thwarted, and existing schemes are facing political barriers. Furthermore, drafted policy plans for future implementation and expansion of the Ehsaas Program have been halted all together. In this way, three overarching problems are facing development of social policy in the country. First, political consensus and unity prevents continuity and progress. Second,

evaluation of social protection schemes is not being done, which prevents outcome-based reform, and last, multi-sector collaboration and governance of existing schemes is extremely weak, preventing efficacy and coordinated upscale.

Pakistan is the fifth most populated country in the world with a population of 225 million people, and management of any social policy program has not been a simple matter to execute and maintain. Punjab being the most populated province, 53.1% of the total national population, has for years received more investment and funding as most political representatives, business families, and feudal elite are found in this region, compared to other provinces (Government of Pakistan, 2021b). The next most populated regions include Sindh, at 22.1% of the total national population; and KPK, at 16.4%; followed by Balochistan, at 5.7%; AJK, at 2.0%; and Gilgit Baltistan, at 0.7%. The latter three provinces are the most underserved regions, with women known to face even more subjugation and neglect in these regions. Furthermore, the differences in culture and beliefs across provinces is a matter of concern, with the status and treatment of women across provinces and regions of the country being different and thus needing separate protective policy attention and planning (Mushtaq, 2009).

Employment Security Provisions for Working People

Data from Pakistan confirms that only 25% of women are part of the labor force in Pakistan (Tanaka & Muzones, 2016), and only 26% of these working women are employed in the formal sector (A. H. Khan, 2017). Table 2.1 presents a list of employment security provisions for working people, in the government and private sector, of Pakistan, inclusive of working women (International Labour Organization, 2021). However, there is no data about women's length or type of contract in the formal sector or as government employees and if they are eligible for the employee benefits summarized in Table 2.1. There are some employment benefits for women specifically, such as maternal leave allowance and *Iddat* benefits for widows; however, a comprehensive net of maternal benefits and child benefits is missing. Employees are also eligible for marriage grants and death grants, which may benefit daughters and widows, respectively.

The old-age benefits and education reimbursement schemes may benefit elderly women and daughters, respectively. However, with all the provisions, there are common limitations of minimalistic outreach and

Table 2.1 A list of employment security provisions for working people in the formal sector of Pakistan's economy

	Area	*Province*	*Coverage*	*Limitations*
Marriage Grant	Cash assistance to cover the marriage expenses of the daughters of registered workers (ranging between PKR 10,000 and 100,000/USD 45.82-458.19)	KPK, Sindh, Balochistan, Punjab	650,000 registered workers in Sindh + 3453 in Punjab. No data for KPK and Balochistan	• Limited outreach • No provision for daughter's education & employability • Transfer may be being used for dowry
Death Grant	Grant to family of deceased (Balochistan = PKR 200,000; KPK = calculated at daily rate of sickness benefits multiplied by 30; Punjab = depends on income of deceased; Sindh = PKR 500,000)	Balochistan KPK, Punjab, Sindh	Balochistan = 10,371 workers; KPK = no data; Punjab = 975,888 workers; Sindh = 650,000 workers)	• Only registered workers can avail this • Only employees who have been working for more than three years and contributing to Employees Social Security Institution get the grant • In Punjab, only people who have an income below PKR 22,000 can avail this
Iddat Benefits for widows	KPK = Stipend for women workers for 130 days upon the death of their spouse, equal to the monthly wage Punjab = Complete salary due to a worker's widow for the duration of four months	KPK, Punjab		KPK = 76,916 workers Punjab = 975,888 workers

(*continued*)

Table 2.1 (continued)

	Area	*Province*	*Coverage*	*Limitations*
Labor Colonies	Housing for industrial workers who fulfil pre-defined eligibility criteria	Punjab	No data	• No data for assessment of initiative
Old-age pension, Employees' Old-Age Benefits Institution	Pension to which the Employees' Old-Age Benefits Act of 1976 applies.	All provinces	437,472 registered workers (old-age) 11,506 registered workers (disability)	• Contributions are paid by employers and workers, as the Employees' Old-Age Benefits Institution does not receive financial assistance from the government. • No data about women recipients • Minimum amount is PKR 8500/USD 38.95 per month
Survivor's pension	Pension for the spouse of a deceased worker registered with the Employees' Old-Age Benefits Institution	All provinces	222,465 registered workers (survivors)	• Expectedly this is mostly women, but no surety • Minimum amount is PKR 8500/USD 38.95 per month
Gratuity	Old-age grant, Employees' Old-Age Benefits Institutions	All provinces	437,472 registered workers (old-age)	• No data about allocated amount • Limited outreach • No data about women recipients

Sila-e-Funn Pension	Pension of PKR 5000/USD 22.91 per month for poor elderly artists, writers, poets and media workers who have made a notable contribution in their field and earned less than PKR 15,000 per month	Punjab	No data	• Limited outreach • Limited funds • Only for artists over 50 years old with 25 or more years of experience
Disability pension, Employees' Old-Age Benefits Institutions	Disability pension of at least PKR 8500 per month for registered beneficiaries who are injured or rendered unable to work	All provinces	11,506 registered workers (disability)	• Limited outreach • Limited funds • No data about women recipients
Maternity Leave	Paid leave for pregnant women of up to 90 days with full pay	All provinces	No data	• Only for government employees and some private formal sector employees • Limited maternity package • No provision for extensions
Education (fee reimbursement, stipends)	Federal Employees' Benevolent and Group Insurance Funds	Balochistan KPK, Punjab, Sindh	No data	• Only for government employees • Separate provision for daughters not available

Source: Data for this table has taken from International Labor Organization Report, 2021: https://www.ilo.org/wcmsp5/groups/public/%2D%2D-asia/%2D%2D-ro-bangkok/%2D%2D-ilo-islamabad/documents/publication/wcms_802498.pdf

inadequate number of beneficiaries for the large national population standing at 224 million people and growing at the rate of 2% per year. For some benefits, there is no data at all about the extent of funds allocated or beneficiaries, and thus assessment of the schemes impact on worker well-being is not possible. There is also no sex-disaggregated data pertaining to number of women receiving old-age pension, gratuity, educational reimbursement, marriage grants, or death grants.

State Institutes and Programs for the Protection of Vulnerable Population Groups

An estimated 75% of women in Pakistan are not working (Tanaka & Muzones, 2016), and 74% of working women are employed in the informal sector (A. H. Khan, 2017). Thus, the overwhelming majority of women in the country are dependent on the protective services provided by the state, applicable for non-working and informal sector workers, summarized in Table 2.2. There are eight initiatives dedicated for women's protection. The Benazir Income Support Program provides unconditional cash transfers to ever-married poor women and has 9.1 million women beneficiaries across the country. However, the outreach is low and the fund allocation is minimal (Iqbal & Nawaz, 2017). There is also no data about the impact and follow-up of women beneficiaries with regard to emergence from poverty. Furthermore, there is concern that much of the cash transfer to women may be being used by male members of the family, or for the return of family debts, or for family health emergencies (Haris Gazdar & Zuberi, 2014).

The Lady Health Worker (LHW) program provides maternal and child health services at primary level through door-to-door services across the country. It is not certain how many women benefit, but the Lady Health Worker (LHW) program is known to suffer from multiple challenges such as (i) unfavorable ratios of provider to women client, standing at 1:1500 (Mir & Khan, 2020), (ii) dissatisfied and overburdened LHWs who receive low pay and support from employer and supervisors (Afsar & Younus, 2005), (iii) low budget allocation for the program's overall development (Jafree et al., 2022a), and (iv) low acceptance in the community by conservative families, leading to low uptake of services (Hafeez et al., 2011).

Women shelters are available in some provinces—Darul Aman, Darul Falah, and Shaheed Benazir Bhutto Human Rights Centres for Women—but the beneficiaries are very few considering that domestic violence and

Table 2.2 A list of state institutes and programs for the protection for vulnerable population groups in Pakistan

	Area	*Province*	*Actual Coverage*	*Limitations*
For Female Groups				
Benazir Income Support Program	Unconditional cash transfers for ever-married poor women (stipend of PKR 5000/USD 22.91 every three months)	All provinces	9.1 million women	• Limited outreach • Beneficiaries may not be deserving
The Lady Health Worker Program	Maternal and child health services at primary level	All provinces	Not certain (Claim is 115 million family members)	• Uptake is low • Ratio of LHW to women population is very high • Service quality & training of LHWs inadequate
Darul Aman	Women's shelters for survivors of violence	Punjab, KPK, Sindh	Punjab = 15,269 KPK = 994 Sindh = no data	• Limited outreach
Darul Falah	Shelters for mothers and children	Punjab	230 beneficiaries (1 shelter each in 6 cities)	• Limited outreach
Shaheed Benazir Bhutto Human Rights Centres for Women	Crisis centers for women that provide temporary emergency shelter to survivors of violence	Punjab	180 beneficiaries (1 shelter each in 12 cities)	• Limited outreach
Working Women's Hostels	Subsidized housing for working women	Punjab	448 beneficiaries (16 hostels in 11 cities)	• Limited outreach

(*continued*)

Table 2.2 (continued)

	Area	*Province*	*Actual Coverage*	*Limitations*
Women Empowerment Center	Free skills training for widows, orphans and impoverished girls	All provinces	155 centers across country. Number of beneficiaries unknown.	• No data for assessment of initiative
Ba-Himmat Buzurg Pension Programme for Elderly Women	Unconditional cash transfers of PKR 2000/USD 91.64 per month for women over the age of 65	Punjab	110,000 beneficiaries	• Limited funds • Limited outreach
Non-women specific schemes				
Sehat Sahulat Health Insurance Program	Free healthcare for people below the poverty line, persons with disabilities and transgender people	All provinces	7,296,013 families enrolled	• Number of beneficiaries not available
Sehat Sahulat Insaf Programme	Universal healthcare for all people	KPK	No data	• Number of beneficiaries not available
Healthcare, Zakat and Ushr Department	Religious taxes allocated to healthcare for some health areas	KPK, Sindh	KPK = 301 beneficiaries; Sindh = No data	• Limited outreach • No data about women recipients
Healthcare, Bait-ul-Mal	Funds for treatment provided to teaching hospitals and other large government hospitals	Punjab	9840 beneficiaries	• Fund release not certain • Limited outreach
Ehsaas emergency cash program	Cash transfer for poor people (one-off emergency assistance of PKR 12,000/USD 54.98)	All provinces	16.9 million poor families (8 million women)	• Limited outreach • One-off payments do not eliminate poverty

(*continued*)

Table 2.2 (continued)

	Area	*Province*	*Actual Coverage*	*Limitations*
Eid grant by Zakat and Ushr Department	Cash grant for those who are chronically poor	All provinces	No data	• Limited outreach • No data about women recipients
Individual financial assistance from Pakistan Bait-ul-Mal	Support for widows, destitute women, orphans and persons with disabilities (PKR 17,500/USD 80.18 per month)	All provinces	No data	• No data for assessment of initiative • No data about women recipients
Guzara allowance from the Zakat and Ushr Department	Grant for the chronic poor of PKR 1500/USD 6.87 per month	Balochistan, KPK, Punjab	Balochistan = no data; KPK = 29,467 beneficiaries; Punjab = 170,000 beneficiaries.	• Limited outreach • Limited funds • No data about women recipient
Guzara allowance for the blind from the Zakat and Ushr Department	Grant for the chronic poor of PKR 2000/USD 91.64 per month	Punjab	633 beneficiaries	• Limited outreach • Limited funds • No data about women recipients
Khidmat Card for persons with disabilities	A grant for disabled people (PKR 2000/ USD 91.64 per month for people unable to work; PKR 1500/USD 80.18 per month for those able to work).	Punjab	63,697 beneficiaries	• Limited outreach • Limited funds • No data about women recipients

(*continued*)

Table 2.2 (continued)

	Area	*Province*	*Actual Coverage*	*Limitations*
Nasheman Home	Shelter for people with physical or mental disabilities and deaf persons (between 18 and 50 years old)	Punjab	73 beneficiaries 3 homes (1 each in 3 cities: Bahawalpur, Faisalabad & Lahore)	• Limited outreach • No data about women recipients
Darul Sakoon	Halfway house for mental health patients	Punjab	No data	• No data for assessment of initiative • No data about women recipients
Rehabilitation centers for the physically handicapped	Vocational training for persons with physical disabilities	Sindh	No data	• No data for assessment of initiative • No data about women recipients
Great Homes	Shelters for destitute, abandoned, or infirm senior citizens	All provinces	250 beneficiaries in 5 cities/1 shelter in each city	• Limited outreach • No data about women recipients
Aafiat	Old-age homes, each with the capacity for 50 residents	Punjab	247 beneficiaries 6 homes/6 city districts of the province	• Limited outreach • No data about women recipients

Source: Data for this table has taken from International Labor Organization Report, 2021: https://www.ilo.org/wcmsp5/groups/public/%2D%2D-asia/%2D%2D-ro-bangkok/%2D%2D-ilo-islamabad/documents/publication/wcms_802498.pdf

other forms of violence against women—such as workplace violence, honor killing, human trafficking, female child abuse, child marriage, and street harassment—are extremely high in the country (Ali & Gavino, 2008; A. Khan & Hussain, 2008). There are Working Women's Hostels found in Punjab, and this is a good initiative to allow accommodation for women who cannot find suitable jobs near their own homes but is limited to provision for very few women and restricted to availability in only one province. There are apparently 155 Women Empowerment Centers across

the country, which aim to provide women with training for cutting, sewing, knitting, hand embroidery, and machine embroidery, so they can work from home or in local factories and shops. However, there is no confirmation about the number of women beneficiaries or the impact of skill development on improved employability and income generation of females.

There is also a pension scheme for elderly women—Ba-Himmat Buzurg Pension Programme for Elderly Women—which is much needed as majority women remain unemployed during their working years and as widows or aging women need this support. However, once again this scheme has three major problems: (i) it is limited in outreach and restricted to only 110,000 women from Punjab province, (ii) the cash transfer of PKR 2000/USD 91.64 per month is a negligible amount, which probably has no impact on the life quality of aging women beneficiaries, and (iii) there is no available evidence or survey of beneficiaries which confirms if elderly women are using the cash transfer themselves or being deprived of it by family members.

Apart from these eight schemes specifically for women, there are 14 programs for the entire population, inclusive of women. The Sehat Sahulat Health Insurance Program provides free healthcare for all people of the nation below the poverty line and persons with disabilities and transgender people. However, it must be noted that for claims people need to be registered with the National Database and Registration Authority and issued with a special Computerized National Identity Card to prove they have a disability or are transgender people. This excludes many women and hidden populations from accessing the insurance. There are also other problems related to the Sehat Sahulat Health Insurance Program, including: (i) change of government and concern about political commitment and continuation of scheme, (ii) financial sustainability of the program, (iii) large number of registered people, but no data about actual beneficiaries, and (iv) limited coverage for hospitalization costs only (Hasan et al., 2022). There are also major hurdles in access to clients and reimbursements to hospitals and providers, which contributes to inefficiency in service delivery and low trust in the program (Cheema et al., 2020). The Sehat Sahulat Insaf Programme implemented in KPK province provides universal healthcare for all persons in the province and gives in-patient coverage for secondary medical care of up to PKR 40,000/USD 182.12 per person per household and PKR 400,000/USD 1821.18 for tertiary care in the case of priority diseases. However, there is no confirmed data

about beneficiaries, impact, challenges, and plans for financial sustainability (Tariq et al., 2021).

Religious tax collections through *Zakat*, *Ushr*, and the Bait-ul-Mal system are available for allocation to the health sector in some provinces. In KPK funds are provided to government hospitals for the medical treatment of the poor; PKR 10,000/USD 45.53 for in-patient care per visit and PKR 5000/USD 22.76 for out-patient care. Additionally, for medical treatment for cancer, hepatitis, cardiac, and kidney diseases, an amount of PKR 50,000/USD 227.65–PKR 500,000/USD 2276.48 can be allocated. However, there are only 301 beneficiaries from KPK and no certainty of how many women may be benefiting. In Sindh, free hospital treatment is being provided for poor patients, with a grant of PKR 2000/USD 9.11 for in-patient and PKR 1000/USD 4.55 for out-patient care, however, there is no data about the number of beneficiaries.

The Ehsaas Emergency Cash Program was made available in all provinces and was a good source of relief for poor people who lost their incomes during the coronavirus lockdown (Ar & Abbas, 2021). However, this was a one-off emergency assistance cash transfer for poor people that was limited to PKR 12,000/USD 54.64. An estimated 16.9 million poor families benefited from the Ehsaas Emergency Cash Program, of which 8 million were women. In addition, to this the government provides some transfers in the form of an *Eidh* grant (annual religious celebration) and financial assistance from the Pakistan Bait-ul-Mal (religious tax collection) to the poor and needy. However, there is no confirmed data about beneficiaries overall, or women recipients. One local scholarship has reported that they approached the Pakistan Bait-ul-Mal administration to confirm that recipients of funds are predominantly young people between 20 and 40 years and from rural areas (Laila et al., 2021). Beneficiaries are able to gain some relief through the Bait-ul-Mal cash transfers, but the benefits are not long-lasting and the actual receipt of funds can take very long due to the lengthy process of release. Other local research suggests that the Bait-ul-Mal system is plagued by ineffective management, corrupt practices, and distribution to the non-needy or those who have contacts with administrative officers (Bhatti et al., 2017). There are also Guzara Allowances for the poor, allocated by some provinces (Balochistan, KPK and Punjab), but again the transfer is very small (PKR 1500/USD 6.83–PKR 2000/USD 9.11), and there is either no data about beneficiaries in some provinces and no certainty of how many women may benefit from this transfer. In addition, the scheme, along with other direct fund transfer schemes, has been criticized for encouraging dependency (Toor & Nasar,

2004). The alternative suggestion is to use the same funds to help set up an income-generating initiative or develop a skill set in poor women.

The Pakistan government has a Khidmat Card for persons with disabilities, which grants PKR 2000/USD 9.11 per month for people unable to work or PKR 1500/USD 6.83 per month for those able to work. Beneficiaries are decided based on a proxy means testing score of 20 or below, as well as the certification of disability. This initiative is limited to the Punjab province and has 63,697 beneficiaries. However, as with other schemes, this protection needs to be expanded across the country and the fund allocation needs to be increased significantly to make any impact on the lives of people with disabilities. The proxy means testing for the program also needs to be revisited to ensure that true beneficiaries are not being excluded. Another major issue is that there are many special needs people across Pakistan who are unaware of this initiative and awareness for the benefit must be improved through social media and community outreach (Jahanzaib et al., 2021).

Efforts for providing shelters has been made, but again the provision is very limited. Punjab has homes, including a Nasheman Home, Darul Sakoon, and Aafiyat Centers for the disabled, people facing mental health challenges, and the elderly, respectively. However, there is no data about Darul Sakoon residents, whereas the Nasheman Homes and Aafiyat Centers provide shelter to only 73 and 247 beneficiaries, respectively. Great Homes are available in five cities across provinces, which provide shelter to the poor, abandoned, or infirm senior citizens, but there are only 250 beneficiaries. Needless to say, much more needs to be done for aging and vulnerable women populations in the country who need shelter, and beyond this, need provision for permanent homes with favorable environments and community centers for social support (Jafree et al., 2022b).

Major Limitations of Existing Social Protection Programs

Weak and Inadequate Cash Transfer Coverage to Women

Social protection for women in Pakistan has become synonymous with poverty alleviation and small cash transfer schemes. The few women that are part of the formal sector are eligible for employment-based contributory schemes based on a minimum wage, which means that many are excluded, even though they are part of the formal economy. The *Zakat*,

Ushr, and Bait-ul-Mal schemes are only for the "deserving poor." In addition, the distribution of *Zakat*, *Ushr*, and Bait-ul-Mal schemes is not exclusively for women and overall has extremely low outreach. The total beneficiaries of cash transfers from *Zakat* have not been registered by the government of Pakistan, while the beneficiaries from the Benazir Income Support Programme (BISP) have been reported to be as low as 7.7% of the female population. The main two forms of cash transfers in the country include: (i) *Sadqa* or inheritance (25.9%) and (ii) remittances from within Pakistan (11.2%) (Pakistan Bureau of Statistics, 2022). This confirms that in Pakistan the poor are dependent on cash transfers from family, kin, and charity, and not the state.

Errors in Distribution

Cash transfers in Pakistan are distributed based on the National Socio-Economic Registry, a proxy means testing based registry, based on records from 2011. All cash transfer program initiatives in the country—including the Benazir Income Support Programme (BISP), the Khidmat Card for persons with disabilities, the Ba-Himmat Buzurg cash transfer for older persons, the Sehat Sahulat Health Card, and the Ehsaas Emergency Cash Transfers—use data from the National Socio-Economic Registry to identify beneficiaries. The proxy means testing system is known to have exclusion errors, with inaccurate targeting leading to deserving women not receiving benefits (Sharif, 2012). It is important that before upscale means testing is improved in the country through cost-efficient data collection, effective management of information, and monitoring and verification of the system to minimize fraud and leakage. Case Study 2.1 describes one such case where a woman residing in an urban slum area of Lahore has been revoked as a beneficiary for cash transfer despite being impoverished.

Case Study 2.1: Ineligibility for Cash Transfers Despite Extreme Poverty and Food Insecurity

A woman named Humeira,[1] living in Thokar Niaz Beg's urban slum area of Lahore, was interviewed to ask the reason for her becoming ineligible for BISP, when she had been a recipient in the past. The woman has 4 children, all of whom are not in school and below the age of 18 years. She described:

(*continued*)

Case Study 2.1: (continued)

> I was eligible for PKR 2000 (USD 9.11) per month in the past, but they (BISP Officers) turned me away since the last year. I do not know why. I visited the office many times. But they refuse to explain. There is a form where they have all our data and record our answers.
>
> I think it may be because we lived in a rented house in the past, but now have shifted into our own 1 Marla house (a square yard or 9 square feet). This was gifted to us by my brothers. But they do not give us monthly money to manage food and daily expenses.
>
> What these people don't understand is that we don't have money to eat or send our children to school. My husband earns anything between PKR 500/USD 2.28 to PKR 800/USD 3.64 in a day through *Mazdoori* (physical labor). If he doesn't get a job in a day, we go hungry. The BISP allocation helped me in providing food to the children and family when needed.

I asked Humeira about information sharing by the officers and if she had appealed for help, to which she replied:

> They (BISP Officers) have no time to answer questions and are not interested in helping us. I have visited several times to ask them the reason for my ineligibility and which information I can provide to become a beneficiary again. Isn't this enough that my husband is a daily wage earner, that I am unemployed, and that we can't send our children to school. We are eligible. But there is some corruption going on. Our local *Imam* (religious cleric) told my husband that the government uses *haram* (ill-gotten) money from *sood* (interest) for these cash transfers. This is why this whole BISP scheme is a fraud and does not help the truly deserving or *Momins* (faithful Muslim).

The case study confirms that there is a problem with proxy means testing and that the scoring system needs to be revised so that the deserving are not excluded from the pool. Furthermore, officers of BISP need to be trained for better services and communication, so that beneficiaries and non-beneficiaries have better information. This will build trust and uptake in clients and assist outreach to all women groups. Finally, there needs to be more research about how to improve awareness and approval for government cash transfer schemes. If religious leaders and community members believe that the funds are being generated from interest, which is prohibited in Islam, this may negatively impact upscale efforts and trust in cash transfer programs.

Challenges Faced by Non-beneficiaries of Cash Transfers

As mentioned, Pakistan to date has been relying on the cash transfers from the Benazir Income Support Program (BISP) and the Ehsaas program to relieve poverty in women. However, the beneficiaries are very few, and the long-term impact on their poverty alleviation is uncertain. The cash transfer currently ranges from a monthly allocation of PKR 1000/USD 4.15 to PKR 1200/USD 4.98 and provides only short-term relief to the few women recipients who gain from it (Government of Pakistan, 2021a). Local data also confirms that there is serious mismanagement of cash transfers with eligible women remaining bereft and non-eligible women receiving allocations (Arif et al., 2022).

Tables 2.3 and 2.4 summarize data about the majority women who have not received any cash transfer or in-kind support from the government of Pakistan (91.5%). The data highlights non-beneficiary women's socio-demographic characteristics, health-seeking behavior, and household characteristics. Majority of non-recipients are younger women, between the age of 15 and 39 years (79.3%) and from the provinces of KPK, Punjab, and Sindh (70.8%). The data suggests that younger women, who may need a lot of help for cash transfers to continue their education, for housing stability, and health needs are bereft of this service (Handa et al., 2015). Considerable number of illiterate women (47.8%) and those who have received only secondary education, up to grade 10 (36.4%), are also not recipients.

The data also reveals that considerable number of poor women (37.8%) and rural-based women (50.4%) are not receiving cash or in-kind transfers. Majority of non-beneficiary women have children below the age of five years (67.9%), suggesting women who need support for childcare are not receiving it. Similarly, most non-beneficiary women live in homes with a large number of household members, between 6 and 44 people (72.7%). With regard to other household characteristics, the data suggests that non-beneficiaries live in unstable households, with majority (i) using inferior cooking oil—such as wood, charcoal, animal dung, and not having access to gas for cooking (65.3%); (ii) not having toilets with a flush to piped sewer (73.4%); (iii) not having a source of drinking water as part of their dwelling and having to retrieve from the neighborhood well (75.6%); and (iv) having housing floor material made of earth, dung, or mats (55.6%).

Table 2.3 Descriptive statistics for women who have not received cash transfers or in-kind transfers from the state and their socio-demographic characteristics

Variable	*Women who have not received cash transfers or in-kind transfers (%)*
Age	
15–29 years	42.8
30–39 years	36.5
40–49 years	20.8
	100.0
Province	
AJK	11.4
Balochistan	11.5
GB	6.4
KPK	21.9
Punjab	31.6
Sindh	17.3
	100.0
Reginal Belonging	
Urban	49.6
Rural	50.4
	100.0
Literacy	
None	47.8
Primary to secondary	36.4
Graduate	15.8
	100.0%
Wealth class	
Poor	37.8
Middle	19.7
Upper	42.5
	100.0

Source: Pakistan Demographic and Health Data, 2018, https://www.dhsprogram.com/publications/publication-FR366-Other-Final-Reports.cfm

Note: The Pakistan Demographic and Health data is a nationally representative sample including all ever-married women aged 15–49 from all provinces of the country through cluster sampling based on population weightage (N = 12,364)

Many of the non-beneficiaries are delivering child(ren) at home instead of at health centers (32.1%), are not providing colostrum to their newborn(s) (74.3%), and do not use bed-nets while sleeping to prevent insect bites (98.8%). Similarly, majority have never been advised about a balanced diet (67.4%). The data suggests that lack of cash or in-kind

Table 2.4 Descriptive statistics for women who have not received cash transfers or in-kind transfers from the state and their health-seeking behavior and household characteristics

Variable	*Women who have not received cash transfers or in-kind transfers (%)*
Place of delivery	
Home	32.1
Hospital/Health Center	67.9
	100.0
Provision of colostrum	
Yes	25.7
No	74.3
	100.0
Advised about balanced diet	
Yes	32.6
No	67.4
	100.0
Sleep under mosquito net	
Yes	1.2
No	98.8
	100.0
Source of drinking water	
Piped to dwelling	24.4
Not part of dwelling	75.6
	100.0
Type of toilet facility in home	
Flushed to piped sewer	26.6
Not flushed to piped sewer	73.4
	100.0
Electricity in home	
Yes	90.1
No	9.9
	100.0
Radio in home	
Yes	11.9
No	88.1
	100.0
TV in home	
Yes	64.0
No	36.0
	100.0

(*continued*)

Table 2.4 (continued)

Variable	*Women who have not received cash transfers or in-kind transfers (%)*
House floor material	
Cement/title/marble	44.4
Other (earth, dung, mats)	55.6
	100.0
Number of children under age 5 years	
Yes	67.9
None	32.1
	100.0
Number of HH members	
1–5 people	27.3
6–10 people	48.8
11–44 people	23.9
	100.0

Source: Pakistan Demographic and Health Data, 2018, https://www.dhsprogram.com/publications/publication-FR366-Other-Final-Reports.cfm

Note: The Pakistan Demographic and Health data is a nationally representative sample including all ever-married women aged 15–49 from all provinces of the country through cluster sampling based on population weightage (N = 12,364)

transfers in women is correlated with low awareness about maternal and child health needs. As interventions are targeted for poverty relief, they need to be coupled with interventions for improved health behavior and practices. A considerable number of women also do not have access to radio (88.1%) or TV (36.0%), which suggests that they may not have information about where and how to access government cash or in-kind transfer schemes and need more community doorstep outreach about availability of schemes and continued support for uptake at the doorstep.

No Comprehensive Sex-disaggregated Data

The availability of comprehensive data pertaining to women across provinces and regions is a major problem in Pakistan, which prevents accurate needs assessment and overall planning for social protection. There is need to use integrated and online databases and start incorporating new datasets (Hilbert, 2016), with missing data for women groups in the country included across each data head. Examples of missing data have been discussed across the chapters of this book and one from each chapter are

mentioned here for reference: (i) number of women living in displaced, nuclear, and reconstituted families; (ii) number of women with and without possession of house ownership documents; (iii) comparison of undernourished women across each age-group, region, and province; (iv) details of different informal work women are engaged in across both formal and informal organizations; and (v) categories of different chronic diseases and a score for multimorbidity burden for females.

No Coverage for the Diverse Protection Needs of Different Women Groups in the Country

Social protection schemes for women in Pakistan need to be planned on the basis of a thorough assessment of diverse needs and across the entire range of women population groups. It is not just cash transfers that are needed but planning for social policy must consider a range of support including, but not limited to, counseling, community supervision, skill development, literacy for social and business skills, and clinal and medical attention, referral, and accurate and regular means testing. Though we have limited demographic data about women in the country, we are able to gauge by this chapter's discussion that the following areas are not explicitly or comprehensively being covered, where women of the country need dire support, and where the rest of this book's chapters will continue discussion: (i) family equality and safety, (ii) housing adequacy and ownership, (iii) food security and nutritional adequacy, (iv) environment challenges and disaster-risk protection, (iv) health support, not just related to family planning, (v) literacy and skill development, and (vi) employment and formal sector inclusion.

The few women who are government or private sector employees benefit from pension plans, employment contracts, and limited maternal leave, but comprehensive social security is not available for even the working women, and there is no provision for the majority of non-working and informal sector workers. Since the limited social protection available in the country is restricted to women workers of the formal sector and women of reproductive years, all the following women groups are neglected for protection: (i) aging women; (ii) the girl child and female youth; (iii) special needs females; (iv) refugee, migrant, and displaced women; (v) women facing chronic disease burden and multimorbidity; (vi) the unemployed and those working in the informal sector; (vii) women who require support for care of children and other dependents in the house; (viii) female

orphans and women-only households with unmarried females; (ix) widowed, divorced, or separated women who do not have male family members to contribute to household income; and (x) females living with step relations or extended kin. These women groups need to be recognized as vulnerable groups so that during policy development specific support is designed for them.

Conclusion

In this chapter, we find that Pakistan's planning and execution for protection of women is overall weak and limited. Though some valuable employment security provisions exist for the working people in the country, there are two major problems: (i) very few women in the country are actually part of the formal sector workforce or government employees who gain from this protection; and (ii) the existing employment security provisions do not provide for comprehensive support for working women. The major emissions with regard to the latter being maternal leave and benefits, house and car loans, child education support, and health insurance. The state is also providing some interesting programs for the protection of vulnerable population groups. However, the major drawback in these schemes is that there is limited outreach and no confirmation about the number of women beneficiaries. It is almost as if the state is providing these services as a token to show on paper, but not for actual impact on the wellbeing of poor and needy women population groups and other vulnerable groups of the country.

The major emphasis for social protection is on weak and inadequate cash transfer coverage, without consideration of other social protection needs, some of which include literacy and awareness, skill development, universal health coverage, savings and pension scheme for non-working and informal sector workers. There are major errors in distribution for cash transfer schemes in the country. Not only are the truly deserving women being neglected, but past beneficiaries are also not receiving continued support due to errors in calculation and the proxy means testing system. Finally, there is no comprehensive sex-disaggregated data which can help to identify needs and assist in planning prudent protective policy and this is why there is no coverage for the diverse protection needs of different women groups in the country. The following chapters of the book will attempt to cover these leakages in more detail and recommend regionally relevant policy for overall wellbeing and protection of women in the country.

Note

1. Name of participant has been changed to maintain anonymity.

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CHAPTER 3

Family, Housing, and Social Policy for Women of Pakistan

Introduction

Family is one of the major social institutes in Pakistan, yet it is one of the most neglected policy areas for protection. Families and homes in the country are accepted as closed and private spaces and much of what happens within the family and household unit remains hidden. This means that Pakistan suffers from little understanding about what is needed with regards to family policy. Also, when family policy is recommended, it is rarely legislated due to preference to retain family order and values in a conservative and patriarchal country (Rizvi Jafree & Naqi, 2020). It is difficult to describe family policies, but they are generally agreed to be protective support for parents and caregivers to improve support and wellbeing for family, housing, and work life (Séraphin & St-Amour, 2020). Policies for family and the home differ based on regional needs, cultural values, and social norms. Policies also differ based on demographic trends, literacy rates, extent of poverty, and labor market inclinations. The Global North has been a proactive leader in prioritizing family policies to protect vulnerable groups, especially women, children, and elderly dependents (Linos, 2011).

Prudent family policies, such as support for low income families, child care, and adequate housing, can have a positive effect on the quality of workforce in a society, economic growth, and overall national development (Chin et al., 2012). Family policies can also be instrumental in improving

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values and ethics within communities and producing a more harmonious society. Other family polices related to marriage and equal rights in inheritance have played a significant role in improving equality in society and reducing subjugation of females (Ravnborg et al., 2016). Across the world it is usually women who are the primary and sole care providers for the children, home, and other dependents, and thus good family and housing policies consider the protection of women, so that the quality of care provided to children and families is optimal. To design effective family and housing policy, there is a need to identify the types of families in a society and their housing status; however, as we will see in the rest of this chapter, we have very little sex-disaggregated data in Pakistan for these areas.

The status of a woman within the family and home is arguably the most important indicator of her wellbeing and life quality. The patriarchal climate and conservative traditions in Pakistan, however, have retained men as the heads of the family and household and given them exclusive decision-making rights. Many agree that it is family status and house ownership worldwide that makes the difference for a woman's ability to gain power and negotiate for capacity development (Woods, 2018). In this way, both gender equality and national development is irrevocably linked to family circumstances, house ownership, and housing stability of women. For women in Pakistan particularly, having a voice within the family unit, and owning their own home is important due to several reasons: (1) the family and home is a safe place for women to live in, raise their children, and nurture a family; (2) sole ownership of a house offers women both long-term and short-term security and safety within society; and (3) equality within the family provides women an identity as valuable members with rights (Agarwal, 1984; Bhatla et al., 2016; Grabe et al., 2015).

Equality of Women in Pakistani Families

In many ways, the family and home is the center for all equalities, or inequalities, facing women in Pakistan (Zulfiqar, 2022). The family unit is the crucial structure of society which nurtures, socializes, and influences the values and practices of both men and women. Though in the past the joint family setup was more dominant in Pakistan, due to multiple reasons such as urbanization, social acceptability of divorce, common practice of second marriages, rising costs of living, and displacement, other types of families are also found in the country. This includes nuclear families, single-parent families, and reconstituted families. Policy-makers can have a

substantial impact on families with regard to gender equality and women's rights; however, in Pakistan the family unit is considered a private domain (Habiba et al., 2016). There is reluctance to pass family bills or take political action with regard to families, in order to appease patriarchal and conservative mindsets and also preserve traditional values within families. The general belief and understanding is that the family and kin will come together to provide social protection and welfare for women, and that state interference can lead to a violation of traditional norms (Sayeed, 2004).

Excessive son-preference in Pakistan leads to normalizing practices within the family unit which marginalize daughters from birth. Girl children are known in the country to receive less attention, care, nutrition, and investment for education and healthcare (Croll, 2002; Ragsdale & Campbell, 1999). Religious interpretations and traditional systems also keep females deprived of inheritance and ownership of assets. It is assumed that daughters will leave the home after marriage and will be incapable of providing financial or physical support for their families. Not only is investment in education and healthcare for daughters considered a wasteful expense that will never be returned, but the future expense of marriage costs and having to pay dowries makes the birth of a daughter in majority poor families of Pakistan an unwelcome blessing. For fathers and families who do invest in educating their daughters and giving them equal share in property, there are major social factors which penalize them for breaking the traditional order. Women in the country who are highly educated are known to receive fewer marriage proposals as they are perceived to be less malleable (Ali et al., 2015). Furthermore, women who are granted property by their male guardians face problems upon the demise of their guardians such as pressure from brothers to hand over property or rifts with family members about Islamic inheritance laws (Holden & Chaudhary, 2013).

The minimum legal age of marriage for females is 16 years in the country, and in many conservative and rural communities daughters are married off at even younger ages (Naveed & Butt, 2020). Early marriages of females are seen as a relief for families, in terms of security, family honor, and reduced expense in paying for their household and educational expenses. After marriage, women in the country are known to suffer grave forms of abuse and neglect due to their low status overall, and also due to inadequate dowry (T. S. Ali et al., 2013). Though there are laws restricting dowry and expense for wedding food, the implementation of these laws is weak. Post-marriage also women face multiple problems in the

country related to () husband's legal right to a second marriage, (2) rights for seeking divorce from husband and gaining custody of children, and (3) receiving benefits from the state beyond *iddat* (the four-month waiting period for a woman after separation or widowhood). With regard to the latter, some private and government employers provide *iddat* allowance to women, but there is need for more permanent support for women beyond the four months (Jamal & Policy, 2010).

Most women are conditioned and restricted to remaining as housewives through their life-course in the country and thus universal pension and social security for women is critically needed. Related to this point about women's primary role as care providers for the home and family is the fact that many women in the country are also responsible for care provision of all elderly and other dependents in the household, such as special needs family members and the chronically ill (Jalal, 1991). For many women in the country, the lack of support from family and the excessive role burden within the household prevents them from capacity-building and agency. Thus, even women who may have opportunities for education and health-seeking are known not to have the time and energy for self-care or participation in paid work due to family responsibilities.

There is no data about the number of women who live in different family types in Pakistan. As the Pakistan Demographic and Health Survey (PDHS) gathers data from ever married women and women of reproductive years, there is over-representation of married women in the sample. Also, the PDHS does not present data for family type, and how many women in Pakistan live in nuclear families, joint families, reconstituted families, displaced extended families, as single parents, or in communal arrangements. Similarly, the Pakistan Household Integrated Economic Survey also does not have data for women's family type (Pakistan Bureau of Statistics, 2012). This data is imperative to plan prudent family policy for women in the country. Local scholarship suggests that females living in reconstituted families or with step relations, like step fathers and other male relatives, may face sexual violence and neglect (Rasheed, 2006). Women living in joint families are also known to face different forms of abuse and violence due to low conjugal bond and the excessive influence and interference of in-laws (Karmaliani et al., 2012). These are just examples of which women groups may need increased protection, and only when we have complete data about family types can relevant policy protection cannot be planned.

Overall, Pakistan now needs to stop considering the family as an exclusively private domain, so that the structure can be supported and monitored for better protection of women. The essential areas for family policy can only be developed based on more robust data on the family and specifically female members. This will help to design relevant policies for child protection, school financing, care provider subsidies, parent subsidies, and long-term care for aging members and other dependents. As Pakistan is a pluralistic society with a myriad of different families across its provinces, family policy in the country may need to be planned based on region, ethnicity, and religious belonging or sectarian belonging. As with all policy efforts and implementation, but more so for family policy, continuous assessment will be needed to analyze how policy is being translated into practice and the impact on society. We must not forget that laws against honor killing and child marriage exist in Pakistan, but there are latent cultural factors which unite families in breaching laws and sustaining crimes against females. For Pakistan, more research is needed to explore how family policies reinforce or challenge the gender structure and family socialization of women's role and status and which strategy will be more effective in improving equality and safety for women.

Housing Ownership for Women a Human Right

Housing has been declared a basic human right by international law, and the Pakistan Constitution has given its commitment to provide housing to all citizens who are unable to earn their livelihood on account of infirmity, sickness, or unemployment (Pakistan & Assembly, 1973). Despite this, many people remain homeless in Pakistan and housing policy has failed to provide more specific protection for poor and vulnerable women in the country, who are in need for housing security, housing adequacy, security of possession, and security of tenure (Gazdar & Mallah, 2011). As a comprehensive social protection floor for women in Pakistan has never been a national priority, there is a lack of empirical data about the actual number of women in the country who are bereft of housing or adequate housing. In 1998, in accordance with the United Nations guidelines and with the help of the Asian Development Bank, Pakistan collected its first compendium on gender statistics. The compendium has been updated in 2004, 2009, 2014, and 2019 by the Pakistan Bureau of Statistics and includes data for Population, Fertility and Mortality; Household and Family Structure; Health Profile; Family Planning; Education in Pakistan; Labour

and Manpower; Employment Trends; and Women's Role in Public Life. However, there is no confirmed data about women's housing ownership and adequacy across different regions of the country.

Some evidence reports that 10 million people in the country overall are in need of houses (Ahmed, 2022). For many years, natural disasters and flooding in KPK, Kashmir, and Sindh, and militant insurgencies in Balochistan have become a cause for housing destruction, compounding housing shortfall problems in the country. Rural to urban migration in the country has increased over the years (Mukhtar et al., 2018), and though people have been migrating for better job opportunities and living standards, majority of the migrants are known to suffer from homelessness and housing inadequacy. The housing crisis is compounded due to population explosion and rapid urbanization (Khali & Nadeem, 2019). The nuclearization of families is also contributing to the demands for separate households. Rising cost of land and property construction material is also a major barrier to house ownership, with land being considered a principal store of value, like gold, in Pakistan and thus the cost of land increases each year more than the rate of incomes. The cultural tradition in the country for affluent and middle-class families is to buy land for every child and grandchild, making land a prized legacy which represents family status and security for children in the absence of state welfare and social safety nets.

To add to the problems, the recent floods in Pakistan, August 2022 onward, have affected nearly 35 million people, and what was previously a housing shortage in the country has now converted into a housing crisis of gigantic proportions. More than 1.5 million homes have been destroyed and many people are unable to access their homes due to standing water (Jazeera, 2022). This has forced women to sleep in tents if they are available or make temporary shelters with whatever material they can find (Human Rights Watch, 2022). The major challenges associated with flood-driven homelessness affecting women include (1) multiple health ailments and diseases due to exposure and standing water, (2) inability to get help for prenatal and postnatal care and delivery of child, (3) lack of access to safe water for drinking, food rations, and therapeutic supplies, and (4) absence of provision for lighting post dusk, gas for cooking, and waste disposal. Sadly, the floods and homelessness has also contributed to an increase in violence and harassment facing homeless women and girls in the country (Global Village Space, 2022).

The importance of owning houses and land for Pakistani women is also linked to opportunities for accessing resources and citizenship entitlements. Provision of a permanent address is mandatory for most transactions, registrations, entitlements, and gaining state benefits for capacity-building opportunities. Even the national identification card cannot be gained without providing a permanent address. There is a need to plan access for specifically vulnerable women groups who may not have a permanent address, or even a national identity card, so that citizenship-based entitlements and protective polices, as they emerge and expand, are accessible to all women. At the moment, housing provision for women in the country is skewed toward the few middle- and upper-class women from urban families. We also need to consider that urban women may not actually own the houses they live in or be living in adequate housing and thus displaced, rural, and urban women in Pakistan and other developing regions are in need of concentrated efforts for housing permanency and possession of ownership (Turner, 2014).

Shortage in housing ownership can lead to many women being forced to reside in rented and temporary housing which is inadequate and unfavorable for overall life quality. Inadequate housing is usually associated with overcrowding, unsafe neighborhood environment, and poor housing quality. The latter may include some or all deprivations related to shortage or absence of gas, electricity, water or safe water, garbage disposal, toilet facilities, and drainage. Inadequate housing for women in Pakistan may also include different forms of homelessness, such as (1) transitional homelessness or episodic homelessness—where women and their families have to change homes due to natural disasters, job loss, health reasons, or residential catastrophe, such as flooded streets or collapsed rooves and walls; and (2) hidden homelessness—where women and their families are residing in rented homes or are relying on relatives and friends for accommodation indefinitely. Newspaper reports about homeless women and children sleeping under bridges or on roadside pavements are not uncommon in the country (Hasan & Arif, 2018; Sherman et al., 2005).

Housing Shortages for Women in Pakistan and Inadequacy of Data

According to the Pakistan Bureau of Statistics, 54.6% of houses in the country are *Pucca* (permanent), whereas 10.8% are semi-*Pacca* (semi-permanent) and 34.5% are *Kucha* (non-permanent) structures. The latter

(semi-permanent and permanent) houses are made of either bamboo, mud, grass, reed, stones, thatch, straw, leaves, and unburnt bricks (Pakistan Bureau of Statistics, 2021). Only 32.3% of houses have access to safe drinking water from pipes, whereas the majority are dependent on hand pumps (47.1%), wells (9.9%), and other sources, such as rainwater, streams, and lakes (10.7%). Though many houses have access to electricity (70.5%), a significant number of houses are dependent on kerosene oil (27.9%) and other sources such as lighting candles (1.7%). Absence of electricity means serious deprivation, especially in difficult weather circumstances requiring heating or cooling, and when girls and women may need to continue studies or home-based employment activities post-dusk. In fact, many females are known to continue domestic responsibilities of cooking and cleaning after dusk due to sole burden and unsymmetrical household assistance from men (Dida et al., 2014).

According to the Pakistan Social and Living Standard Survey data, only 20.2% of houses in the country have access to gas for cooking, whereas majority houses are using wood (68.9%), kerosine oil (3.7%), or other sources for cooking such as charcoal, agricultural crops, or animal dung (7.3%) (PSLM, 2019). Only17% of houses have municipalities for waste management, 32% of houses do not have their own toilet, and have to share with other households or neighbors, and 46% of households do not have a specific place for washing hands. Majority of households in the country have more than seven people living in the house (40.1%), or four or more people living in the house (44.7%). Low access for waste disposal, toilet use and hand washing, and having adequate space in the house, negatively affects females, more than male members of the household, as they (1) spend more hours in the home; (2) are responsible for hygiene and sanitation of the house, (3) are responsible for cooking and cleaning, and (4) are in need of privacy when using the washroom (Kennett & Chan, 2010).

In 2016, only 10.7% of households in Pakistan had female heads of households (PBS, 2018–2019). The provincial data for female heads of household are KPK—16.9%, Punjab—13.1%, Sindh—3.7%, and Balochistan—0.8%. For a patrilineal society, it is strange that the statistics for female-headed households are so high, and the reasons include (1) KPK and Punjab have a high-migration rate of male members of family, leaving women behind to head the households; (2) there is greater displacement, conflict, and refugee families in KPK, with more widowed women heading households; and (3) more families in Punjab have less shame in declaring elder women members of the family as heads of

household. There is no separate sex-disaggregated data reported for Gilgit-Baltistan and Kashmir.

Data for marital status of women in Pakistan indicates that there are many women facing widowhood and single status, and despite having male members like fathers and brothers listed as male heads of household, they need protection for house ownership. There are 89.9% women currently married in the country, with 2.4% unmarried, 7.3% widows, and 0.4% who are divorced (PBS, 2018–2019). Statistics for marital separation and other indicators of deprivation in marital relationship, such as husband having another wife/wives, husband living in another region, and women not receiving financial support from husbands, are not recorded in data. Pakistani society has weak legal implementation and so women do not seek legal recourse in the event of losing their homes or household income, such as (1) when their husbands marry a second time without their permission, or (2) when their husbands shift to another home or city and do not send support to family and children for monthly expenses. Women who own property have better chances to seek legal recourses or sell assets to gain income for household and childhood support in the event of spousal abandonment or widowhood (Nussbaum, 2007).

Table 3.1 presents the most recent data from the Pakistan Demographic and Health Survey, 2018, pertaining to women of reproductive years, and their ownership of house, land, and property deeds (National Institute of Population Studies, 2018). Evidence suggests that nearly all women have not inherited any land or home (93.7%). Similarly, almost no women in Pakistan own a house (97.0%) or land (98.0%) on their own or jointly. Of the few women that do own a house or land in the country, majority do not have a title deed for house (50.9%) or a title deed for land ownership (51.3%). Statistics confirm that women in Pakistan are deprived of home ownership and land ownership both through inheritance from fathers and during the life-course, for example, based on transfer made by husbands. Majority who claim to have ownership, do not have the ownership papers to provide them security for sale, thus depriving them of any revenue if needed or ability to use the asset as collateral for loans.

The Pakistan Social and Living Standards Measurement Survey reports that 80% of people own their own homes in Pakistan (Gazdar et al., 2013). There are several reasons, why this statistic may be over-reported and not representative of the predicament of women in Pakistan. First, there is little distinction between ownership and tenancy in the country. Second, many people, in both rural and urban areas, started life as irregular settlers and have no security of tenure. Third, many people report that they own

Table 3.1 Descriptive statistics for women in Pakistan and their property ownership and deed ownership for house and land

Variable	*All women (%)*
Inherited any land or house	
No	93.7
Yes, agricultural land	0.9
Yes, non-agricultural land	0.2
Yes, residential plot	0.5
Yes, house	0.8
Missing	3.9
	100.0
Owns a house alone or jointly	
Does not own	97.0
Alone only	1.5
Jointly only	1.3
Both alone and jointly	0.2
	100.0
Owns land alone or jointly	
Does not own	98.0
Alone only	1.0
Jointly only	0.8
Both alone and jointly	0.1
	100.0
Title deed on house owned by respondent	
Does not have a title deed	50.9
Has a title deed and respondent on title	39.7
Has a title deed but respondent not on title	4.0
Has a title deed, don't know if respondent on title	1.3
Don't know if has a title deed	4.0
	100.0
Title deed on land owned by respondent	
Does not have a title deed	51.3
Has a title deed and respondent on title	41.3
Has a title deed but respondent not on title	2.3
Has a title deed, don't know if respondent on title	0.3
Don't know if has a title deed	4.7
	100.0

Source: Pakistan Demographic and Health Data, 2018, https://www.dhsprogram.com/publications/publication-FR366-Other-Final-Reports.cfm

Note: The Pakistan Demographic and Health data is a nationally representative sample including all ever-married women aged 15–49 from all provinces of the country through cluster sampling based on population weightage ($N = 12{,}364$)

their land or the house that they live in due to social desirability bias in reporting, when in fact, they do not. Fourth, many people live with families or in large joint families, where ownership is either shared or uncertain.

Table 3.2 presents data pertaining to the socio-demographic characteristics of women who do not own houses. The evidence suggests that mostly younger women, between the ages of 15 to 29 years, do not own houses (40.9%). Punjab and KPK women (58.6%), being the most populated provinces, need the most support for house ownership. Rural (52.2%) and illiterate (51.3%) women also need more support for house ownership. The poor and middle-class women also need more support for house ownership (61.1%). Furthermore, women who do not own their own home have very little autonomy in the following decision-making areas: (1) for family planning (2.1%), (2) how to spend their own earning and income (6.1%), (3) expenditure for large household purchases (5.6%), (4) decisions for health-seeking (9.2%), and (5) decision to choose husband (19.6%). The evidence suggests that women without house or land ownership have very little control and influence over major decisions that affect their life, health, and overall wellbeing.

Table 3.3 presents the most recent data from the Pakistan Demographic and Health Survey, 2019, with regard to the housing quality available for women of reproductive years (National Institute of Population Studies, 2020). The evidence suggests that only 22.8% of women live in houses with piped water provided to dwelling, implying that majority have to collect water from outside the home, which requires physical work, time, and energy. Another 22.0% report that they must manage without water for at least one day during the week. Nearly all women do not do anything to make their water safe for drinking (91.0%), suggesting that there is critical and urgent need for state-level interventions related to (1) provision of safe drinking water and quality assessment, and (2) community literacy for water management strategies for safe drinking. Majority of the houses do not have toilet facilities that are flushed to piped sewer (81.9%). This means that females in the house are responsible for arranging water for manual flushing, if this extra water is available, and that hygiene levels are compromised due to human waste not being disposed efficiently. We must also consider that females in the country who spend more time in the home and washrooms, for example, cleaning the washroom and bathing and washing children and clothes, have greater exposure to germs, diseases, and odors (Winter et al., 2019).

Similarly, majority of the houses are not using gas for cooking (72.9%) implying extra time and energy required of women to use alternative

Table 3.2 Descriptive statistics for women in Pakistan who do not own a house and their socio-demographic characteristics and decision-making rights

Variable	*Women who do not own a house (%)*
Age	
15–29 years	40.9
30–39 years	19.1
40–49 years	22.0
	81.9
Province	
AJK	7.1
Balochistan	11.2
GB	6.4
KPK	28.3
Punjab	29.1
Sindh	18.0
	100.0
Reginal belonging	
Urban	47.8
Rural	52.2
	100.0
Literacy	
None	51.3
Primary to secondary	34.6
Graduate	14.2
	100.0
Wealth class	
Poor	41.3
Middle	19.8
Upper	39.0
	100.0
Decision-maker for family planning	
Woman alone	2.1
Husband	1.8
Joint decision	27.2
	31.0
Person who decides how to spend woman's earning	
Woman alone	6.1
Husband/ in-laws/ father	1.3
Joint decision	4.9
	12.2
Person who decides about large household purchases	
Woman alone	5.6
Husband/ in-laws/ father	57.1

(*continued*)

Table 3.2 (continued)

Variable	*Women who do not own a house (%)*
Joint decision	33.9
	96.6
Person who decides about women's health	
Woman alone	9.2
Husband/ in-laws/ father	50.5
Joint decision	36.9
	96.6
Has say in choosing husband	
No	19.6
Yes	80.1
	99.7

Source: Pakistan Demographic and Health Data, 2018, https://www.dhsprogram.com/publications/publication-FR366-Other-Final-Reports.cfm

Note: The Pakistan Demographic and Health data is a nationally representative sample including all ever-married women aged 15–49 from all provinces of the country through cluster sampling based on population weightage (N = 12,364)

material listed as wood, animal dung, charcoal, straw, shrubs, grass, and agricultural crops. Most of these materials are hazardous to health when burnt, causing multiple health and respiratory problems for women and children (Parikh, 2011; Siddiqui et al., 2005). The main floor material for majority houses (63.0%) is listed as earth, sand, dung, chips, bricks, mats, or wood planks. This suggests that most houses are insecure and not resistant to flooding or excessive heat, placing the health and quality of life at risk of women and children who spend most of their time indoors (Adeoye, 2016; Suglia et al., 2011).

Very few women live in houses with adequate utilities and resources that provide both comfort and relief, and evidence suggests that households do not own the following: refrigerator (48.6%), cupboard (58.5%), chair (55.7%), and bed (38.5%). Similarly, evidence suggests that very few women have means for communication and information as many do not own a TV (46.8%), radio (90.4%), computer (89.1%), or internet (93.8%). This shows the extent of poverty and deprivation that most women live in within their homes in Pakistan. The data also implies that it is unfair to expect women in the country to become proactive for income-earning and information-seeking, unless they are supported for adequate utilities and resources within the home (Muhammad et al., 2021). With so many

Table 3.3 Descriptive statistics for women in Pakistan and their household quality and household utilities

Variable	*All women (%)*
Source of drinking water	
Piped into dwelling	22.8
Not piped to dwelling	77.2
	100
Water not available for at least a day	
Yes	22.0
No	78.0
	100
Do anything to make work safe	
Yes	9.0
No	91.0
	100
Type of toilet facility	
Flushed to piped sewer	18.1
Not flushed to piped sewer	81.9
	100
Type of cooking fuel	
Gas	27.1
Other	72.9
	100
Household has separate room for kitchen	
Yes	61.4
No	29.3
	100
Main floor material	
Cement	37.1
Other material	63.0
	100
Electricity in house	
Yes	91.8
No	8.3
	100
Radio in house	
Yes	9.6
No	90.4
	100
TV in house	
Yes	53.3
No	46.8
	100
Refrigerator in house	
Yes	51.4
No	48.6

(*continued*)

Table 3.3 (continued)

Variable	*All women (%)*
	100
At least one cupboard in house	
Yes	58.5
No	41.6
	100
At least one chair in house	
Yes	44.3
No	55.7
	100
At least one bed in house	
Yes	61.6
No	38.5
	100
Computer in house	
Yes	10.9
No	89.1
	100
Internet connection availability	
Yes	6.2
No	93.8
	100
Own a mobile phone	
Yes	95.7
No	4.4
	100

Source: Pakistan Demographic and Health Data, 2018, https://www.dhsprogram.com/publications/publication-FR366-Other-Final-Reports.cfm

Note: The Pakistan Demographic and Health data is a nationally representative sample including all ever-married women aged 15–49 from all provinces of the country through cluster sampling based on population weightage ($N = 12{,}364$)

awareness and public health messages depending on the availability of the TV, radio, and internet, and women being restricted to their homes due to cultural reasons, the data reveals that women in Pakistan are disempowered from accessing key information and networking to support their capacity development (Khalafzai & Nirupama, 2011). Case Study 3.1 describes the living conditions of a woman from rural Sindh, Pakistan, and highlights the extreme deprivation of some women with regard to basic household amenities, despite living in the twenty-first century.

Case Study 3.1: Housing and Living Conditions of a Woman from Rural Sindh

I was able to access communication with village women in rural Sindh during community service efforts for installation of hand pumps in areas facing water scarcity. After taking informed consent, I was able to understand some challenges of women living in unstable houses of rural Pakistan. Bibi Zeenat is a 40-year-old woman, with six children, five of whom are still alive. She was born and resides in the village of Bhugar Subho Paro, part of the union council of Mithrio Bhatti Taluka, and the district of Tharparkar, in Sindh province.

Her primary job in the first half of the day is to collect water from the local hand pump (Images 3.1 and 3.2) and in the second half of the day she remains occupied managing the water distribution for household use, caring for her children, and cooking. She, like her neighbors, use the traditional open-flame wood-burning stove, as

Image 3.1 Women of rural Sindh collecting water from outside home

(*continued*)

Case Study 3.1: (continued)

Image 3.2 Women of rural Sindh accessing limited water for household use from hand-pumps

there are no gas pipes to the home in her area. She once visited the local Sai (feudal lord) as they required helping hands for preparing the meals for guests at their son's wedding. She was amazed to see that *gas cylinders* were used for cooking. However, she did not believe that such cylinders could be delivered to her home. Neither did they have money for regular refilling of such cylinders unless it was provided free of cost. Asked about what ails her in her living conditions or if she faced any health problems, she initially stated that she was happy and content with the way she lived.

> *No, there are no health effects. We are happy like this. The smell and taste of food cooked on wood is much better.*

(*continued*)

Case Study 3.1: (continued)
However, some prompts revealed that she did face specific problems due to her non-permanent housing material and there were some health challenges faced by different members of the house:

We place water containers under each leg of our charpayi (traditional woven bed), so that insects do not climb up and bite us. The floors of the house are of mitti (earth/mud) and sitting on the floor is always a problem.

"The children play and eat mud of the floor and they regularly have diarrhea.

The insects and mosquitos in the house frequently cause fever and skin rashes.

Body aches and pains are common in the elders and us also.

The case study reveals that women have very little awareness about the association between health problems and housing conditions and that they have no interest in altering their living conditions due to low literacy. This is due to strong family socialization about their limited roles and rights. It is these women that need the most support from state for awareness about their rights, adequate housing, hygiene and sanitation maintenance, health literacy, and health-seeking behaviors.

Women Plagued by Informal Housing and Overcrowding

An approximate 40% of the urban population of Pakistan live in informal settlements or urban slums (Tariq et al., 2018). These traditional and contemporary arrangements are convenient for poor women and children; however, when there is pressure from land proprietors and government, based on pre-emptive laws, lower caste and poorer populations, who do not have a history of family land ownership, are displaced and made homeless (Lehmann et al., 2007). Furthermore, due to the role of the informal sector in housing provision, which is dominated by male property barons, provision of housing for single women households or consideration for women ownership has never been on the agenda. A significant number of

women and children are found in informal housing of Pakistan, characterized by illegal claims, or unplanned settlements where buildings are not authorized housing (Hasan & Arif, 2018).

The government of Pakistan has been criticized for approving demolition of informal settlements, that are housing impoverished women and their families, and supporting development by property dealers for medium- and high-rise apartments which are not affordable for the poor and are further compounding problems related to urban densification (Hasan, 2020). Densification also commonly occurs in Pakistan by creating units on top of the ground floor of a small residence, sometimes up to four to five stories high (Bajwa et al., 2000). Not only is this dangerous and a cause for common collapses, injury, and death, but upper story families suffer from numerous other problems related to rising temperature, physical problems in climbing stairs, inability to monitor children playing in the streets, and creation of child gangs leading to juvenile delinquency.

Informal development and overcrowding are associated with numerous problems for women and children, who get impacted with more adverse effects. Some of these problems include (1) issues of privacy, security, and safety (Arcury et al., 2012); (2) infectious disease burden, hypertension, mental disorders, breathing problems, and chronic disease burden (Barrett et al., 1998); and (3) higher rates of stress and sub-optimal family and child care (Kulkarni et al., 2017). Pregnant and lactating women and women with young children are known to suffer the most when they are forced to live in overcrowded environments (Al-Khatib et al., 2005). Densification in urban slums has also contributed to different environmental problems such as flooding and rising temperatures, which is known to negatively impact women and girls. It is females who are restricted to their homes in Pakistan, more than the males, and thus climate change and heat islands affects them more (Sadiq Khan et al., 2020). In contemporary days, access to stable internet is also a major deprivation which prevents women from accessing information, opportunities, and engaging in home-based entrepreneurial activities (Pinacho & Torre-Gea, 2018). With inadequate housing women are usually forced to sleep in open air, on the roof, or on the porch area, due to limited space within the home caused by multiple household members and extreme heat.

Densification and residing in overcrowded housing is associated with not just health problems but major social problems for women and girl children (Bratt, 2002). The more crowded the living environment and neighborhood, the lower the family quality of life, the greater the

domestic disputes, and the greater the risk of neighborhood violence. Overcrowded homes also allow less space for adequate care for children and dependents, development of the conjugal bond, and privacy for growing children who need their own rooms. There is also likelihood of jobs and safe working environment for women living in overcrowded neighborhoods. As women become more restricted in their movements in overcrowded spaces and neighborhoods with weak infrastructure, it becomes more challenging for them to complete different household care duties, such as collecting water from distant locations, buying groceries from the local market, and disposing garbage or burying feces outside the home.

State Shortfall and Housing for Elite Groups

The government budget for housing development has been low and inadequate since the creation of Pakistan (Frederiksen & Looney, 1994). In addition, the National Housing Policy in Pakistan has no agenda or focus for women and minorities to be supported with housing security and adequacy (Jabeen et al., 2015). Most of the housing schemes in Pakistan are created for profit and not for need fulfillment of minorities. This creates two problems, both of housing shortages and non-availability of affordable housing. Over the years, Pakistan has drafted and worked on the National Human Settlement Policy (1984), National Conservation Strategy (1988), and the National Housing Policy (1986 and 2001). However, none of these policies have been effective in solving the housing shortages in the country and none have had a specific gender focus which has improved housing access for women groups. Much was expected from the National Housing Policy of 2001, but it had the following major limitations (Jabeen et al., 2015; Tariq et al., 2018): (1) it was formulated by provincial and local authorities, and not the people living in the communities, (2) it concentrated on removing existing problems related to land acquisition instead of focusing on developing new schemes for deprived communities, (3) it had no gender focus, and neglected to consider separate policy for women, and (5) it relied on profit-making property developers to reduce housing shortage, as opposed to subsidized government schemes targeting housing for the poor. Also, though the National Housing Policy of 2001 mentioned including women in the decision-making process in housing-related fields, there is no evidence of this having been done.

In 2010, the government of Punjab launched the Ashiana Housing Scheme targeted at low- and middle-income buyers, but delays in construction and balloting led to accusations of irregularity and eventually arrests of those involved in the project. More recently, in 2018, State Bank of Pakistan (SBP) issued the "Policy for Promotion of Low-Cost Housing Finance" (Khali & Nadeem, 2019). This policy has included consideration of construction finance and introduced subsidized mortgage financing policy to make housing affordable to low-income groups. However, the progress on this has not been reported yet. Similarly, the Naya Pakistan Housing Programme (NPHP), in 2018, which claimed to increase availability of affordable housing in the country, has not documented its results or shown an impact report. There are several other limitations associated with the SBP and NPHP policy, including (1) they promote low-cost housing units, which can lead to the intensification of poverty; and (2) they depend on banks to provide housing finance based on the repayment capacity of the borrower, which excludes poor applicants and those without collateral.

The National Housing Policy over the years has also been severely criticized for creating security of tenure and increasing ownership for elite families with political affiliations, and thus excluding the middle and lower classes. A case study of the private and gated Bahria Town residences across major cities of the country, including Lahore, Rawalpindi, and Karachi, is an excellent example of using village land for building exclusive private residences (Nazir & Yousuf). Mismanagement of policy and eviction of poor villagers was achieved to create Bahria Town private residences through political patronage and support of the police and other authorities (Akhtar & Rashid, 2021). Not only were villagers, who owned the land for centuries, threatened and harassed to leave over 100,000 hectares of land across the cities, but the initial claim of housing millions of people never became a reality. Instead, Bahria Town remains a private gated community for the upper and middle classes. Powerful developers' lobby, interested in profiting from such housing schemes, have made it difficult to implement fair housing policy and urban land reform in Pakistan, and there are few solutions as to how to remove this elitism and corruption from the country (Hasan & Arif, 2018). Private property developers in Pakistan are also involved in market activities which attempt to maximize their profits by creating housing shortfalls and raising land prices and house rentals.

Feudal landlords in the country have great influence in taking over state-owned uncultivated and residential land to use for profit-making in building residential schemes. These schemes are unaffordable for poor women and lower-income families. Interventions like the Punjab Marla Scheme, the Sindh Goth Abad and Housing Scheme (SGAHS), and the urban Sindh Katchi Abadi Authority (SKAA) were not effective because they were small schemes and had conditions that excluded minorities and marginalized groups (Gazdar & Mallah, 2011). Rural and urban housing schemes require that households in groups of ten or above come together to collectively apply for regularization and thus weaker and marginalized groups are unable to apply due to lack of collectivization. It is also true that when poor families apply for group-based regularization, they are given less priority compared to middle-class applicant groups. Furthermore, the more complicated, application-oriented, and bureaucratic the housing scheme by private providers or state, the less accessible it is for women and marginalized groups due to limited literacy and inadequate skills for maneuvering political processes.

Much of the urban middle and upper classes of Pakistan reside in gated communities. These gated communities are usually owned by the government, elite businessmen who deal in housing schemes, and the army (Adeel, 2017). This has the effect of segregating cities into elite versus middle- and lower-class areas, with the latter suffering from low allocation of city resources, including water, electricity, and gas. In addition, government patrolling and investment is targeted for the elite gated communities, leading to higher crime rates and sustained underdevelopment in non-gated communities of the country. There have been instances of communities protesting and using NGOs or political parties to mobilize support for housing stability and ownership transfer plans, but as these protests come from weak communities there has been no response from governments (Hasan & Arif, 2018).

The Problem with Limited Housing Loans and Barriers to Accessing Loans

According to the International Finance Groups, Pakistan is one of the most difficult countries in the world to get a home loan and very few banks offer market mortgages for home ownership (N. Akhtar et al., 2022). Banks and Financial Institutions that do offer house loans have

very difficult loan repayment plans which are inaccessible for the poor. Without free or subsidized land provision by the state, there is relatively no chance of accessing low-cost housing, especially for non-working or informal sector working women, who are majority of the women population in the country. Defined as the share of total mortgages in the economy, the mortgage to GDP ratio is a key indicator of the state of housing finance in a country. Pakistan's mortgage finance to GDP ratio is under 0.25%, which is significantly lower than the South Asian average (Uppal, 2021). Comparatively, India and Bangladesh have mortgage finance to GDP ratios of 7% and 3%, respectively, which is much higher than Pakistan's (Jabeen et al., 2015). Though the SBP sets targets for agricultural lending, it assigns no goals for housing finance provision for commercial or government banks in the country.

The ratio of house price-to-income in Pakistan is 18.76:1, which prevents the majority of poor women in the country, and other poverty-ridden groups, from purchasing houses without house loans (Farrukh, 2021). Existing and limited housing schemes in the country have significant barriers which prevent access for poor women. Housing loans in the country are limited to 100,000 loans. The current loan package provides a maximum loan of PKR 2.7 million, which borrowers would have to repay in monthly installments for 12 years. However, the monthly installment is greater than the monthly income of the average Pakistani, and thus this house loan package in not affordable even for the middle classes, let alone the lower class (PBS, 2018–2019). It does not help that Pakistan is facing some of its highest inflation rates and declining economic conditions which makes loan repayment difficult for most people (Batool et al., 2022). It is also important to consider that approximately 68% of the urban working population, who are eligible for existing housing loans, are employed in the informal sector of the economy without a verifiable or steady source of income.

Another matter to consider is that the estimated 10 million people in the country facing housing shortages may actually be much higher (Ahmed, 2022). Pakistan is a population of more than 224 million, out of which more than 60% people belong to the lower strata of the wealth quintile. An estimated 25% of urban women and 37% of rural women in Pakistan live under the poverty line (Idrees, 2017). More women, compared to the men, are facing impoverishment in the country due to unemployment, informal sector employment, discrimination in income and ownership, intra-household discrimination in food distribution, and

limited access to healthcare and education (ADB, 2002). Thus, increasing housing loans alone cannot solve the problem of housing shortages for women in the country. There is a need for significant subsidization to women groups facing poverty, capping of installment rates for women borrowers, and regulation for the repayment time to be lengthened adequately.

The World Bank has approved a USD 145 million loan for providing affordable, green, and energy-efficient homes for women and the poor in Pakistan, which is to be executed by the Pakistan Housing Finance Project. The loan is being financed by the International Development Association with a maturity of 25 years and a grace period of 5 years. However, there is no evidence about the progress of this scheme, and no update about which land will be used, rural or urban, and which minority populations will be facilitated first, for example, single-women households or refugee families. Public audit and detailed reports of loan management are direly needed in Pakistan if funds are to be used efficiently and for the protection of vulnerable women groups and in alignment with Sustainable Development Goals (SDGs).

There are immense socio-economic barriers against women seeking house loans and ownership of houses in Pakistan. First, the high prices of land and feminization of poverty is a barrier to purchase and loan-taking. Second, there is less experience with housing ownership, loan-taking, and land purchase for women. Whereas men have better experience as they inherit more land and from early years start visiting offices and learning about transactions and bureaucratic dealings, women comparatively have less knowledge and experience about house purchasing, dealing with property agents, and the formal registration process. It is also true that land registration dealings in Pakistan are time-consuming and arduous processes that are better managed by men. The following offices in the country are known to be male-dominated and are not safe or comfortable environments for women to visit alone: (1) property agent offices; (2) housing registration offices—including development authorities, stamp paper offices, and other government organizations, like the National Database and Registration Authority Office; and (3) utility offices which need to be visited for installation or transfer of electricity supply, water supply, gas supply, and telephone and cable lines. Majority of Pakistani women have also not seen their mothers visit these offices or deal with the long process of home ownership, which also limits their ability and conditions them to believe that this is work that only male members of the

family can accomplish. Furthermore, women are less able to deal with aggressive and usually corrupt property agents and land development authorities who are heavily involved in land speculation and the buying of land for profitable sale or rent in the country (Gul et al., 2018).

Recommendations for Family and Housing Policy for Women of Pakistan

It is assumed in Pakistan that family and housing policy for women is not needed, as male members of family will always be there to provide support and protection. The patriarchal culture does not consider that women need protection within the home and house for a diverse set of needs. Though there is limited data for family types and related problems in the country, the latest PDHS data confirms that women without land and housing in the country have almost no decision-making power for major life decisions, related to family planning, health, how to spend their earning, household purchases, and choice of husband. The few women who claim to own houses or lands do not own title deeds or have ownership papers. The main socio-demographic characteristics of vulnerable women who do not own homes in Pakistan include younger women, rural women from all provinces of the country, illiterate and semi-literate women, and those who belong to poor and middle-class families. To support women for family policy and housing policy, the following ten key areas are recommended for Pakistan (Table 3.4).

Basic Income for Girl Child and Tax Credits for Families with Girl Child

We need for a basic income to be transferred at the birth of daughters to all households and families across Pakistan. This stipend should be conditional for nutritional and educational needs and may include a voucher system. This basic income for nutrition and education for the girl child must be provided from birth till marriage, after 18 years, or till a graduate degree is completed. In a similar vein, a tax credit must be legislated for families with girl child(ren), so that it is not expensive to maintain females in the family and a culture of respect and privilege is attached to daughters over time. Monitoring for adequate nutrition and care for the girl child within the homes should be done through the combined efforts of community workers, primary healthcare providers, and school administration.

Table 3.4 Summary of existing problems for women in Pakistan related to family and housing adequacy and recommended social policy

Sociodemographic risk factors for women who do not own homes and suffer housing inadequacy *(as identified by PDHS data)*	– Younger women – Women from rural areas – Women from all provinces of the country – Illiterate and semi-literate women – Women who belong to poor and middle-class families
Problem statement	**Relevant Social Policy**
1. No basic income for girl child or tax credits for families with daughters	1. A basic income for nutrition and education for girl child 2. A tax credit for families with daughter(s)
2. No subsidies or support for child daycare or daycare for other dependents	1. Day-care centers for children, with services for nutrition, healthcare, and academic tuitions 2. Cash transfers and care centers for other dependents, aging parents, chronically ill, and special needs family members
3. Low land supply for women	1. Increase supply of public land 2. Provision of free land grants for women 3. Non-utilization fee on land and capping on land ownership for redistribution
4. No loan schemes for house ownership or maintenance for women	1. Affordable housing loans for (1) construction and (2) maintenance 2. Capping on instalment rates for loan return and matching instalments with average incomes of women 3. Housing loans schemes for women must be free of taxes and other duties 4. Mandate group loans schemes for women's ownership and maintenance
5. Low-family literacy overall and housing literacy in women	1. Family-level awareness for gifting inheritance to females in lifetime and gifting deeds of ownership instead of dowries 2. Women's literacy for availing housing loan schemes and maintenance, and possession of ownership documents
6. Inadequate housing adequacy and overcrowding	1. Regulation for safe and advanced construction material and housing utilities supply 2. Mandate safe neighborhood schemes/ gated communities for women with security provision 3. Improve access to public transport, groceries, and employment opportunities for women's housing schemes residential areas 4. Legislate capping for densification 5. Resettle women living in overcrowded spaces above capped threshold

(*continued*)

Table 3.4 (continued)

7. No gated communities for women	1. Mandatory safe neighborhood scheme and gated communities for women 2. Ensure each gated communities is provided safety and access to diverse services and infrastructure
8. Male-dominated lawyers, judges, developers, officers, and property agents	1. Improve quotas and representation of women lawyers for family cases and female judges for family courts 2. Subsidization and mandatory quotas for women builders, property agents 3. Mandatory women officers at all relevant offices
9. State family and housing policy without consideration of women's rights	1. Reformation of family and marriage laws. Strict rental laws. 2. Introduction of family courts across all districts 3. Constitute Women Housing Councils across all districts with different women groups as representatives 4. Support for a housing continuum: emergency shelters to social housing to affordable rentals to affordable housing 5. Partner with academic institutes for housing database with sex-disaggregated data
10. No coordination of family and housing policy with other policy protection measures	Coordination with following sectors is needed: 1. Finance sector: Poverty alleviation and formal sector employability 2. Health sector: Counselling services and women support groups, led by women social policy officers 3. Health sector: Primary health sector and community social welfare programs: Mandate BHUs and women health centers for women living in unstable housing conditions, for services related to infectious disease, chronic disease, maternal care, and mental health 4. Legal sector: Implementation of laws related to family (marriage, dowry, etc.), inheritance, and housing

Subsidies and Support for Child Daycare and Daycare for Other Dependents

There is urgent need to promote support for symmetrical household responsibilities. Longer paid maternity leave will be discussed in another chapter, but here it is important to mention the availability of day-care centers across all communities. It is recommended that each Basic Health Unit, functional at primary level in the country, has a functional day-care center. The day-care centers must have provision for good nutrition, healthcare, counseling, and academic tutoring, so that when mothers

return home with their children, they are not left having to do more work in less time to support the needs of the child. In addition, there is need for cash transfers and day-care centers or care centers for other dependents that women are responsible for within the household, which includes special needs family members, aging parents and in-laws, and chronically ill family members.

Improving Land Supply for Women

The foremost needed policy direction is the supply of public land in urban and rural areas for low-income housing for women, along with free land grants. Providing public land for women groups will also lower the average costs for builders, who buy land and sell for profit, thus encouraging more builders to enter the market and increasing supply. The government must also acquire vacant land for low-income housing and develop appropriately located road infrastructure. There is no curtailing on land ownership in Pakistan, which results in most land remaining with the elite and male members of society, who inherit more. Pakistan needs strict non-utilization fees on land and strict capping of land ownership, in both rural and urban areas, to help redistribution for women and other vulnerable groups. A heavy non-utilization fee on land and property, an increase on land ownership tax, and a capping on the amount of land owned per individual, would help in releasing land monopolization from the elite.

Loan Schemes for House Ownership and Housing Maintenance for Women

Credit facilities for home loans and housing schemes are critically needed for women in Pakistan. Mandating loans specifically for women groups and assigning loan quotas for women according to their population weightage is also needed in the country. Some estimates suggest that a national budget allocation of PKR 100 billion is needed for the next ten years to solve the housing shortage in the country (Hasan & Arif, 2018). Many women in the country require short-term and emergency shelters, such as displaced, migrant, and disaster-affected women. Such groups must be provided temporary and social housing, and then supported over the long-run for affordable rentals and finally affordable housing. For women living in rented houses or using shelters and social housing, there must be careful monitoring of quality of housing and safety.

Housing ownership schemes must be both affordable and inclusionary for different and vulnerable women groups. Not only is there need for rental caps to be legislated, but all accommodations, rented or provided free for a temporary period, must have police surveillance, safety, and access to all the amenities, such as uninterrupted electricity and internet. Apart from ownership loans, construction loans and house improvement loans are also needed, as most women are living in informal settlements or facing housing inadequacy. Housing loan and ownership schemes must be made with a portfolio design specifically for poor women groups including provision of land grants, free from taxes and regulatory duties, and free from surcharges for imported building materials. Mandating group loans for women would also help in uptake and management of loan return.

If the main state banks, such as the National Bank of Pakistan, Bank of Punjab, Sindh Bank, Bank of Khyber, First Women Bank, and Zarai Taraqiati Bank Limited, are legislated to provide a minimum number of housing loans for women in the country, it will be an intervention that will change ownership and equity trends within a decade. Strict capping on instalment rates for loan return by women and matching instalments with average incomes of women is also needed. Some suggest that low-income families should not have to pay more than PKR 5000/ USD 22.76 per month (Hasan & Arif, 2018). It is also important that there is monitoring for repeat loan-taking by families or businessmen who already own homes, which prevents outreach of loans to women groups and other disadvantaged populations.

Improving Family Literacy for Equal Status and Housing Literacy in Women

Community-level interventions with male members of the family and elders is needed to increase awareness of gifting inheritance to women in the lifetime and gifting deeds of ownership instead of dowries. Group awareness sessions can be used to encourage family member and fathers to reflect about the benefits of equality between sons and daughters through (1) stories and testimonials of people who have successfully adopted gender equality and benefited from their daughter's empowerment and agency, and (2) using religion and basic ethics content to encourage behavior modification for gender equality. As cultural trends and family support for inheritance rights of women improves in Pakistan, it will also make the journey of transfer of houses and ownership easier for women, as

their male relatives will be supporting them, teaching them, and accompanying them during visits for registration and ownership transfer. There is also need for raising awareness in women about the deeds for ownership, how to read the documents and confirm their authenticity, and the importance of having possession of documents and not relying on family and relatives. There is a need to also improve awareness for females to understand housing loan schemes. Literacy for housing maintenance is also critically needed, primarily related to hygiene and sanitation, safe cooking solutions and spaces, and waste disposal.

Housing Adequacy for Women and Solving Problems of Densification

There is need for planning and supervision for appropriate housing standards for women and strict regulation for safe and advanced construction material and housing utilities supply. State and private developers need to be monitored for using sub-standard material for developing low quality homes to maximize profits. Specific attention is also needed for green and energy-conserving design plans to protect women. Sub-quality material and non-energy conserving houses negatively impact women and children the most, thus in the interim, conditional subsidies for housing maintenance need to be introduced so women can support housing adequacy standards, such as buying gas cylinders, paying for private garbage collectors, and installing smokefree stoves, and purchasing water filters. To be noted is that all these points and policy elements are cojoined and need to be implemented together.

There is critical need to legislate capping for densification in urban cities of Pakistan. The recommended limits should be that no individual should own more than 500 m3 land and land settlement density should not be more than 400 persons per hectare (Hasan & Arif, 2018). Women living in overcrowded spaces and informal settlements also need to be supported through the housing continuum, and assurance that they will be relocated to adequate housing, with final ownership, in not more than ten years.

Gated Communities for Women

An effort that would help is nation-wide mandatory safe neighborhood scheme and gated communities for women. This would provide solutions

to the main problems facing women who may have to or choose to reside alone, such as security provision, community support, privacy, safe recreational space, and sports spaces for women and girl children. All housing provision for women must be monitored not just for safety and quality but for its centrality and access. Women residences must be carefully planned so they have access to public transport, groceries and utilities, housing delivery, educational institutes, health facilities, employment opportunities, and access to commercial hub. Moreover, the gated communities would prevent solicitation and pressure from property dealers.

Including the Women as Lawyers, Judges, Developers, Officers, and Property Agents

We need legislation for family courts in each district, which are presided over by a woman judge. An improved quota for women family lawyers and women judges in family courts will help in implementation of family laws and policies, and also encourage women to seek legal help without fear and discomfort. Similarly, subsidization and mandatory quotas for women builders, women property agents, and women professionals in the housing market must be introduced to improve inclusion and information-sharing for women buyers. An increase in women property agents in each region, women architects, and women interior designers is also needed, as this will ensure that women needs are incorporated during housing development. All relevant offices connected to the housing market and housing loan provision, such as housing loan institutes, banks, property development agencies, land and housing transfer offices, and housing development offices, must have mandatory female officers and separate female client desks in Pakistan to encourage women's visitation, safety, and support.

State Family and Housing Policy for Women

There is need for reform of important family laws related to marriage and dowry in Pakistan. Some of the main areas that need to be addressed include (1) raising the minimum age for marriage to 18 years for females and then strictly implementing this; (2) strictly monitoring the legal clause of seeking consent for second marriage from first wife, and making the punishment stricter to encourage adherence; (3) improving conditions for rights of divorce for wife, in circumstances such as absence of husband,

neglect, and violence; (4) providing benefits beyond the *iddat* period or four month period for women, such as providing them lifelong maintenance or a skill and employment. As mentioned above, family courts must be legislated across all districts, with availability of women judges and lawyers, so females can be encouraged to approach the legal and criminal justice system when needed.

A separate Fair Housing Act for Women needs to be introduced in the country, which would ensure that women do not face any discrimination and are provided equal opportunities, by federal and provincial assistance, for buying a home, renting a home, gaining a loan for home ownership and construction, and seeking housing assistance for housing adequacy and security. This act would need to consider key areas which are contributing to women's exclusion in ownership and housing adequacy in the country, such as preventing land for low-income settlements from being acquired by profiteers, suppressing land speculation, restricting private developers, and prescribing minimum density for all settlements. Rental laws for women must include strict clauses for limits on rent and rental increments, and prevention of eviction without six month notice. All policies must be tailored and linked to Pakistan's broader commitments toward the SDGs, specifically goals related to gender equality, health and wellbeing, and sustainable cities and communities.

Women Housing Councils must be established in each district, which have representatives of different women members from the neighborhoods, such as women living in rented houses, women taking house loans, women community notables who would have better language and advocacy skills, and women community social workers and lady health workers (LHWs) who have good knowledge of environmental and housing problems facing women and children.

A partnership between the state and academic institutes is also needed to develop and maintain a housing database with sex-disaggregated data. This database must keep track of (1) land, housing, rental, and construction prices, so appropriate capping and taxation policies can be applied; (2) women's housing adequacy and security standards; and (3) women's house ownership and loan provision details, including loan provider, installment rates, and return plan. This database would be critical for identifying needs and informed policy-making for women's housing security. There is also a need for annual assessment of demographic data for women ownership of homes and uptake of housing loans, in order to alter policy accordingly for support for a housing continuum (Fotheringham et al.,

2014). Data for complete and annual recording of possession documents for women is also needed. There is a need to match ownership documentation and possession of papers with claims for ownership in women. Women may need more extended help in the country, based on this data, related to family-level interventions for transfer of property and handing over of ownership documents, so that females are not left bereft upon sudden death of male guardians.

Coordination of Housing Policy with Other Policy Protection Measures

Finally, all housing policy must work in collaboration with partner social policy to holistically support women groups. Poverty alleviation and formal sector employability would ensure that women have the income-generation power to gain housing loans. Counselling services and women support groups are needed for women living alone and women engaged in long-term ownership and loan schemes. This will build confidence and prevent stress and anxiety. It will also become a platform for information-sharing. This counseling must be led by women social protection officers or social policy officers.

There is need for primary health sector and community social welfare programs to identify women facing housing insecurity and inadequacy and provide separate screening and health support for them related to both mental and physical health. Women living in insecure and inadequate housing are known to suffer from great depression, anxiety, and also suffer from physical health problems like respiratory diseases, obesity, and high infectious disease burden. The existing LHWs can be partnered with social health workers to deliver door-to-door services for women living in unstable housing conditions, for services related to infectious disease, chronic disease, maternal care, and mental health. Finally, the legal sector must strictly enforce all new and existing laws related to the family, marriage, dowry, inheritance, and housing in the country.

Conclusion

It would not be wrong to say that social protection for women must start from the home and family. This chapter has attempted to identify the main inequalities and social protection leakages facing females in Pakistan, with regard to family and housing. Based on literature review, and primary and

secondary data, this chapter discusses ten important social policy areas that need to be introduced for women in the country, including (1) securing basic income and tax credits for families with girl child, (2) providing subsidies and support for child daycare and daycare for other dependents, (3) improving land supply for women, (4) introducing loan schemes for house ownership and housing maintenance for women, (5) improving family literacy for equal status and housing literacy in women, (6) securing housing adequacy for women and solving problems of densification, (7) introducing gated communities for women, (8) introducing quotas for women as lawyers, judges, developers, officers, and property agents, (9) designing and implementing state family and housing policy for women, and (10) ensuring coordination of housing policy with other policy protection measures for women in the country.

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CHAPTER 4

Food Security, Nutrition, and Social Policy for Women of Pakistan

Introduction

The burden of disease associated with poor nutrition continues to grow across the world, with developing countries facing problems related to food insecurity and undernutrition, while the developed countries face problems related to dietary diversity and obesity (World Health Organization, 2021). International organizations like the World Health Organization and the International Association for Food Protection have advocated for policy to be developed by nations based on their own regional data and in effort to influence both health and national food productivity (Lang & Barling, 2012). Though policies for food security and nutritional adequacy need to be led by the state, there is also need for close collaboration from the private sector and family structure, as food production and food consumption are primarily influenced by domestic production and household distribution. At times, developing nations do not have resource problems, but rather inadequate policies which promote and support food production. Poor regulation of the agricultural sector can create food shortages due to an increase in private exports of basic food items or loss of crops due to low subsidization (Gonzalez, 2014).

The social norms and culture of a society play a major role in nutritional adequacy, especially with regard to women and children (Witt & Hardin-Fanning, 2021). The early life of a child within the house, quality of school resources and provision, and responsibilities for home care can all lead to

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unequal food distribution. Food and nutrition policies can alter the health and social engagement of people in a country, especially females in Muslims nations, who are known to get lesser attention for food and nutritional security (Harding et al., 2018). Developed countries have managed to improve indicators for health and life quality by introducing polices for food subsidies, food literacy to improve awareness about adequate nutrition and food choices, taxing unhealthy food products, and improving supply cycles and infrastructure for domestic food production. It is agreed that a multi-sector approach is needed to ensure comprehensive social policy for food and nutrition which involves the education sector, health sector, agricultural sector, and legal sector (Farrukh et al., 2020).

Worldwide 15 million women are known to face food insecurity (Olson, 2005). Pakistan is one of the unique countries in the world where food insecurity is a problem despite the fact that it is an agricultural economy, with the agricultural sector contributing to 61% of the GDP (Ejaz, 2015). Pakistan, and the rest of South Asia, have better food production compared to the rest of the world, and yet the region is known for high rates of food insecurity and malnutrition faced by the following groups: (1) women (Balagamwala et al., 2015), (2) children (Asim & Nawaz, 2018), and (3) ethnic and religious minorities (Longani et al., 2016). Food insecurity and undernutrition in women of the country can pose a risk to not just the woman's active and healthy life but her ability to care and nurture her children and other dependents (Scanlan, 2004). With half the population in any country comprising of females, there is more risk that nutritional inadequacy and food shortages are also contributing to suboptimal economic production and preventing innovative production in society.

Financial Poverty and Time Poverty in Women of Pakistan

One of the major reasons for food insecurity and undernutrition is financial poverty in women of Pakistan. Majority of the women in the country suffer from high rates of financial deprivation and resource shortage, resulting in an inability to pay for food or consume adequate nutrition (Khan & Akhtar Ali Shah, 2011). Most women in the country also face problems related to time poverty, which contributes to nutritional inadequacy for self and family (Aziz et al., 2021b). Time poverty is a problem for both women who do not work outside the home and those who do, as Pakistani culture does not promote symmetrical assistance in home and

child care. This is why for a country like Pakistan a mother's employment and paid income do not translate to better nutrition for woman and child, as is the case in other developed countries (Van den Bold et al., 2013). Excessive role burden and the triple shift burden means that women have to manage the home and children, provide emotional care, and participate in the paid workforce outside the home (Olson, 2005). They are thus left with little time and energy to prepare or supervise nutritious meals (Nichols, 2016). It is also true that as inherent care providers, women will use the little time they have to prioritize meal preparation for children, family, and dependents, while neglecting themselves.

Family culture and traditions also play a role in how much time women have to prepare nutritious meals (Patel et al., 2012). The pressures of joint family arrangement and regular family visitation keeps women under pressure to prepare food for many people, with limited time and ingredients. The customary South Asian meals are *salan* (carbohydrate-rich oil-based curry) with *roti* (flour-based bread), which are big-sized meals containing restricted nutrition (Asim et al., 2022). This is usually the staple diet for all three mealtimes in poor and middle-class homes, contributing to the complete absence of nutritional needs related to dairy, vegetable, fruits, and protein.

Majority Women Workers in Informal Sector and the Agricultural Sector

Majority of the women in Pakistan are employed in the informal sector of the economy, which comprises their ability to afford food due to low pay (Jafree et al., 2015). Almost 75% of working women in the country are engaged in agricultural production (Begum & Yasmeen, 2011), and with more men transferring from agricultural production to other sectors, Pakistan is characterized as having "feminisation of agriculture." Informal work and agricultural work also allow very little time and energy for food preparation (Komatsu et al., 2018). The more hours a woman works in agriculture or home-based work, the greater probability that she will have low dietary diversity and ability to provide an acceptable diet to her children.

Women agricultural workers are usually not paid in cash and instead are paid in kind. This means they usually have little or no cash for purchasing food or gaining access to diverse food types to plan a balanced diet (Ejaz, 2015). Furthermore, majority food production in Pakistan is centered

around food crops such as wheat and rice (Ali et al., 2017), and though some farming households may be rich in storage of these two crops, they are poor in accessing other dietary and nutritional requirements for a balanced diet. In Pakistan, women in rural areas are not given their due share in land holdings and have little family status to influence food consumption patterns, even if they have the awareness about good nutritional practices. With the growing feminization of agriculture, the land ownership issues and decision-making challenges of women are becoming more prominent in the country. However, there has been no development of protective policy for women agricultural workers and their nutritional security.

Work in agriculture also exposes women to harmful toxins present in pesticides and other chemicals used in farming. Many women who are exposed to these harmful toxins face nutritional deficiencies and do not have a strong defense system against the pesticide-induced toxicity caused by exposure (Medithi et al., 2022). Women agricultural workers are also usually deprived of credit and technology or have little knowledge about how to access capacity-building resources (Kazi et al., 1995). Thus, increase of agricultural production and income from small land holdings managed by women is near to impossible without serious and targeted interventions. If women are provided equitable land distribution by family and society, there would be more likelihood of their emergence from poverty and decision-making power for nutrition. Yet, there is no clear understanding about how this would be possible in a country like Pakistan where religious beliefs are used to sustain ownership inequity for unjust land and resource allocation.

Data from the Pakistan Demographic and Health Survey (2012–2013) shows that women employed in agriculture are more likely to be underweight compared to women who are not working and also more likely to be thin compared to women working in other sectors of the economy (Studies, Demographic, & Surveys, 2012). Women who have the choice are known to shift away from agricultural work to piecework in local factories so they do not have to do as much physical labor required in farming, and also because industrial output provides them flexible work hours which gives them more time to complete their household duties (Dolan & Sorby, 2003). However, it is important to recognize that informal employment of women in factories is also characteristic of low pay and usually does not translate to adequate income for food security or dietary diversity.

Women Workers and Their Decision-Making Power and Ability to Control Nutrition

Another important area to consider is that most of the working women in Pakistan do not control their income. This is true for both agricultural and home-based women workers (Aziz et al., 2021a), and those working in the formal sector belonging to conservative families (Sathar & Kazi, 2000). Income generated from crop sales and women's home-based production such as embroidery and stitching usually stays in the control of men, as they are the ones who remain mobile and conduct the market transactions for sale (Kantor, 2005). Limited mobility in women also influences their ability to control nutritional choices, as they are less able to access groceries and visit public spaces or markets for purchases. Research suggests that in patriarchal societies it is not just large decision-making of women that is prohibited but also small decision-making related to grocery shopping and which food is to be cooked (Mumtaz & Salway, 2005). Women are robbed of rights to control food consumption and diet so that they remain conditioned not to assert control in other aspects of the household (Jejeebhoy & Sathar, 2001).

This may be the reason why some local literature reveals that only women-headed households are able to assume control over food preparation and nutritional adequacy in Pakistan (Balagamwala et al., 2015). In fact, research suggests that increased decision-making of women on farms leads to better farm management and less food shortages (Ogunlela & Mukhtar, 2009). However, optimal production of women is highly dependent on women's better access to land and greater control over agricultural activities and not just physical labor. Women who are more literate and have greater social agency are known to engage in participatory approaches which help keep the farm productive by exploring different activities and resources (Vanderwal et al., 2011). Participatory approaches involve simple tools which enable women farmers to work on their own, or with research or extension workers. At the same time, we have to consider that there are very few women-headed households in the country and very few women who control decision-making to adopt a participatory approach.

Climatic change and natural disasters have also made agricultural production erratic in Pakistan, with adverse effects leading to food shortages and affecting women, children, and the elderly the most. With the recent and devastating floods in Pakistan, which started in August 2022, there is

great fear of a food crisis and the possibility of millions suffering from food insecurity and loss of livelihood for years to come (Deutsche Welle, 2022). Agricultural land has been destroyed, as have livestock, and billions of dollars' worth of rice, sugar, and wheat. With land production of crops being compromised, there may be even more pressure on women not just due to food shortages but also because they will have to invest more physical labor to manage with short supplies, make destroyed land productive again, and, overall, provide support for household and family recovery.

Undernutrition of Mother and Child in Pakistan

Pakistan has been described as a state of nutritional emergency for mother and child, as ratios are getting worst over time, rather than better, emphasizing the lack of policy direction for nutritional adequacy and food security (Raza et al., 2019). Common reasons for maternal malnutrition include (Desyibelew & Dadi, 2019) (1) poverty, (2) residency in rural and underdeveloped areas, (3) low educational status of partners, (4) multiple pregnancies, and (5) poor nutritional indicators, including poor diet with lack of nutrient supplementation during pregnancy, poor dietary diversity, and protein energy malnutrition. Dietary diversity is measured by assessment of the number of unique food groups consumed during the last 24 hours, including cereals, vegetables, fruits, legumes, lentils, meat, fish, eggs, and dairy products (Krebs-Smith et al., 1987). Many women in the country are known not to consume any of the items measured in the dietary diversity assessment, especially costly food items like fruits and meat, and generally unavailable food items in different regions of the country like fish and dairy.

Data from the National Nutrition Survey (2018) confirms that women in Pakistan and children below the age of five years face considerable undernourishment (National Nutrition Survey, 2018). One of the main predictors of child malnutrition is undernutrition of the mother (Guha-Khasnobis & Hazarika, 2006). Estimates suggest that 40% of children are stunted in Pakistan, 29% are underweight, and 17.7% are suffering from wasting (National Nutrition Survey, 2018). Segregated statistics for girl-child undernutrition are also low, with 39.4% found to be stunted, 17% wasted, and 28.4% underweight. We must also consider that the statistics for girl-child undernutrition may be underreported due to (1) lack of attention and prioritization by parents for daughters versus sons, and (2)

perception-based survey responses about the size of child, with smaller size girls being considered more culturally acceptable.

Some important determinants of undernutrition in women of Pakistan have been cited by local literature. First, women who are illiterate or semi-literate and those who do not have access to cash income have low nutritional status and are more likely to have undernourished children (Guha-Khasnobis & Hazarika, 2006). Second, women who do not have decision-making power for purchasing groceries and meal preparation tend to be more undernourished (Tebekaw, 2011). Third, there are strong intergenerational effects with women who are undernourished more likely to have daughters who also suffer from undernutrition (Bhutta et al., 2013). Girl children are usually neglected for nutritional provision in Pakistan due to cultural preference for sons and prioritization of better diet for the male child (Nuruddin & Hadden, 2015). Fourth, the relationships between a woman's work status and her own and her child's nutritional status have also been found. When a woman is engaged in exploitive work, characteristic of long hours and physical labor, it prevents her from having time and energy to prepare a nutritious meal and is known to negatively affect maternal weight, infant birth weight, and be a cause for nutritional deficiencies.

Primary determinants of poor nutrition also include ecological factors such as access to clean drinking water, hygiene and sanitary conditions, and housing adequacy (Yousafzai et al., 2014). In addition, domestic abuse and workplace abuse are also important determinants of nutritional outcomes as they determine how capable a woman is to prepare nutritious meals and her ability to negotiate food access from husband and in-laws (Sethuraman et al., 2006). Equally important is the level of food literacy and awareness about nutritional needs, which plays a primary role in influencing good practices and behavior to maximize nutrition for self in women and their commitment to providing better nutrition for children and other family members (Rao et al., 2010). In fact, female illiteracy in food preparation and bad practices have been shown to have a significant relationship with morbidity rates (Khan et al., 2012).

Undernutrition in women of Pakistan is associated with multiple health problems, one of which is anemia. Anemia is a major public health concern for Pakistan, with majority women of reproductive age suffering from the problem, and it is also one of the contributing factors to high maternal mortality in the country (Ali et al., 2020a). Local scholarship confirms that one in two mothers in the country are anemic, suggesting that

undernutrition is one of the biggest health problems facing the women in the country (Balagamwala et al., 2015). The health status of women overall is also important in determining nutritional status. Women who suffer from challenges related to mental health, chronic disease, and disability are known to suffer from undernutrition (Groce et al., 2013). This is why primary healthcare services, community healthcare workers, pre and postnatal check-ups, and vaccine visits can be extremely helpful in supporting improved nutritional outcomes in women (Kraef et al., 2020).

Early initiation of breastfeeding, exclusive breastfeeding, and continued breastfeeding is also known to have a relationship with nutrition of mother and the girl child (Muchina & Waithaka, 2010). Though breastfeeding rates have improved with time in Pakistan, they still remain unfavorable compared to the developed world (National Nutrition Survey, 2018). Indicators related to complementary feeding for children are not declining in the country. The reasons for low breastfeeding practices and complimentary feeding in the country include (1) breast feeding is not sufficient for child due to malnutrition of mother; (2) the mother is tied up in multiple domestic responsibilities and has no time to breastfeed; (3) there is low literacy about the benefits of exclusive breastfeeding; and (4) there is pressure from in-laws in joint families for complementary feeding so that the mother is not solely in control of the child and the child is not exclusively attached to the mother.

Daughters are breastfed less and introduced to complementary feeding at a larger percentage compared to sons in the country (Hafeez & Quintana-Domeque, 2018). The reasons for this include (1) son preference and greater love and attention for the male child; (2) mother's eagerness to remain close to son and develop a close bond so he does not abandon her when she is elderly or infirm; (3) pressure from husband and in-laws to breastfeed son to make him stronger and ensure he doesn't get sick; and (4) in the case of a daughter being born, women remaining under pressure to conceive again and have a son, or more than one son. In the case of the latter, the woman may be pregnant or under stress to conceive again, thus exclusive breastfeeding is abandoned as it requires time and energy. It is also true that women have very little literacy about their own nutritional needs during breastfeeding, leading to weakness and ill health, which is why they are unable to continue breastfeeding for long or after more children are born (Ali et al., 2020a).

A local study has shown that young girls in Pakistan, between 10 and 19 years of age, have greater food insecurity in both food-secure

households and food-insecure households (Sheikh et al., 2020). Though the boys in the sample showed comparatively higher rates of food insecurity, the authors acknowledge that girls may answer perception-based surveys about their own food security more favorably due to (1) social desirability bias; (2) they are conditioned to believe that their family loves and cares for them; and (3) they are less likely to divulge family-based neglect due to greater adherence to family codes of honor and privacy. Another local study reveals that female-headed households show better food security (Rasheed et al., 2022). This is a strange finding considering that female-headed households are poorer and have less social mobility to access resources, including food items. One reason for such a result may be that when the decisions are in the control of women, despite lower income status, women prioritize food consumption over other purchases. In addition, female-headed households in the country usually consist of mother and children and so there is less pressure to distribute food with spouses, aging parents, and in-laws.

What the Data from Pakistan Tells Us About Underweight Women

Table 4.1 presents the body mass index (BMI) data of women from the Pakistan Demographic and Health Survey (PDHS, 2018), which estimates that 53.4% of women in the country are underweight, and 44.1% are obese (National Institute of Population Studies, 2018). Only 1.8% of

Table 4.1 Body mass index data of women in Pakistan

Variable	*All women (%)*
Underweight	53.4%
Normal	1.8%
Overweight	0.6%
Obese	44.1%
	100%

Source: Pakistan Demographic and Health Data, 2018, https://www.dhsprogram.com/publications/publication-FR366-Other-Final-Reports.cfm

Note: The Pakistan Demographic and Health data is a nationally representative sample including all ever-married women aged 15–49 from all provinces of the country through cluster sampling based on population weightage ($N = 12{,}364$)

women are estimated to be of normal weight. Though the BMI indicator has its limitations as a composite figure in identifying the health problems in women (Daniels, 2009), we have limited and missing data in the PDHS related to food security and nutritional adequacy in women of Pakistan, and so we are relying on statistics for undernutrition to highlight areas that need attention. We have no other sex-disaggregated data to highlight the problems of women in the country and this is a large gap that needs to be filled by researchers and policy makers (Kamal et al., 2021). There is also no sex-disaggregated data for household consumption patterns by the Household Integrated Economic Survey of Pakistan (PSLM, 2019).

Table 4.2 presents the socio-demographic characteristics of majority underweight women in Pakistan, and Table 4.3 presents health behavior data for underweight women. The data reveals that nearly all younger

Table 4.2 Descriptive statistics for women in Pakistan who are underweight and their socio-demographic characteristics and decision-making rights

Variable	*Women who are underweight (%)*
Age	
15–29 years	59.4%
30–39 years	36.2%
40–49 years	4.4%
	100.0%
Province	
AJK	10.5%
Balochistan	14.4%
GB	3.1%
KPK	19.4%
Punjab	28.4%
Sindh	24.1%
	100.0%
Literacy	
None	52.4%
Primary to secondary	37.9%
Graduate	9.7%
	100.0%
Reginal belonging	
Urban	44.7%
Rural	55.3%
	100.0%

(*continued*)

Table 4.2 (continued)

Variable	*Women who are underweight (%)*
Wealth class	
Poor	48.3%
Middle	18.5%
Upper	33.2%
	100.0%
Occupation	
Not working	86.2%
Unskilled manual	0.8%
Agriculturer/self-employed	5.2%
Skilled manual	5.2%
Professional/clerical/sales	2.7%
	100.0%
Decision-maker for family planning	
Woman alone	41.9%
Husband	14.9%
Joint decision	43.2%
	100.0%
Decision-maker for earning	
Woman alone	41.9%
Husband	14.9%
Joint decision	43.2%
	100.0%
Decision-maker for own health	
Woman alone	6.0%
Husband	55.4%
Joint decision	38.6%
	100.0%
Inherited land or house	
No	99.0%
Yes	1.0%
	100%
Received cash transfer or BISP	
No	91.1%
Yes	8.9%
	100%

Source: Pakistan Demographic and Health Data, 2018, https://www.dhsprogram.com/publications/publication-FR366-Other-Final-Reports.cfm

Note: The Pakistan Demographic and Health data is a nationally representative sample including all ever-married women aged 15–49 from all provinces of the country through cluster sampling based on population weightage (N = 12,364)

Table 4.3 Descriptive statistics for women in Pakistan who are underweight and their health-seeking behavior

Variable	*Women who are underweight (%)*
Source of drinking water	
Piped into dwelling	21.8%
Not piped to dwelling	78.2%
	100.0%
Seek Assistance from trained HCP	
No	45.0%
Yes	55.0%
	100%
Women sleeps under a bed net	
No	98.1%
Yes	1.9%
	100%
Smokes cigarettes	
No	96.4%
Yes	3.4%
	100%
Smokes tobacco	
No	99.5%
Yes	0.3%
	100%
Chews Tobacco	
No	97.2%
Yes	2.7%
	100%
Has health insurance	
No	99.7%
Yes	0.2%
	100%

Source: Pakistan Demographic and Health Data, 2018, https://www.dhsprogram.com/publications/publication-FR366-Other-Final-Reports.cfm.

Note: The Pakistan Demographic and Health data is a nationally representative sample including all ever-married women aged 15–49 from all provinces of the country through cluster sampling based on population weightage (N = 12,364)

women, between the ages of 15 and 39 years (95.6%), are underweight. Due to being more populated regions, women from KPK, Punjab, and Sindh (71.9%) have greater incidence of women being underweight. Rural women (55.3%) are more underweight compared to urban women. Illiterate women (52.4%) and those who are not working (86.2%) are also

more underweight, highlighting the importance of (1) income for food security and (2) education for awareness about nutrition.

Majority of underweight women are using drinking water which is not piped to their dwelling (77.2%), confirming that there are problems related to safe drinking water being inaccessible from homes in Pakistan, and women having to retrieve water from neighborhood pumps or water filters. Unsafe drinking water is also known to be responsible for numerous health issues in the country such as diarrhea, typhoid, hepatitis, and cholera (Ahmad et al., 2020). Nearly all women do not use bed nets in Pakistan (98.1%), despite the rising incidence of malaria and dengue and related mortality. In fact, scholarship shows that there is a relationship between malaria and undernutrition in women and children (Kateera et al., 2015), and that pregnant and lactating women are especially at risk of undernutrition due to mosquito bites and non-utilization of mosquito nets (Ali et al., 2020b).

The data suggests that not many underweight women are using intoxicants or tobacco. There is usually low use of intoxicants in women of Pakistan due to social norms, cultural shame, and lack of money or finances for purchasing intoxicants (Alam et al., 2008). Nearly all women who are underweight do not have health insurance (99.7%), and given that underweight women are at higher risk for various health issues such as anemia, headaches, fatigue, irregular periods, low immunity and getting sick more often, death, and disability (Khan & Kraemer, 2009), there is critical need that underweight women must be provided with health insurance.

Underweight women in the country have little autonomous control over decisions for (1) healthcare (6.0%), (2) family planning (41.9%), or (3) spending their earnings autonomously (41.9%). This also implies that women who have symptoms of illness or want to choose birth spacing, because of their being underweight, are heavily reliant on the permission and final decisions of spouse and in-laws. Almost no women who are underweight (99.0%) have inherited land or house, which suggests that their social status and negotiating power within the family and society are extremely weak. Similarly, none of the underweight women have received a cash transfer from the government to support them for poverty alleviation or access to food supplies (91.1%). Case Study 4.1 describes a female urban slum dweller's daily eating habits and knowledge of nutritional needs.

Case Study 4.1: Eating Habits and Knowledge of Nutritional Needs in an Urban Slum Dweller

I gained permission to interview the custodial staff of a public sector special needs institute of Lahore, Pakistan. Sadia is a 50-year-old mother, who lives near the school that she works at in an urban slum zone of Gulberg II area. She has four sons, and her husband is a tailor in a local shop. Her working hours at the school are between 7 am and 4 pm, but she sometimes returns home later than 4 pm depending on administrative needs and school activities.

To the visible eye she is overweight and looks border-line obese. She shared her daily food intake pattern, summarized below (Table 4.4). She basically does not eat lunch, cooks one meal a day upon returning from work, and consumes the same meal in the evening for dinner and in the morning for breakfast. Tea is consumed throughout the day, with at least four cups per day being the minimum intake. Her sons are all above 18 years, who work in semi-skilled jobs. They all return home after 5 pm. She is the only one who cooks in the house.

Table 4.4 Food intake of participant

Food Intake	*Weekly*	*Monthly*
Breakfast (6:00 am)	Roti[a] & Salan[b] from night before + tea	
Lunch	None (tea)	
Dinner (6:00 pm)	Roti[a] & Salan[b]+ tea (2)	Eggs with roti

[a]Roti is a flatbread made from flour at home by women. It is a quick recipe requiring kneading and cooking on a stove and does not include yeast or time for raising

[b]Salan is a gravy made from either meat or vegetables with oil. The latter is more commonly used by Sadia for cooking due to limited finances

Sadia described the kind of *Salan* usually cooked and how often proteins were consumed:

I usually make Salan of potatoes, taro root, or eggplant … whatever is available and cheaper. I cook once in the day, when I return from work around 5pm. We eat at 6pm and then consume the leftovers for break-

(*continued*)

Case Study 4.1: (continued)

fast. When even the vegetables are too expensive or there is not enough money left we eat onions with Roti (bread). Sometimes we are able to include eggs in our diet. Food is very expensive now. We purchase our basic food items from the Sunday Bazaar or Utility store … this includes monthly ration of flour, oil, and sugar. The most important food we cannot do without is tea!

Sadia was given a list of the important dietary portions and asked about her knowledge of how often she should be consuming them, regardless of cost. Her answer is summarized in Table 4.5. She believes that (1) only whole grains need to be consumed daily, (2) vegetables and fruits need to be consumed weekly, and (3) proteins need to be consumed once a month. Sadia insisted that only growing children required milk.

From this case study, we learn that cost and time are major barriers for meal preparation and nutritional adequacy in poor families living in urban cities. Most women neither have the time or money to prepare more than one meal a day for their families. However, this case study also reveals the importance of nutritional literacy and awareness for dietary needs in women, without which food subsidies or vouchers would be ineffective and incorrectly used. The case study also sheds light on the PDHS data for high rates of obesity in the country. It seems that even poor women may suffer from being clinically overweight or obese due to incorrect diet and high fat content, such as high consumption of oil and flour, and excess sugar in multiple cups of tea in a day.

Table 4.5 Participant knowledge of required daily intake

Important nutritional areas	*Daily*	*Weekly*	*Monthly*
1. Whole grains (bread/rice)	√		
2. Protein			√
3. Fruits		√	
4. Vegetables		√	
5. Dairy	Only children need milk		

State Shortfall for Food Security

Pakistan has devolved the functions of the Ministry of Food and Agriculture to each province of the country under the 18th Constitutional Amendment. In 2011, the Ministry of National Food Security and Research was established by the state in attempt to solve the following problems: (1) high population growth and rapid urbanization, (2) high inflation and low purchasing power, and (3) erratic food production and inefficient food distribution systems. Despite devising an additional National Food Security Policy in 2014 for achieving past and new goals for food security in the country (Government of Pakistan, 2018), the government has failed in implementation and outreach across the population. Some limitations which have prevented policy efficacy and implementation include (1) inability to remove chronic poverty which prevents food purchase, (2) underperformance of the agricultural sector, (3) transport and trade failure leading to low access of food supplies, (3) lack of diversity and innovation in local production to achieve nutritional diversity, and (4) climate change leading to crop loss.

The National Food Security Policy is devoid of consideration for women's rights. The existing program has allocated safety nets for only 3 million people (Government of Pakistan, 2018), but there is no data about its outreach and impact on solving food security problems. In addition, a separate allocation for the majority of women in the country facing undernutrition and food security has not been considered. The Benazir Income Support Programme, which provides cash transfers of PKR 1000/USD 4.41 per month to women in poor households in the country, aimed to remove food insecurity. However, an assessment of the program suggests that it is severely limited in its reach and cash transfer amount (Waqas & Awan, 2019), and that the transfer is not used for nutritional adequacy for women and their families (Ijaz, 2021). There have been some limited international funds that have aimed to provide support to female agricultural farmers in Pakistan for food security, but evidence suggests that these funds have not reached women farmers (Botreau & Cohen, 2020). The government and local organizing bodies have been unable to deliver funds to women farmers and small-scale agricultural producers due to (1) lack of political will to support women farmers, (2) corruption and mismanagement of funds, (3) low budget allocation for subsidizing small farms, and (4) lack of documented farming units and invisible women farmers in the country.

Recommendations for Food Security and Nutrition Policy for Women in Pakistan

Pakistan faces an emergency situation related to food shortages, food insecurity, and undernutrition of women. Majority of the women in Pakistan are underweight, and a significant number also suffer from obesity. The reason for the former is mainly food insecurity, food shortages, and undernutrition, and the reason for the latter includes incorrect nutrition and dietary consumption. The main socio-demographic characteristics associated with women who are underweight include younger women, rural women from all provinces of the country, illiterate and semi-literate women, and those belonging to all wealth classes—poor, middle class, and rich families. Women who are not working and those who are working in the agricultural sector and the informal sector face undernutrition. In addition, women who do not own their own land or house, do not have health insurance, and do not receive cash transfers from the state are also underweight. To support women in Pakistan the following salient areas for policy development are recommended (Table 4.6).

State Subsidization and Cash Transfers for Food Security

To tackle the grave problem of food insecurity due to financial poverty in women, there is need for state subsidization and cash transfers for food security for non-working women, women agricultural workers, home-based women workers, and informal sector women workers of Pakistan. Food rations and subsidies must be provided for all basic necessities, such as fruits and vegetables, milk, meat, pulses, lentils, flour, and sugar. Vulnerable women groups must be granted retail tax exemptions on all basic food items, such as (1) women belonging to low-income groups; (1) single women, divorcees, widows, and women separated from husband; (2) female-headed households and female orphan siblings; (3) special needs girls; (4) refugee, displaced, and migrant women who become homeless due to displacement, natural disasters, or conflict; (4) young females and also elderly women who suffer from aging-related nutritional challenges; and (5) pregnant and lactating women. Pregnancy and lactation multivitamins must be provided at primary level free of cost.

Many women face greater pressure for food insecurity and unequal food distribution when other members of the household face permanent or regular illness, for example, the elderly, special needs people, or those

Table 4.6 Summary of existing problems for women in Pakistan related to food security and nutritional adequacy and recommended social policy

Socio-demographic risk factors for women who are underweight *(as identified by PDHS data)*	– Younger women – Women from rural areas – Women from all provinces of the country – Illiterate and semi-literate women – Women of all wealth classes (poor, middle, and rich) – Non-working women – Do not own land or house – Do not have health insurance – Do not receive cash transfers – Women working in agriculture and informal sector
Problem statement	**Relevant social policy**
1. Food insecurity due to lack of finances	1. Food rations for all basic necessities 2. Food subsidies for all poor families 3. No retail tax on basic food items, including fruits and vegetables, milk, meat, pulses, lentils, flour, and sugar 4. Specific and targeted assistance for different groups, for example, girls, women of reproductive ages, aging women, special needs women, displaced women 5. Free pregnancy and lactation multivitamins provided at primary level
2. Lack of time to prepare nutritious meals and cook more than once a day	1. Four-day working week and 5 hours per day work limit for mothers 2. Day-care center with fund allocation for nutritious meals 3. Mandate nutritious meals in schools, including breakfast and lunch 4. Group neighborhood collectives for shared cooking, support for symmetrical household assistance, and reinforcement for nutritional adequacy

(*continued*)

Table 4.6 (continued)

3. Low literacy for adapting healthy diet and consuming nutritious meals	1. Literacy campaigns at school and in community about good nutrition and adequate dietary needs through community social workers 2. Social media literacy campaigns for dietary diversity 3. Community and family-level interventions for egalitarian food distribution, breastfeeding for girls, and family spacing 4. Community and family-level interventions for allocating women decision—Making rights for food preparation
4. Undernutrition faced by women agricultural and informal workers	1. Food rations and subsidies for all women working in agriculture and as informal workers 2. Crop production investment by state and subsidies for women farmers
5. State food and nutrition policy without consideration of women's rights	1. A separate food security and nutrition policy for women and girl children 2. Constitute women councils for food security and nutritional adequacy for information sharing and supervision of programs 2. Partner with academic institutes for housing database with sex-disaggregated data 3. Specific attention for women-related diseases such as anemia, obesity, bone disease, and breast cancer must have targeted health policy in partnership with National Food Policy 4. Agricultural subsidies, trade laws, and banning of harmful toxins in pesticides and other chemicals used in farming
6. No coordination of food security and nutritional adequacy policy with other policy protection measures	Coordination with following sectors is needed: 1. Finance sector: Poverty alleviation and formal sector employability 2. Agricultural sector: Subsidization and crop investment for women farmers 3. Health sector: Clinical monitoring of nutritional adequacy, obesity, and other undernutrition-related diseases 4. Education sector: Girl child nutritional intake at schools and curriculum inclusion for awareness of dietary diversity 5. Legal sector: Enforce agricultural subsidies and food vouchers for the poor and implement trade laws and bans on harmful toxins in pesticides and other chemicals used in farming

suffering from chronic diseases (Laraia, 2013; McIntyre, 2003). In the case of family dependents requiring more time, care, and food resources, women are left with less time and energy for meal preparation and lower allocation from household food supplies. These women must be identified and provided food rations and subsidies, along with relevant multivitamins for self and the dependents they care for.

Improving Work Hours and Symmetrical Assistance

For working women, Pakistan needs to mandate a four-day working week and a limit of maximum five hours per day work. Working mothers with children below the age of 18 years need to be supported with partial work hours and four-day work weeks to support optimal child and family care and time for nutritional adequacy. Shorter work hours will ensure that women have enough time for preparing nutritious meals, and overall giving more time for self-care and quality time with family. Employers must be mandated to provide working women, in the formal and informal sector, with at least one nutritious meal a day at the workplace. The current leave for most women workers in the country is only one week after birth, or maximum three months for formal sector workers. Maternal leave policy needs to be extended until the child joins regular school or mothers must be provided flexible work options from home. This way mothers can have the option of staying at home during the lactation period and the crucial years when the child and mother both need care and attention for diet. Upon return to work, mothers must be assured of equal rights for professional advancement, without penalization due to maternal leave.

For both working and non-working women, day-care services must be functional at the workplace and within each community. Each community can plan to have day-care centers next to existing Basic Health Unit centers which are found at primary level across the country. The day-care centers must also be provided with mandatory funds for nutritious meals for children. Furthermore, making nutritious meals mandatory in schools, including breakfast and lunch, will help in improving eating habits and developing a culture of nutritious eating. Female students must be provided a take-away home meal, so they are not burdened with having to prepare their own meals and helping mothers in the kitchen and can continue with their studies and revision at home.

Promotion of neighborhood collectives must be established for two areas: (1) raising awareness for symmetrical household assistance for

women, and (2) women group solidarity. Neighborhood collectives can raise awareness and build pressure for even non-working and unemployed women to start receiving support from spouse, in-laws, family, and neighbors for sharing of household duties and child-care duties. This will give women time for preparation of meals and nutritional care. The neighborhood collectives can also provide a platform for sharing cooking duties, which would provide women an opportunity to do cooking chores in rotation and help to release more time for completing all the other tasks. These neighborhood collectives can also promote social interaction and group solidarity in women, which will help to improve nutritional adequacy, sharing of recipes, reminders and reinforcement for healthy eating, and improved commitment for healthy food preparation. Group community support has been shown to prove effective for cultural and behavioral modification toward nutritious meal plans and multivitamin intake (Katenga-Kaunda et al., 2021).

Literacy for Adapting Healthy Diet and Consuming Nutritious Meals

There is need for literacy and awareness sessions, starting with the schools. Including food literacy campaigns at school about good nutrition and adequate dietary needs is needed, along with formal and mandatory curriculum inclusion about dietary diversity from primary to tertiary level. The Pakistan government has made certain subjects compulsory from primary to tertiary level, such as Religious Studies and Pakistan Studies, and thus including health and nutrition subjects in this mandatory pool of subjects would not be difficult.

Family-level and group awareness sessions are also needed for literacy about nutrition and how to manage food shortages through better management of finances and household. In addition, community and family-level interventions must include the following literacy areas: (1) egalitarian food distribution between females and males in the household, (2) exclusive breastfeeding for girls for a two-year period, (3) symmetrical household assistance so women have help for food preparation duties, and (4) the relationship between undernutrition and reproductive health of women. These community interventions can be led by community social workers, as partner health professionals of the existing Lady Health Worker program.

Community and family-level interventions are also needed for allocating women decision-making rights and autonomy for food preparation and adopting practices of healthy eating. Social media literacy campaigns for dietary diversity through TV breakfast shows, family game programs, and documentaries would also help in promoting understanding and adoption of practices for good eating habits. Radio and social media and networking applications which are commonly used in the country, like TikTok, Instagram, and Facebook, can also be used to collectively promote literacy and awareness for nutritious eating.

Literacy campaigns for specific issues related to undernutrition are also needed. The high burden of anemia in women needs to be dealt with a combination of nutritional and educational strategies, which promotes including iron-rich foods in girls' and women's diet, along with access to adequate consumption of other food types for nutritional balance. Breastfeeding women specifically need to be made aware about consuming extra calories of iron-rich foods to continue exclusive breastfeeding, reserve iron stores, and prevent themselves from becoming anemic. Family-centered awareness sessions need to be prioritized, as the main barriers to consumption patterns are the cultural beliefs that men need to consume more iron and protein in the households compared to women.

Improving Nutrition of Women Agricultural and Informal Workers

Agricultural activities that are exclusively relegated to females on the farm include raising and maintaining livestock, weeding, harvesting, childbearing, cooking, and cleaning (Carpenter, 1991). Women are expected to complete these tasks regardless of illness, mild disability, age, and pregnancy. This is a great burden on the care capacity of women and ability to spend sufficient time for nutritional adequacy. Thus, there is need for the mandatory allocation of food rations and subsidies for all women working in the agriculture sector and other targeted informal sector work which contributes to undernutrition in women of Pakistan. Regular supplies of food rations must be ensured to women living in rural and remote areas.

The state needs to provide major investment in the following areas to improve crop production and solve food shortages, including (1) adoption of soil and water conservation technologies, (2) enhanced use of high-efficiency irrigation systems, (3) development of drought-resistant varieties, and (4) introduction of climate-smart agriculture. Regulatory

support for women agricultural workers includes maintaining food prices in the country, so that small farmers are not driven out of business. Women farmers must also be provided support through regular visitation by agricultural development officers, training for optimal and sustainable agricultural production, and separate subsidies for farm investment.

State Food and Nutrition Policy for Women

A separate Food Security and Nutrition Act for women needs to be introduced, which would consider problems related to women's higher risks for food insecurity, undernutrition, lack of dietary diversity, and low literacy for nutritional adequacy. The direct involvement of the federal and provincial governments is critical for effective policy for food security and nutritional adequacy. Joint efforts will help raise attention and coordinate work of different ministries and committees for fund allocation, administrative work, and effective implementation. Specific tax allocations must be kept in reserve for food security budget allocations and planning must be initiated to create sustainable financial solutions for long-run food security in the country. There is also need for strict banning and monitoring of harmful toxins in pesticides and limiting the use of pesticides and other chemicals used in farming. In addition, women farmers, and other family members working on the farms, facing exposure must be made aware about the importance of using protective gear and also provided protective gear supplies.

Bangladesh has been successful in making sure that a single crop such as rice is affordable and available for all women in the country, and this might be a good policy to emulate to prevent food insecurity (Hossain et al., 2005). Pakistan is also in dire need of availability and price capping of basic foods, and regulatory trade policy to ensure that basic food items are not exported abroad for profit by private businessmen and politicians when there are food shortages in the country (Bouët & Laborde Debucquet, 2012). To monitor politicians and business elite, Pakistan needs to integrate international stakeholders, local NGOs, and civilian bodies to make them local representatives and accountability agents for food security and nutritional adequacy programs in the country.

Women Councils for Food Security and Nutritional Adequacy must be established in each district for information sharing and supervision of programs. These councils will also be able to facilitate effective implementation of food security and nutritional adequacy schemes. The councils must

include women from the community from different wealth classes, so that there is representation about issues of undernutrition, time poverty, obesity, and knowledge about dietary diversity. The involvement of civil societies in monitoring, analyzing, and disseminating data about undernutrition and food insecurity for women is critical. In addition, women representatives from the local community and the primary health sector, who have experience about the main nutritional issues facing females across the life course and availability of nutritious food in the local market should also be members of these councils.

There is also need for the state to partner with academic institutes for developing a national database with sex-disaggregated data for the actual prevalence of undernutrition, obesity, and specific diseases related to undernutrition in women. We need modified surveys or locally developed surveys that can identify nutritional balance by asking women and girls direct questions about weekly and daily consumption of basic nutrients, along with clinical tests to avoid perception-based biases. This database will help establish targets to improve the national nutritional status. We already know that women in the country are suffering commonly with health challenges such as anemia, obesity, bone disease, and breast cancer. Such diseases have a correlation with eating habits and nutrition, and thus targeted National Food Security Policy must be planned based on relevant data and in coordination with health policy.

Coordination of Food and Nutritional Policy with Other Policy Protection Measures

Finally, all food and nutrition policy must work in collaboration with partner social policy to holistically support women groups. There is need for simultaneous poverty alleviation and formal sector employability schemes to solve the financial issues related to food insecurity.

There is also need for ensuring housing adequacy and housing allowance for hygiene sanitation, safe drinking water, and garbage disposal to secure health-related issues, which can contribute to regular illness and remaining underweight. The primary, secondary, and tertiary education sector must include curriculum inclusion for dietary needs and nutritional awareness. Community social workers must be deployed at primary level to promote and monitor food security and nutrition. The legal and security sector must play its part in enforcing agricultural subsidies and food vouchers for the poor and implementing trade laws and bans on harmful toxins in pesticides and other chemicals used in farming.

Conclusion

Food and nutrition have been less researched in context to females in Pakistan. This chapter has attempted to identify the main inequalities and social protection leakages facing females in Pakistan, with regard to food security and nutritional adequacy. Based on literature review and primary and secondary data, this chapter discusses six important social policy areas that need to be introduced for women in the country, including (1) introducing state subsidization and cash transfers for food security of females; (2) improving work hours and symmetrical assistance for females in the homes; (3) advancing literacy for adapting healthy diet and consuming nutritious meals in women; (4) improving nutrition of women agricultural workers and women informal workers; (5) designing and implementing state food and nutrition policy for women; and (6) ensuring that food and nutritional policy is coordinated effectively with other policy protection measures for women in the country.

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CHAPTER 5

Environmental Challenges, Disaster Risk, and Social Policy for Women of Pakistan

Introduction

The study of women's social policy development and its relationship with environmental policy is an underdeveloped area across the world, despite the fact that women are impacted adversely by environmental change and disasters, more than men (Arora-Jonsson, 2014). Environmental degradation and environmental disasters can lead to the deterioration of the quality of air, water, and soil and can adversely impact the availability of resources for many generations to come (Lehtonen, 2004). Pakistan faces challenges on two fronts with regard to depletion and destruction of resources. Human practices and consumption have been the cause of pollution of rivers, lakes and air, burning of fossil fuels, and deforestation (Goudie, 2018), whereas natural disasters have caused major floods and earthquakes and led to loss of cattle, crops, plants, wildlife habitat, homes, food supplies, and safe drinking water (Cannon, 1994). In both causes of environmental degradation or disasters, it is women who suffer the most (Begum, 1993).

This is because women face complex problems related to (i) restricted mobility, (ii) limited access to information and supplies, and (iii) limited access to food and resources for recovery and relief efforts. In the event of environmental disasters, women also face greater risk with regard to safety, violence, and harassment (Enarson & Fordham, 2001). There is also a multi-dimensional relationship between women facing greater

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vulnerabilities due to environmental disasters and the association with ill health and chronic disease (Krupp, 2000); mental health issues (Evans, 2003); and food shortages and malnourishment (Bohle et al., 1994). Designing prudent environmental and disaster management policy for women needs to consider the following (Banerjee & Bell, 2007): (i) the historical traditions and experiences of women when they face environmental challenges, (ii) understanding the culture of a society and its related practices in times of disaster and emergencies, (iii) planning recovery and rehabilitation through an inclusive approach, and (iv) identifying regional trends and risks for environmental challenges and disaster management.

Environmental protection policy can be either control-based or incentive-based (Faruqee & Kemal, 1996). Control-based policies include introduction of strict laws for environmental quality standards related to emissions, industrial output, and use of resources, whereas incentive-based policies include the use of market prices to control pollution and resource use. Pakistan's environment has suffered because of its reliance on control-based policies, which remain ineffective due to poor governance and regulation. Economic growth policies have not always considered social protection of marginalized groups. Examples of such policy failure include (i) giving subsidies to small agricultural farmers, which can lead to overuse of soil and greater deforestation; (ii) lowering taxation for exports, which can increase industrial emissions, waste, and water pollution; and (iii) increasing land redistribution to the elite or middle classes, which can increase land use and fishery. It is not unknown that economic growth can have a negative impact on the environment, as increase in supply and consumption can lead to resource depletion (Lehtonen, 2004). This is why economic policy development is incomplete without consideration of social policy, and both need to be designed in partnership to secure wellbeing for all members of society, especially the women and other marginalized groups. From an intersectional perspective, it is also important for policy planners to consider that the environmental problems facing urban women differ from those facing rural women. Rural women working on an agricultural farm face different environmental challenges, such as exposure to air toxins and vector-borne diseases, which impacts their health negatively. Similarly, urban rich women, compared to rural and poor women, face different environmental challenges. Regular use of cosmetics, lotions, shampoos, nail polish, and hair straightening products can lead to exposure from chemicals that release formaldehyde, which can cause allergic reactions and adversely impact the respiratory system. In

this way, universalistic planning for environmental protection may not be prudent and careful planning needs to be done according to regional needs and demographic needs.

Pakistani Women and the Environmental Challenges They Face

The main types of environmental challenges facing Pakistan include (i) water pollution and marine pollution along the coastal zones, (ii) motor vehicle emissions, (iii) urban air pollution and waste pollution, (iv) industrial air pollution, and (v) natural disasters such as flooding and earthquakes (Faruqee & Kemal, 1996). Urban women dwellers in the country face more specific environmental challenges due to residing in informal settlements or inadequate housing, which are characterized by (i) overcrowding and densification which can cause flooding; (ii) lack of hygiene and sanitation; (iii) increased exposure to air, traffic, and water pollution; (iv) lack of open spaces and recreational areas; and (v) inadequate waste and garbage disposal (M. T. Sohail et al., 2014). However, the extent and exact estimates of different environmental challenges facing women remains uncertain and there is grave negligence in collection of data overall, let alone sex-disaggregated data (Faruqee & Kemal, 1996). The severity of environmental degradation and resource depletion can be estimated by the existing population which stands at over 224 million and is expected to grow at a rate of 2%. There is a critical association between environmental degradation or environmental disasters and the health of the 114 million women of Pakistan (Azizullah et al., 2011; Siddiqui et al., 2005), some of which will be discussed below.

Safe Drinking Water and Wastewater

One of the major consequences on women, due to environmental degradation and disasters, is the limited access to safe drinking water (Kazi, 2014). Only 80% of the urban and 45% of the rural population is estimated to have access to safe drinking water in Pakistan (Faruqee & Kemal, 1996). Rapid urbanization has placed immense pressure on water and sanitation facilities in cities. The drinking water quality standards set by Pakistan Standards Quality Control Authority are not strictly enforced across the country. Water pollution has led to the spread of water-related infections, such as cholera, typhoid, hepatitis, diarrhea, dysentery, yellow

fever, malaria, and dengue, which are common ailments found across the country (Ahmed et al., 2016). Research claims that 40% of deaths in Pakistan are due to poor quality of water (M. T. Sohail et al., 2014). Despite this high death rate, specific policies for domestic water treatment and improved water quality are not found in the country (Aziz, 2005).

Most areas in the country face shortages of water all together, whereas in some areas there is excess supply and wasteful usage (Briscoe et al., 2005). The politics of water supply and water management in Pakistan and the interests of elite businessmen and politicians are major problems which have contributed to supply and distribution of water (Bhatti & Farooq, 2014). Analysts have concluded that access to safe drinking water in the country is not an issue of shortage, but rather bad planning, corrupt distribution practices, and lack of efforts for water treatment (Basharat, 2019). There is also the influence of the Indian government on the Indus water and supply to Pakistan, which leads to shortages. To date there have been no regional efforts or international mediation to solve the problem related to India's intervention in causing water shortages in the country (Javed et al., 2021).

Most wastewater and household refuse in Pakistan is dumped into open drains, streams or ponds, shallow pits, or septic tanks connected to open drains, many of which lead out directly to agricultural land (Rahman et al., 1997). Municipal wastewater in the country is also usually dumped into streams which reduces groundwater quality, disturbs the aquatic ecosystems, and affects agricultural uses of the surface water (Nasir et al., 2012). Wastewater used for agriculture is not treated and poses health risks as it is enriched in salts (Hanjra et al., 2012). Across other developing nations, women and children are affected adversely the most due to domestic wastewater pollution and air pollution (Faruqee & Kemal, 1996). At the same time, women are the primary agents who can control and reduce domestic wastewater pollution and air pollution if they are supported through relevant interventions and policies.

Air pollution

Almost all rural houses in Pakistan and nearly 60% of urban households depend on biomass fuel for cooking and energy (Colbeck et al., 2010). Use of biomass fuel takes place in kitchens and lounge areas the most, where it impacts women and children's health. Women and girl children

are also found to remain indoors, without ventilation, for majority of the hours in a day, due to cultural codes and conservative norms for *pardah* or restriction to the home. In addition, cleaning and smoking have also been identified as contributing to high indoor particulate matter and pollution, again affecting the health of women and children more than other household members (Colbeck et al., 2010).

The exact rate or statistics for Pakistani women's burden of disease for indoor air pollution is not certain, but it is a critical and urgent problem. Indoor air pollution negatively affects the national health burden by contributing to different diseases, including acute and chronic respiratory diseases, tuberculosis, asthma, chronic bronchitis, cardiovascular disease, and unfavorable maternal and child health outcomes (Akhtar et al., 2007). Many women in Pakistan are trapped as bonded laborers in the brick kiln industry (Iqbal, 2006). These women also face multiple health and environmental challenges, including air contamination, respiratory health ailments, and poor maternal health outcomes (David et al., 2020). Bonded women laborers in the country are also known to remain in a cycle of poverty and debt, unable to escape hazardous work environments or advocate for better work conditions and safety benefits.

Private and public vehicles are one of the main causes of air pollution and noise pollution in Pakistan. Vehicle emissions are estimated to contribute to 25% of the carbon dioxide emissions, influencing global warming and climatic change, and leading to rising heat waves in the cities. Research claims that 60–70% of the air and noise pollution in the major cities of Pakistan is due to traffic vehicles, which also has a negative impact on health, stress levels, and general wellbeing for people living in cities (M. T. Sohail et al., 2014). Women who remain at home and children trying to study at school are also impacted by air and noise pollution, especially those living in overcrowded living conditions in urban residences (Van Kempen et al., 2012). There have been no significant policy efforts in the country which have targeted to reduce use of private vehicles or promote public transport usage for women across the country.

Lead Exposure

Lead is one of the most abundant heavy metals found in the environment, and its toxic effects can cause health problems. The major environmental sources of lead exposure include air, dust, soil, and drinking water and

food contaminated with lead. Women working in the homes are at great risk to lead exposure, as are women working in factories or industry with lead exposure, such as pottery and ceramic ware production. Local literature confirms that high levels of lead (Pb) have been reported in the blood of women of Pakistan, including pregnant women and children (Fatmi et al., 2017). Though lead (Pb) has been banned in developed countries, developing countries are lagging in this legal change, including Pakistan. The lead intake of women in Pakistan comes from a range of sources, including food, water, house dust, respirable dust, soil, *surma* (black powder applied to inside of eye), and petrol. Exposure to high levels of lead may cause anemia, weakness, kidney and brain damage, and even mortality. Lead can also cross the placental barrier, which means pregnant women who are exposed to lead also end up exposing their unborn child. This can cause damage to a developing baby's nervous system and have permanent effects, such as intellectual disability and behavioral disorders, or even result in the death of child (Forsyth et al., 2018). Lead exposure can also cause psychological deficits that are strongly associated with aggressive and criminal behavior (Reyes, 2007). There have been almost no efforts in Pakistan to raise women's awareness about lead exposure and behavior modification to limit the risk of lead exposure.

Climatic Change and Natural Disasters

Pakistan does not contribute significantly to the global greenhouse gas emissions, and yet, it faces the greatest vulnerability to climate change (M. A. Khan et al., 2016). In recent months, post-August 2022, Pakistan is facing shocking and devastating floods, droughts (Qazlbash et al., 2021), and heat waves (Nasim et al., 2018) across its regions due to climate change and global warming. The flooding has led to land destruction and water contamination, and families have become bereft of homes, safe drinking water, food, and energy. Apart from the basic necessities, there is great fear that homeless females and displaced females face critical deprivation with regard to access for healthcare, employment, and schooling (Ajibade et al., 2013). This is because females face more vulnerabilities post crises and displacement due to their inherited problems of poverty, restricted mobility, greater care workload, and lesser support for relief and recovery.

Pakistani Women as Agents of Environmental Protection

The capacity of a nation to respond and recover from environmental disasters in a balanced and equitable manner is strongly influenced by social norms, culture, and state law (Carden, 2010). The patriarchal culture of Pakistan restricts women to the home and mobility is a major factor influencing women's agency to combat and recover from environmental disasters. Majority of the women in Pakistan are unemployed or home-based workers and agricultural workers, and these women face complex challenges related to environmental pollution and disaster recovery, as they are almost an invisible group when it comes to targeted protection, subsidization, and legal support (Hassan & Azman, 2014; Ibraz, 1993). As invisible members of society, they are least likely to receive support in times of environmental disasters. It is also the females who are impacted the most when rural and inadequate housing structures are destroyed or ruined by climate change. Homelessness due to environmental disasters can lead to lack of privacy and protection (Asadi et al., 2019), and shortages in food and safe drinking water (Clay et al., 2018). Women face many other kinds of socioeconomic problems caused by environmental disasters and displacement, such as (i) reduced social mobility, (ii) inability to continue work and loss of income, (iii) lack of time for rest and leisure, (iv) greater burden for recovery and care support, (v) loss of family members and household provider, and (vi) permanent or cyclical experience of trauma and grief.

There is consensus by majority that women are essential agents for environmental protection and disaster management, as they have better knowledge of specific needs for themselves and family members (Cable, 1992). Strong women groups in the West have been known to successfully advocate for women's inclusion in environmental departments (Jackson, 1993). Similarly, the Women, Environment and Development Organization has helped to highlight that women have better understanding about the nature and environment compared to men, as they physically work on land and are responsible for household maintenance (Braidotti et al., 1994). There has also been recognition that it is not women who are the helpless ones, but in fact women who are the driving agents for rehabilitation and recovery when there are environmental disasters (Breton, 2016).

Local scholars also agree that it is women who can help to regain the environmental balance as nurturers and caregivers, as they have greater control in altering household and family practices (Haq et al., 2020). Women in Pakistan also have more local expertise and cultural

understanding for how to adopt environmentally friendly practices with the help of traditions and religion. Women in the country are known to be more active in religious practices and rituals, with potential to become powerful agents in using religious ethics and moral teachings for the preservation of natural resources (Waheed et al., 2021). However, there has also been criticism that activism for environmental protection is an upper-class pursuit which excludes to consider the needs of lower class women (Jamieson, 2010). It is also true that since majority of women from developing countries are poor, the prioritization and commitment to alter practices for environmental conservation is not a priority for them, and instead their priorities are focused on surviving and accessing basic needs.

It would also be extremely ironic that in a country like Pakistan, where many women remain invisible and underserved, we try to apply a model where the same women are expected to become active agents for recovery. We must consider that in resource-poor and conservative countries like Pakistan, women are crippled by poverty, illiteracy, and patriarchy, and they have little training or opportunity for decision-making and agency. Furthermore, women in the country, who already suffer from the triple-shift burden, might end up being additionally burdened due to added roles and responsibilities for disaster recovery. It would also be unfair to expect that a woman would be able fulfil the role of an active agent for recovery if, for example, she is heavily pregnant or the only care provider for minor children. There is thus critical need for multiple agents to come together to assume leadership roles in advocacy and recovery from environmental challenges and disasters in the country, including male members of society, policymakers, development organizations, the private sector, and the government.

Data from Pakistan about Women Facing Environmental Disasters

Table 5.1 presents data from the Pakistan Maternal Mortality Survey (PMMS, 2019), which was implemented by the National Institute of Population Studies with support from the Ministry of National Health Services, Regulations and Coordination, Islamabad, Pakistan (National Institute of Population Studies, 2020). The data suggests that in the last five years almost 21% of women in the country have experienced flood and disasters, with 4.5% suffering from drought, 2.3% from earthquakes, and 4.9% from other disasters. The latter may include destruction of crop due

Table 5.1 Descriptive statistics for women in Pakistan who have faced some form of natural disaster in the last five years

Variable	*Women who have faced some form of natural disaster (%)*
Not occurred	67.8%
Floods/heavy rains	20.6%
Drought	4.5%
Earthquake	2.3%
Other	4.9%
	100.0%

Source: National Institute of Population Studies (2020). Pakistan Special Report, 2019, Pakistan Maternal Mortality Survey, https://dhsprogram.com/pubs/pdf/SR267/SR267.pdf

to changing weather, landslides, or wildfires. Though there is no recent data from the government, we can expect that these numbers are much higher post August 2022 due to the nation-wide devastating floods.

Table 5.2 presents data about the socio-demographic characteristics of women who have experienced natural disasters in the last five years, and Table 5.3 presents data related to health access for women who have experienced natural disasters in the last five years. Women across all the provinces, between 11% to 30%, have experienced natural disasters, confirming that all women groups and ethnicities across the country are in need of support for environmental and disaster protection. Considerable women have not received any kind of cash transfer support (15.3%) after experiencing environmental crisis and almost half have no social organization available in the village or community, who they can approach for help and support (42.8%). Even in villages where some social organization, local or state, are available, most women are not participating or making their voice heard about their problems and needs (85.7%).

Considerable number of women who have faced an environmental crisis do not have access to a community health worker (42.8%) or receive a regular visitation from a Lady Health Worker (LHW) (34.5%). LHWs are government employees mandated to make weekly door-to-door visits to vulnerable women in the community for support in healthcare, counseling, and referral. Similarly, nearly half of the women report that medicines are never available at their village (47.0%). Nearly all women still opt for a *Dai* or local unlicensed midwife to give them advice and assistance when they are pregnant or delivering (99.5%). This data confirms that women have low access to trained providers and that they have low trust in

Table 5.2 Descriptive statistics for women in Pakistan who have faced some form of natural disaster in the last five years and their socio-demographic characteristics

Variable	*Women who have faced some form of natural disaster (%)*
Province	
AJK	11.5%
Balochistan	12.2%
GB	11.4%
KPK	16.8%
Punjab	29.8%
Sindh	18.3%
	100.0%
Received any cash transfer, for example, BISP	
No	15.3%
Yes	84.7%
	100.0%
Type of economic activities available to women in the community	
Agriculture	56.4%
Livestock management	11.7%
Embroidery & stitching	12.6%
Handcraft	1.2%
Other	18.2%
	100.0%
Social organization available in the village/ community	
Punchayat	42.8%
Cooperative society	3.1%
Social welfare society	8.8%
School committee	9.4%
None of them	35.7%
	100.0%
Women participation in these social organizations	
Yes	14.3%
No	85.7%
	100.0%

Source: National Institute of Population Studies (2020). Pakistan Special Report, 2019, Pakistan Maternal Mortality Survey, https://dhsprogram.co1m/pubs/pdf/SR267/SR267.pdf

services by trained providers when they are available in the community. When there is a pregnancy-related emergency, women have to travel to the district hospital, city public hospital, or private hospitals. The PMMS data

Table 5.3 Descriptive statistics for women in Pakistan who have faced some form of natural disaster in the last five years and their ability to access health services

Variable	*Women who have faced some form of natural disaster (%)*
Presence of Community Health Worker in village	
Yes	57.2%
No	42.8%
	100.0%
Lady Health Worker makes regular visits to women at doorstep	
Yes	65.5%
No	34.5%
	100.0%
Medicines easily available in village	
Easily available	22.7%
Sometimes available	30.3%
Never available	47.0%
	100.0%
Mode of transportation available to women to reach nearest health center in village	
Walk	3.6%
Rickshaw	9.5%
Bicycle	0.4%
Motorbike	18.7%
Private car/taxi/van/tractor trolly	67.5%
Tonga/cattle cart	0.3%
	100.0%
Transport available during the night	
Yes	37.7%
No	62.3%
	100.0%
Time to reach the nearest health facility	
2–10 minutes	8.2%
11–30 minutes	33.0%
31–635 minutes	58.8%
	100.0%
Place of treatment when pregnant women have a serious problem	
BHU	5.3%
RHC	4.1%
Maternal health clinic	0.4%
LHW doorstep visit	0.1%

(*continued*)

Table 5.3 (continued)

Variable	*Women who have faced some form of natural disaster (%)*
TBA	0.7%
THQ hospital	20.7%
DHQ hospital	45.1%
Private hospital	23.6%
	100.0%
Distance to the nearest city/town	
Less than 1 km	7.5%
1–20 km	68.8%
22–90 km	19.2%
More than 95 km	5.2%
	100.0%
Type of healthcare provider help sought from	
Dai	99.5%
Other	0.5%
	100.0%

Source: National Institute of Population Studies (2020). Pakistan Special Report, 2019, Pakistan Maternal Mortality Survey, https://dhsprogram.com/pubs/pdf/SR267/SR267.pdf

also suggests that women and their families who may be facing illness due to environmental disasters or other causes cannot rely on the state primary-level services provided by the Basic Health Units to support them for health. Majority women cannot access health centers by walking (96.4%), and there is indication of most not having access to transport in the night in case of an emergency (62.3%). The time taken to reach a health facility for majority women is more than half an hour (58.8%), suggesting that access and reaching the facility on time are also major challenges.

The type of economic activities available and acceptable in the community for women include informal work and home-based work such as agricultural work (56.4%), livestock management (11.7%), and embroidery and stitching (12.6%). This suggests that women who may face homelessness, loss of income and livelihood, and displacement would have less chances for gaining income from outside the home, moving toward quicker recovery, and integrating or adjusting to new life circumstances (Enarson et al., 2007). Case Study 5.1 presents the voice of a woman internal migrant and the poverty of domesticity in an urban city of Pakistan.

Case Study 5.1: Woman internal migrants and the poverty of domesticity

In 2019, several villages of Ferozepur, a district in Punjab, were affected by floods. An interview with a woman who was displaced due to these floods and had relocated to Lahore city revealed that rural to urban migration does not necessarily result in improvement in quality of life. Mudasir is a 25-year-old woman who used to live in the village while her husband worked in Lahore city as a driver. Post the floods of 2019 and the destruction of her home, she shifted to live with her husband in the city. Currently, she resides in the servant quarter, allocated to her husband by his employer, with her three children. Her children, all three below the age of five years, have not been enrolled in school yet. She shares:

I have talked to my husband about enrolling the children in a local public school. But he is more interested in sending us back to my father-in-law, as the village house is now reconstructed. He is waiting for me to have another child first.

Enquiry about the state of her living conditions revealed:

There is no space for us. The malik (employers) do not let the children play in their garden and ask us to keep them inside the room given to us to stay in. I feel very anxious about this. The children also don't like it here and cry regularly.

We have been allocated a space to cook outside the main kitchen area. But I am able to cook only one meal a day and there is not much money to buy too many things. I asked the bibi (wife of employer) if she would hire me for housework inside the main house. That way I would have some money and could help my husband and buy biscuits and milk for the children.

You see … my husband earns PKR 30,000 (USD 132.13) per month, most of which he sends back home to his parents. Sometimes I think it may be better to return to the village, where there is more space for my children and more food to eat from the lands. It is cheaper too.

However, I also don't want to return to my in-laws …and I wish I could stay here … but in other circumstances, not like this. We used to believe living in the city will improve our children's lives. This is not so.

(*continued*)

Case Study 5.1: (continued)

I feel trapped and sad—both the village and the city is not home for me now. Another worry is if my children will ever attend and complete schooling.

After hearing about her poverty and food insecurity, Mudasir was asked about her awareness of the Benazir Income Support Program (BISP) or Ehsaas program or any other cash transfer or relief provided to her after displacement, to which she replied:

No, we did not receive any help. I have heard of BISP. However, I cannot access it, as I don't have an ID card. My husband says I have to apply from my domicile area. Maybe I will try when he (husband) sends me back to our village.

The case study is important in highlighting that women facing displacement and disasters are not documented or provided support from the government. The main areas of need include adequate housing, food subsidies, and conditional cash transfers for children's schooling. The case study also brings to attention that displaced women need support for skill development and employability, social support for better integration, and mental health counseling.

State Neglect for Environmental Policy

In lower-income nations, the role of state is primary in protecting disadvantaged populations with robust environmental policies. Sadly, in Pakistan, the state has given very little priority to environmental research or protective planning (M. T. Sohail et al., 2022). Furthermore, what limited environmental and disaster recovery work has been done has remained gender blind (Haq et al., 2020). In 1997, the Pakistan Environmental Protection Authority attempted to activate research projects for the protection of the environment and for climate change. However, there has been little progress due to lack of funds. Recent government efforts to plant trees and ban the use of plastic bags showed promise, but there are issues of sustainability and consistent practice across

the nation due to lack of regulation and political instability (Mumtaz, 2021). Some scholars conclude that Pakistan may have low capacity to develop safe environmental policies due to excessive poverty and population explosion (M. A. Khan et al., 2016). Later in 2016, the Government of Pakistan signed the United Nations Framework Convention on Climate Change and agreed to (i) work on the Asia Least-Cost Greenhouse Gas Abatement Strategy for estimating and planning appropriate policy for greenhouse gas emissions; and (ii) adapt to the goals of the United Nations Environment Programme to plan improved quality of life of Pakistani citizens without compromising that of future generations. However, despite development of Task Force Reports on Climate Change and Operational Strategies for Clean Development Mechanism, there has been no implementation and action (M. A. Khan et al., 2016).

There is need for strong, well-coordinated, and consistent efforts at community, provincial, and national levels for environmental protection in the country, with the support of civilian bodies. Environment policies have so far not been linked to development efforts for (i) behavior modification in people, and (ii) regulation for compliance by industries and private sector, which are also critically needed. Furthermore, for planning to include women's protection, there must be political stability and women's representation (M. T. Sohail et al., 2022). Pakistan is in need of democratic representation and fair inclusion of women leaders who are invested in environmental protection. Inclusion of women and minority populations in policy development must not be based on "tokenism." Apart from creating structures which support environmental protective policy, there needs to be creation of councils with women members, elected based on merit and with multi-disciplinary professionals, who can guide better agendas for sustainable and relevant environmental policy. Male council members and policy makers have neglected to consider how environmental conditions such as climate change, air pollution, waste dumping, and water pollution can impact women groups, especially poor women living in underserved areas (Banerjee & Bell, 2007).

There is very little awareness in Pakistan about safe environmental practices (Rana et al., 2022). It is thus critically important that the state identifies how poor women population groups can be made aware of environmentally safe practices, especially the more deprived and illiterate women populations. Many women in the country are unaware of daily life activities within the home which can contribute to environmental degradation, such as utilizing (i) air conditioners, (i) fridge and freezer, (iii)

excess bathing and washing water, and (iv) electronics like the iron and washing machine. In this way, there is a major role of literacy and awareness sessions by the state and also the introduction of policy which limits use in each house and allocates timings for usage. Increasing the electricity billing rate during peak hours of the day has been used as a tool to reduce the use of air conditioners in Pakistan, but it has not been consistently maintained. We must also consider that environmental literacy alone cannot lead to best practices. Many women may receive environmental literacy interventions, but may not be able to adopt environmental safe practices or recovery processes due to barriers in access to resources and dependency on male family members (Cole, 1992), and lack of time for environmentally informed decisions (Tewari, 2004).

Recommendations for Environmental and Disaster Protection Policy for Women of Pakistan

Pakistan faces a catastrophic crisis with regard to environmental degradation and natural disasters. Females face more dire consequences due to cultural barriers, and all age groups across the provinces are vulnerable. However, some population groups who face more challenges are women from rural areas, women agricultural workers, and women who belong to poor and middle-class families. Specific vulnerabilities of women in the country who have experienced natural disasters in the last five years are that (i) not all have received minimum cash transfers for rehabilitation; (ii) many have not received a visit from a community health worker; (iii) almost none belong to a social organization as it is either not functional in the village or community, or does not welcome women; (iv) very few have access to health centers and medicines, which are not available in the community or village; and (v) unlicensed providers are used by nearly all women compared to licensed providers. To support women facing environmental degradation and natural disasters the following key areas for policy introduction and reform are recommended for Pakistan (Table 5.4).

1. *Securing registration and identity management of women*

Pakistani women face serious leakages in citizenship identification and birth certificate registration. This problem needs to be solved and women who have faced or are facing environmental vulnerability, displacement, and disasters must be issued separate registration and identity cards.

Table 5.4 Summary of existing problems for women in Pakistan related to environmental challenges and disasters and recommended social policy

Sociodemographic risk factors for women who have experienced natural disasters in the last five years *(as identified by PMMS data)*	• All women age groups • Women from rural areas • Women agricultural workers • Women from all provinces of the country • Women who belong to poor and middle-class families • Mostly women do not have access to medicine and health centers in village • Mostly women use traditional providers as opposed to skilled providers • Not all women have received minimum cash transfers for rehabilitation • Many women have not received a visit from a community health worker • Almost no women belong to a social organization
Problem statement	**Relevant Social Policy**
1. Inefficient registration and identity management	1. Citizenship identification and birth certificate registration of females 2. Registration and identity card allocation for women based on environmental vulnerability and displacement 3. Registration and identity cards allocation at doorstep within communities
2. No or inadequate financial subsidization for women affected by environmental challenges and disasters	1. Allocation of cash subsidies and vouchers for different needs to all women groups 2. Shelter support to women affected by environmental challenges or disaster and transfer to permanent housing
3. Air pollution	1. Legislate private vehicles restrictions and increase private vehicle taxation 2. Introduce public transport exclusively for females 3. Invest in quality services for public transport and free/subsidized transport for females 4. Gas provision to homes across Pakistan and banning of biomass usage and literacy for its harmful affects

(*continued*)

Table 5.4 (continued)

4. Water pollution and scarcity	1. Investment in dams and water infrastructure 2. Mandatory provision of water to zones without access 3. Provision of safe drinking water and filter plants 4. State reform for taxing fisheries and strict penalization for waste dumping in water
5. Lead exposure	1. Introduce primary-level screening for lead exposure 2. Improve state interventions for less industrial use and exposure 3. Introduce subsidization for subsidization for nutrition with iron or nutrition supplements 4. Awareness campaigns for lead pollutants and how to consume foods with iron
6. Low literacy for environmental protection and disaster management	1. Introduce community-level and family group sessions for environmental protection and disaster response and recovery 2. Introduce school-level curriculum inclusion for environmental protection and disaster response and recovery 3. Cultural interventions, at community and family levels, to promote women's mobility, decision-making rights, and agency, which will help recovery from disasters
7. State environmental and disaster management policy without consideration of women's rights	1. A separate Environmental and Disaster Protection Act for Women 2. A Women's Council for Environmental and Disaster Protection must be established which can advocate on policy-making platforms for environmental protection and disaster response 3. Disaster management communication apps provided to women to provide support for information and communication 4. Partner with academic institutes for housing database with sex-disaggregated data 5. Monitoring of equal access to females for resources and supplies for recovery

(*continued*)

Table 5.4 (continued)

8. No coordination of environmental and disaster management policy with other policy protection measures	Coordination with following sectors is needed: 1. Health sector: Door-to-door services and heath cards for affected women and families to access services from both private and public centers. Counseling services for women affected by conflict and disasters 2. Finance sector: Subsidization and loan schemes for housing shelter, adequacy, and long-term support for permanent housing. Poverty alleviation programs specifically for women facing environmental disasters and emergencies 3. Security policy: Mandate women security officers patrolling displaced women and those residing in conflict zones or disaster zones 4. Employment sector: Skill development and job assurance for women post disaster resettlement 5. Legal sector: Strict implementation for women's safety, different laws to prevent air and water pollution, and lead exposure; the taxing of fisheries; and laws to restrict household utilities and energy which damage the environment.

Women at high risk of facing environmental challenges in the future must have a separate indication on their record for specific monitoring and surveillance. It is recommended that registration and identity cards are allocated at doorstep within communities to ensure that all missing women are identified and placed on record.

2. *Financial subsidization for women affected by environmental challenges and disasters*

The allocation of cash subsidies and vouchers for women affected by environmental challenges, displacement, and disasters needs to become mandatory with consistent provision and no women groups left behind based on region, ethnicity, and religious background. The transfer schemes

and subsidies need to be branched appropriately for different needs, such as clothing, food, schooling, health, and long-term recovery, such as permanent housing and employment. Temporary financial subsidization does not mean that there is no policy support for permanency and rehabilitation, for example, temporary shelter support to women must be accompanied with schemes, grants, and feasible loans for transfer to permanent housing.

3. *Reducing air pollution*

There is need for legislation of private vehicles to reduce the air pollution crisis in Pakistan. Different measures can be adopted such as restrictions of private vehicles across all urban cities, strict legislation on automobile use, increase in car parking costs, limiting car leases, restriction of ownership of cars across each family, and increase in private vehicle taxation. Improving public transport quality and subsidizing public transport are partner interventions needed to make private vehicle restrictions efficient and not harmful for the economy.

Public transport must be introduced exclusively for females in the country to solve problems of cultural restrictions, family permission, and safety issues. However, there needs to be simultaneous investment for quality public transport services and heavily subsidized transport for all females. Specific female groups must be provided free transport passes, such as female students, elderly women, pregnant women, special needs women, and small women traders who need to travel for business and entrepreneurial development.

Gas pipelines must be mandated across all homes of Pakistan and laws must be passed and enforced banning the use of biomass fuel. Targeted literacy campaigns across the communities are needed to make women and their families aware about the harmful effects of biomass and exposure to indoor air pollution. In the interim period, until gas pipelines reach remote and rural communities, gas cylinders must be provided by the state for cooking with subsidized refilling centers, and uninterrupted supply and refilling.

4. *Reducing water pollution and improving water supply*

Pakistan is in need of critical and immediate investment for dams and water infrastructure to solve the water shortage predicament. Red zones

must be identified where water shortage is regular or erratic to secure supply. Provision of safe drinking water and filter plants must be made mandatory across all communities. The drinking water quality standards set by Pakistan Standards Quality Control Authority need to be strictly enforced across the country. Purifying water plants must be installed and maintained where needed, and awareness and subsidization of household water filters are also needed. Literacy for management and treatment of water for safe drinking is also needed at community and family levels.

Uneconomic water pricing exacerbates the problem of water shortages in urban areas, where a flat rate is charged or water is provided free of charge. Where water is being provided free of charge there is wasteful use of water. Both incentives and surveillance are needed for water suppliers to upgrade their water supply, treatment, and disposal facilities. Overall, strict state regulation of water supply and pricing is needed along with political stability to manage foreign relations with India and investment in building dams. Reform for taxing fisheries and strict penalization for waste dumping in water in rivers, lakes, and coastal areas is also needed in the country.

5. *Reducing lead exposure*

Pakistan needs to have mandatory primary-level screening for lead exposure within communities to identify the actual extent of the problem. Women groups, especially pregnant women, showing lead exposure must be given adequate support to reduce exposure and also be provided multivitamins, which are known to offer significant advantages post lead exposure (Mahaffey, 1995). There is also need to introduce subsidization for nutrition with iron or nutrition supplements, especially for women of reproductive years.

There is critical need in Pakistan to introduce laws and then strictly implement them to remove lead from water, food, household infrastructure, and utilities. There is also a need to improve state interventions for monitoring less industrial use of lead. Community and family-level literacy campaigns are needed to make women and families aware about lead pollutants and which foods to consume to maintain iron intake.

6. *Literacy for environmental protection and disaster management*

There is need for community-level and family group sessions for environmental protection and disaster response and recovery. Pakistan has

potential for integration of basic literacy for environmentally safe practices in women at community level through the primary health sector (Douthwaite & Ward, 2005). A community-based group learning approach to promote environmental literacy in women has shown to be the most effective in changing practices (Pourghasem et al., 2020). Additionally, school-level curriculum must include environmental protection and disaster response and recovery training. This literacy in schools can be reinforced across different years of schooling and different subjects, which will help adoption of behavior and safe practices. Scholarship shows that incorporating environmental literacy and disaster literacy across social science subjects and religious studies is effective in building resolve for action and promoting positive values (Agustinova & Syamsi, 2021).

Cultural interventions at community and family levels to promote women's mobility, decision-making rights, and agency are also critically needed if women are to become active agents to support recovery from disasters and lead environmentally safe practices. Television, radio, print media, and social media must also be used for local service messages for environmental protection and disaster recovery management. Social media can also be used for sharing of information and communicating with women during times of emergencies, especially those living in remote areas or restricted to the homes.

7. *State environmental and disaster management policy for women*

A separate Environmental and Disaster Protection Act for women must be passed in Pakistan which will help to prioritize efforts for women who, compared to men, face different risks and vulnerabilities from environmental degradation, climate change, and natural disasters. Laws and protection for women internal migrants is also needed along with a displacement allowance and monitoring of living standards. State, NGOs, and civilian bodies must work together for policy development and best practices for the diverse environmental needs and to meet targets effectively. The government must invest in concrete and multiple interventions related to lead pollutants, air and water pollution, preventing deforestation and increasing the forest rate, water supply, and disaster protection. The government also needs to increase incentive-based approaches to promote environmental protection, while balancing this with strict regulation of control policies. State managed disaster management communication apps must be provided to women to provide support for information and

communication. Pakistan has been extremely successful in managing the coronavirus pandemic, preventive behavior, and vaccination uptake through social media communication, which can be replicated for environmental challenges and disasters (Abbas et al., 2021).

A Women's Council for Environmental and Disaster Protection must be established across each district. This council can be part of, or separate from, the Pakistan Environmental Protection Authority, and will ensure that policy is designed and protection is afforded through a women's rights perspective. The council will also be able to advocate for policy-making and coordinate with the central bodies. Equal representation of rural women, unemployed women, and informal sector women workers is essential in the council. In fact, local women are known to be more reliable informants about environmental degradation and community risks, as they are less prone to corruption compared to local officials or male members of the community (Begum, 1993).

The government must also partner with academic institutes and research centers across the country to collect comprehensive and longitudinal sex-disaggregated data. Only with a comprehensive database can there be identification of actual needs of women related to environmental problems and disasters, and the subsequent planning of relevant policy. The database will also be able to monitor equal access to females across the country for resources and supplies and identify transition patterns to complete and sustainable recovery.

8. *Coordination of environmental and disaster management policy with other policy protection measures*

There is need for the health sector to support women who face environmental challenges and disasters. Door-to-door services and heath cards for affected women and families are needed along with assurance that they can access services from both private and public centers for referral and extended assistance. Counseling services are also needed at community level, as literature shows that women affected by conflict and disasters may suffer from multiple health challenges such as stress, anxiety, depression, and suicidal thoughts (Giarratano et al., 2019).

Reforms in housing policy for women must consider the subsidization and loan schemes for housing shelter, housing adequacy, and long-term support for permanent housing for women groups. There must also be mandatory surveillance for the privacy and security of females residing in

temporary shelters and overcrowded or informal housing areas. Women security officers must patrol females who have faced disasters, are displaced, and living in temporary arrangements. There is also need for strict implementation of different laws to prevent air, water, and lead pollution; the taxing of fisheries; and laws to restrict household utilities and energy which damage the environment.

Employment policy must be established for women who have faced or are facing environmental challenges and disasters. Skill development and job assurance for women is needed post the disaster or the resettlement, with laws to promote diversity scores during recruitment and affirmative action. Poverty alleviation programs are specifically needed for women facing environmental disasters and emergencies. Many scholars agree that environmental degradation is primarily associated with poverty and rapid urbanization in Pakistan (M. T. Sohail et al., 2014). The implication being that without poverty alleviation efforts and strategic planning for urban sustainable development, any policy for environmental protection would not be realistic or achievable. Finally, the legal sector must ensure that there is strict implementation of (i) laws for women's safety during disasters and emergencies; (ii) different laws to prevent air and water pollution and lead exposure; (iii) taxing of fisheries; and (iv) laws to restrict household utilities and energy which damage the environment.

Conclusion

Research and policy direction for environmental challenges and disaster risks facing women in Pakistan is almost non-existent. This chapter has attempted to identify the main inequalities and social protection leakages facing females in Pakistan, with regard to environmental challenges and disaster risk. Based on literature review and primary and secondary data, this chapter discusses eight important social policy areas that need to be introduced for women in the country, including (i) securing separate registration and identity management of women facing disasters and climate change; (ii) providing financial subsidization for women affected by environmental challenges and disasters; (iii) introducing measures to reduce air pollution; (iv) introducing measures to reduce water pollution and improving water supply; (v) introducing measures to reduce lead exposure; (vi) promoting literacy for environmental protection and disaster management; (vii) designing and implementing state environmental and

disaster management policy for women; and (viii) ensuring that environmental and disaster management policy is coordinated efficiently with other policy protection measures for women in the country.

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CHAPTER 6

Literacy, Skill Development, and Social Policy for Women of Pakistan

Introduction

Any country's long-term efforts for gender equality and poverty alleviation are incomplete without comprehensive and prudent policy development for literacy (Becker, 1995). In fact, it is literacy policies for quality education that have had the greatest impact on employability and inclusiveness of economic growth (Hanushek & Wößmann, 2007). Furthermore, for developing and unstable regions, literacy policy is an important instrument for community solidarity, interfaith harmony, and economic stability overall (Arnesen & Lundahl, 2006). This may be why even some of the most conservative and patriarchal regions make efforts to introduce policies for literacy as the impact is twofold on both economic and social development. For countries that have a high rate of adult literacy, there is the double burden of having to plan, invest in, and deliver both literacy and skill development policies (Aggarwal & Gasskov, 2013). Even developed countries are known to invest in policies for skill development and continued learning for the adult population, to keep their workers competitive, productive, and innovative.

Effective policies for literacy and skill development are usually led by the government, but there is a significant role played by other social partners within the community (Chattopadhay & Nogueira, 2014; Lee, 2008). The private sector, the family unit, and religious centers, are known to contribute in providing services for education and lifelong learning as

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they have incentives to keep society educated or make profits (Werquin, 2010). While designing policies for education and skill development, there needs to be careful coordination with the employment sector to ensure that job opportunities in the country are available for the required skills and specializations people have (Obadić & Porić, 2008). Effective educational and skill development policies also need to consider mapping and accountability for (i) achieving learning goals and updating curriculum; (ii) defining responsibilities of the private and public sector; (iii) allocation of adequate budget and timeframes for outcomes; and (iv) sustenance and reform of policies based on results.

Literacy Trends of Females and Adult Women in Pakistan

Literacy rates for females in Pakistan are very low, with primary school enrolment for females standing at 62%, but then dropping for secondary school enrolment to 34% and dropping further for tertiary enrolment to 12% (World Bank Data, 2022). Females residing in rural and remote areas have lower rates of literacy, attendance, and retention rates. Though both males and females suffer from low literacy in Pakistan, the gap between the two remains very wide, with only 12% of females completing their secondary level of education or grade 10 level, compared to 20% males (UN Women, 2021). Pakistan suffers from two major problems related to literacy for females—low-quality public schools and lack of monitoring by state for standards, and cultural barriers related to female enrolment. In this way, female labor force participation becomes a secondary issue and degree attainment and literacy the primary problem which is preventing women from getting jobs, specifically formal sector and specialized jobs which offer women employment security, wage equality, and professional advancement (Rehman et al., 2015). Pakistan has a great opportunity to transform its large 114 million women population into a demographic dividend through human capital development. But this is only possible if equal opportunities for education and skill development are entrenched in the system, leaving no population group behind.

The female adult literacy rate in Pakistan is also a problem, with less than 50% of adult women being able to read or write (Rehman et al., 2015). The implications are immense, as women with low literacy are unable to navigate and succeed in managing affairs related to the family, community, employment, and health (Roman, 2004). There is critical

need in the country to not just improve literacy of girls but provide opportunities for adult literacy and skill development for women. Governments commonly make efforts to improve skill development in illiterate adult women to pull them into the workforce and ensure they have income-earning potential. This may include providing poor and illiterate women skills to embroider, develop a craft, and stitch. However, adult women also need support for basic literacy and continued learning support which can help to build their self-esteem, raise their status in the family and community, and also allow them to provide better support to their children and household (Younas & Rafay, 2021). Such support includes helping children with their homework, filling forms for official work related to utility payments, or correctly reading medical prescriptions (Rizvi et al., 2014).

Another problem to consider is that women in Pakistan have low functional literacy, meaning that even those who can read and write do not have the skills to function properly within society as their ability (Robinson-Pant, 2004). In lieu of this, there is critical need for females and women in the country to be provided the following skills: (1) employment skills—such as basic accounting, marketing skills, accessing information, and use of internet; (2) life skills—such as managing health, developing career goals, development of self-esteem, and learning about different religions and culture (Chinen et al., 2017); and (3) social skills—such as emotional intelligence, critical thinking, and social literacy (Ali et al., 2020; Ashraf, 2013). Until literacy and skills are improved collectively for girls and women in the country there will be less opportunity for capacity building and overall competence in how to negotiate life's challenges in a patriarchal society. It is women from minority ethnicities and religious sects who face complex problems of discrimination, violence, and exclusion (Brooks, 2018). Thus, filling in critical gaps in the educational curriculum and providing social skills to adult women will also help in promoting equality overall.

Cultural and Environmental Barriers to Girls' Education

Access to education in Pakistan for women is linked to several cultural and environmental factors. Cultural barriers and religious interpretations play a major role in preventing girls from joining school and remaining in the educational system (Abbas & Husssain, 2021). It is not unknown for community notables and family elders to prevent schools for girls from being established in communities, especially rural areas (Jamal, 2016).

There is great apprehension that religious beliefs and traditions will be forgotten if girls go to school or remain in schools beyond the primary years of schooling (Bradley & Saigol, 2012). In many regions where schools for girls do exist, the administration and control are in the hands of community leaders and elders, who prevent conventional and standard curriculum from being taught. Girls are restricted in the subjects they are allowed to take due to fear of Western syllabus and subjects that are considered non-traditional for females, such as sciences, math, and economics. Schools that emphasize Quranic studies, provincial language, and home economics subjects are preferred in Pakistan for girls' education (Hali et al., 2021).

Most girls and adolescent females in the country are unable to go to school alone without male relative accompaniment or while using public transport (Jacoby & Mansuri, 2011). In many cases men are not present or available all the time to accompany daughters and sisters to school. This has created uncertainty about what is the best course of action, should Pakistan have separate schools and universities for females or should it invest in interventions for cultural acceptance of co-education. Another major barrier is poverty and financial limitations of families (Latif, 2009). Not only are majority families in Pakistan plagued by poverty, but there is less allocation of household funds and savings for the education of female children. Lack of access and distance of schools for many families and having to pay more money for transport and miscellaneous schooling fees, such as uniform and stationary are also barriers (Pirzado, 2006).

The common belief is that an education will not benefit females in the job market for equal pay and thus it is better that they spend more years in the home learning skills for child and household care (Sarwar & Abbasi, 2013). The patriarchal culture and male-dominated households also prevent families from investing in daughter's education, as it is expected that she will marry and shift to another house, not contributing to the expenses and needs of her aging parents in the future. There is also great cultural fear in parents that continued education of their daughters will prevent them from receiving marriage proposals, as less educated females are considered more malleable and passive (Saqib & Ahmad, 2014). The few postgraduate women degree holders in the country are usually prevented from practicing their profession after their marriage, by spouse and in-laws, and this is why majority parents in the country do not find it beneficial to invest in their daughter's education (Moazam & Shekhani, 2018). Safety and security issues in Pakistan are also significant barriers,

preventing families from sending their daughters to school or university (Khan et al., 2021). There is fear that sending girls to school after adolescent years will compromise the family honor and this is why few girls remain in the education system beyond primary and secondary years (Siraj et al., 2022).

In many cases, girls themselves prefer not to continue with schooling either due to fear for safety or quality of services (Noureen & Awan, 2011). The quality of schools and quality of teaching is also a major disincentive to send girls to school. Public schools in Pakistan which cater to the majority poor are known to suffer from problems of inadequate infrastructure, lack of schooling resources, low quality teaching, and absent toilet facilities or safe drinking water (Latif, 2009). Many female students return home before school ends as they face problems in sitting on the floor without desks, and not having segregated or clean toilet facilities or menstrual supplies (Naeem et al., 2015). There is poor quality of administration and teacher skills in public sector schools and almost no surveillance by the Education Ministry about quality standards for female students in private schools (Memon, 2007).

Most female graduates in the country do not have good news to share by word of mouth with younger females in society. Issues of workplace safety, harassment, and glass ceilings, discourage girls and parents from continuing with education or remaining in school, as they perceive barriers in employability (Ali et al., 2021). As a result, the emphasis remains on getting married, gaining semi-skilled work opportunities, or gaining a certificate which will help to gain home-based work or low-scale service sector jobs. This keeps women away from higher education and eligibility for higher management-level jobs in Pakistan (Sadaquat, 2011). Interventions in the country have been attempted to counter the immense cultural barriers preventing female education, but it has been found that beyond primary and secondary literacy, females still dropout from school due to limited job opportunities and preference for prioritizing marriage and reproduction over higher education and career goals (Murtaza, 2012).

What the Data Says aAbout Illiterate Women in Pakistan

There is limited sex disaggregated data which can help to identify diverse female literacy issues in Pakistan (Moheyuddin, 2005). From the limited data that exists, we have some recent information regarding learning of

girls in the country by the Annual Status of Education Report (ASER, 2021). The data suggests that 45% girls in the country, between 15 and 16 years, can read sentences, 49% can read English words, and 36% can do subtraction. The share of disabled girls enrolled in school with different disabilities is very low and ranges between 0.5% and 0.7% (visual disability = 0.6%; hearing difficulty = 0.7%; physical difficulty = 0.6%; intellectual difficulty = 0.5%; self-care difficulty = 0.7%; and communication difficulty = 0.7%).

Statistics for enrolment of disabled girls in school are critically low compared to the actual level of disability in the country which is estimated to be as high as 17% (Mitra & Sambamoorthi, 2014). The implication is that many special needs girls remain at home, with lack of development and literacy support to gain independence and autonomy, which they would need in the future, when their parents may not be around to support them. The concern for special needs girl's independence and literacy is even more critical, due to higher risk of violence and exploitation against them (Jafree & Burhan, 2020).

Table 6.1 presents data from the Pakistan Demographic and Heath Survey, 2018, and confirms that majority women of reproductive years in the country have received no education at all (50.6%) and that adult illiteracy is a grave issue in Pakistan (National Institute of Population Studies, 2018). Only 14.0% of women in the country have received primary education (up to grade 5), 20.8% have studied up to the secondary level (grade 10), and 14.6% have a graduate degree. This data confirms that very few women in the economy would be found in the formal sector or receive adequate pay and employment benefits. We must also consider that Pakistan's productivity suffers due to low education and specialization of women, as more specialized workers produce more efficiently.

Table 6.2 presents data about the socio-demographic characteristics of women who have no education in the country and Table 6.3 presents data related to decision-making and health behavior in illiterate women of Pakistan. A higher number of uneducated women are found between 15 and 29 years (37.2%), and 30 and 39 years (35.5%), suggesting that supply and support for education are not keeping up with the rise in population. High rates of female illiteracy are found in Punjab (21.2%) and Sindh (19.1%), but rates are also extremely high in Khyber Pakhtunkhwa (KPK) (29.3%) and Balochistan (18.0%), despite the lower population weightage in those provinces, comparatively. This suggests that there are greater supply issues and cultural barriers for female school enrolment in KPK and

Table 6.1 Descriptive statistics for adult women's literacy in Pakistan

Variable	*All women (%)*
No education	50.6%
Primary	14.0%
Secondary	20.8%
Graduate	14.6%
	100.0%

Source: Pakistan Demographic and Health Data, 2018, https://www.dhsprogram.com/publications/publication-FR366-Other-Final-Reports.cfm

Note: The Pakistan Demographic and Health data is a nationally representative sample including all ever-married women aged 15–49 from all provinces of the country through cluster sampling based on population weightage ($N = 12{,}364$)

Table 6.2 Descriptive statistics for women in Pakistan who are illiterate and their socio-demographic characteristics and information-seeking practices

Variable	*Women who are illiterate (%)*
Age	
15–29 years	37.2%
30–39 years	35.5%
40–49 years	27.3%
	100.0%
Province	
Azad Jammu Kashmir (AJK)	6.3%
Balochistan	18.0%
Gilgit Baltistan (GB)	6.1%
Khyber Pakhtunkhwa (KPK)	29.3%
Punjab	21.2%
Sindh	19.1%
	100.0%
Reginal belonging	
Urban	34.9%
Rural	65.1%
	100.0%
Wealth class	
Poor	63.8%
Middle	19.1%
Upper	17.1%
	100.0%

(*continued*)

Table 6.2 (continued)

Variable	*Women who are illiterate (%)*
Received cash transfer, for example Benazir income support program (BISP)	
Yes	13.5%
No	86.5%
	100.0%
Inherited land or house	
Yes	1.4%
No	98.6%
	100.0%
Owns house or land	
Yes	1.7%
No	98.3%
	100.0%
Read newspaper or magazine	
Not at all	99.1%
Less than once a week	0.7%
At least once a weak	0.2%
	100.0%
Listens to radio	
Not at all	91.5%
Less than once a week	3.9%
At least once a weak	4.5%
	100.0%
Frequency of watching TV	
Not at all	61.1%
Less than once a week	10.1%
At least once a weak	28.8%
	100.0%
Use of mobile phone for financial transactions	
Yes	5.5%
No	94.5%
	100.0%
Has an account in bank or other financial institution	
Yes	1.8%
No	98.2%
	100.0%

Source: Pakistan Demographic and Health Data, 2018, https://www.dhsprogram.com/publications/publication-FR366-Other-Final-Reports.cfm

Note: The Pakistan Demographic and Health data is a nationally representative sample including all ever-married women aged 15–49 from all provinces of the country through cluster sampling based on population weightage (N = 12,364)

Table 6.3 Descriptive statistics for women in Pakistan who are illiterate and their health-seeking behavior and decision-making rights

Variable	*Women who are illiterate (%)*
Seek assistance from trained healthcare provider	
No	53.4%
Yes	46.6%
	100.0%
Prenatal visit to doctor	
No	33.2%
Yes	66.8%
	100.0%
Place of delivery	
Home	48.4%
Hospital/health center	51.6%
	100.0%
Provision of colostrum	
Yes	29.6%
No	70.4%
	100.0%
Decision-maker for family planning	
Woman alone	9.3%
Husband	7.6%
Joint decision	83.1%
	100.0%
Had/have a say in choosing husband	
No	74.1%
Yes	25.9%
	100.0%

Source: Pakistan Demographic and Health Data, 2018, https://www.dhsprogram.com/publications/publication-FR366-Other-Final-Reports.cfm

Note: The Pakistan Demographic and Health data is a nationally representative sample including all ever-married women aged 15–49 from all provinces of the country through cluster sampling based on population weightage ($N = 12{,}364$)

Balochistan. Across the country, it is the rural women who face greater illiteracy (65.1%). Expectedly, the poor (63.8%) and middle class (19.1%) women are not educated, but it is also the upper class women in the country (17.1%) who are found to be uneducated. This emphasizes the immense role of culture, religion, and traditions, and that despite access to finances for private education, women are prevented from gaining an education or pursuing degrees.

Majority of uneducated women do not seek assistance from trained and licensed healthcare providers (53.4%), confirming the important role of education in favorable health-seeking behaviors of mothers (Shaikh et al., 2008). Similarly, many of the uneducated women do not have good maternal and child health practices with respect to prenatal visits (33.2%), place of delivery (48.4%), and provision of colostrum (70.4%). Nearly all the women who have no education are deprived of rights for autonomous decision-making for family planning (90.7%) and choosing their own husband (74.1%). Almost none are receiving any cash transfers from the government for poverty alleviation or social support (86.5%). Close to none of the uneducated women in the country have inherited land or home (1.4%) or own a house or land (1.7%). This confirms that there is a relationship between ownership and educational attainment and family's willingness to invest in the education of their daughter(s) (Shaffer, 2019). Women who inherit property from their grandparents or parents, have more bargaining power to remain in school and continue their education to tertiary level.

Data for information-seeking behavior in uneducated women is an important indicator for proactive capacity building despite illiteracy (Patrick & Ferdinand, 2016). However, data reveals that very few of the uneducated women read newspapers (0.9%), listen to the radio (8.4%), or watch TV (38.9%). Women who use their mobile phone for financial transactions (Larsson & Svensson, 2018), and have a bank account (e Wahid et al., 2020), are known to be more efficient in developing small businesses, accessing resources, and buying supplies or resources online for home-based work. However, in Pakistan almost none of the illiterate women use their mobile phone for financial transactions (94.5%) or have an account in a bank or another financial institution (98.2%). This also implies that uneducated women do not have any savings or a safety net to fall back on and are entirely dependent on families and government.

Table 6.4 summarizes the work participation of uneducated women in Pakistan and their means of payment. Majority of uneducated women are not working in the paid employment sector (86.4%), suggesting that illiteracy is one of the main barriers to income-earning opportunities for women in the country (Momsen, 2008). Most of the uneducated women

Table 6.4 Descriptive statistics for women in Pakistan who are illiterate and occupational status and type of earnings

Variable	*Women who are illiterate (%)*
Uneducated women and their occupational groups	
Not working	86.4%
Unskilled manual	1.2%
Agriculture	5.7%
Skilled manual	6.7%
	100%
Type of earnings of uneducated women who are part of paid employment sector	
Not paid	12.5%
Cash only	79.4%
Cash and in-kind	5.5%
In-kind only	2.5%
	100%

Source: Pakistan Demographic and Health Data, 2018, https://www.dhsprogram.com/publications/publication-FR366-Other-Final-Reports.cfm

Note: The Pakistan Demographic and Health data is a nationally representative sample including all ever-married women aged 15–49 from all provinces of the country through cluster sampling based on population weightage (N = 12,364)

are employed in agricultural work (5.7%) and other physical or manual work (7.5%), confirming that uneducated women are not part of the tertiary sector of the economy which is known for employment benefits and fair pay. A considerable number of women are not being paid for the work they are doing (12.5%), suggesting that they are working in family businesses at home and do not get financial benefits from their labor (Khan, 2007). Similarly, many women receive in-kind payments (8.0%) which has many limitations, the main one being that in-kind payment prevents women from having cash to buy the goods and services that they need (Anker & Anker, 2017). Case Study 6.1 narrates the challenges faced by a Christian woman who dropped out early from school and has been unable to use her training as a beautician for dependable income generation.

Case Study 6.1: Barriers to Schooling and Incapacity to Use Skills for Income

A young unemployed mother with four children, all below the age of seven years, named Nasreen, was interviewed from a community setting in urban Lahore. She willingly shared that she was Christian and lived in an urban slum area near Forman Christian College University (FCCU). She had approached me through my cook, knowing that I taught at FCCU, for help in getting her elder two children admitted to Light of Hope School, a campus school for underprivileged students. After informed consent was gained, Nasreen shared the main reasons for her not continuing her own education beyond grade 5. She shared:

> *I could not complete the compart exams.*[1] *I did well in three subjects, but failed in the rest. I did not want to repeat the year and chose to leave school.*

I asked Nasreen what the major reason for her not clearing her exams was, to which she replied:

> *I was never a good student and I was not interested in school.*

I further prompted her and asked the role of parents and teachers in her achievement and choice to remain in school. Nasreen replied:

> *My parents never forced me to continue my studies. They were always busy making ends meet and also they fought a lot. Which made it very difficult to study at home. As one of five siblings who shared one room, there was never any quiet space to study or anyone to help us in homework or revision.*
>
> *I remember some things about my grade 5 teacher. She used to bring two Tokris (baskets) with her. One had her vegetables and the other her embroidery. She would peel and cut her vegetables during class and later start her embroidery work.*
>
> *She would instruct us about what to read and which workbook to complete. We would also read out al lot from our books, which I did not like. But there was no support from the teacher, if we didn't understand something or asked any questions. She preferred us not to ask questions and only to read out from our books or fill our copies.*

Upon encouragement to share more details about her school facilities, she described that:

(*continued*)

Case Study 6.1: (continued)

The school was free. But there was only one toilet, shared by both boys and girls, and I tried not to use the toilet. In classes we used to sit on the Tipaya (floor).

I asked Nasreen what she did after dropping out from school, to which she shared:

I helped my mother at home and looked after my younger brothers. I cooked the food and also helped my father in his tailoring business when I could. As soon as I was 18 years old, I joined Allenora Beauty Saloon and learnt waxing and threading. The salary was PKR 12,000 and working hours were from 8am to 10pm.

I worked there for two years, but then after marriage and having children I could not continue. How could I with small children? Also, the money was not enough and the timing was very long. I try to use word of mouth to visit client's home for waxing and threading. But I am not regularly able to do this either and not many people call me when I am available. You see the clients house must be walking distance for me and that is also a problem.

This case study reveals important lessons about how females believe they are responsible for dropping out from school and have less understanding of the family and teacher support that is due to them. It also reveals that adult skill development in the informal economy is characteristic of low pay, women worker exploitation, and does not guarantee a dependable income stream. Furthermore, women who have small skills are dependent on the transport services or access to client and have little agency and mobility to gain opportunities to expand their services and independent businesses. The implication is that state support is needed for multiple areas at public sector schools, including retention in school, post school remedial support, teacher training, and monitoring of teacher quality. In addition, state support is also needed for adult women skill development, capping on minimum pay and working hours in the informal sector, transport, and day-care services for working women.

Note

1. She could not explain what she meant by "compart exams." But it was clear that she wasn't cleared to go ahead to the next year of study.

The Educational System in Pakistan and State Failure

The initial concrete efforts to provide women with equal opportunities for education and formal sector work participation in Pakistan came in 1979 with the opening of the Women Division (Kazi et al., 1992). A Ministry of Women's Development was also formed and budget was allocated, but there have been no clear plans for achieving literacy of all girls and monitoring the process of retention. In fact, the budget share allocated to the Ministry of Women's Development has been almost negligible, between 0.2% and 0.3% (Qureshi et al., 2013; Sabir & Initiative, 2009). Further efforts by the state included targeting to include 10%–15% women in government service, and though this target was low considering that women comprise 49% of the population, it was accepted that only an increase in higher education in women could improve participation in government and other skilled sector jobs in the country (Kazi et al., 1992). However, the Ministry of Women, which was responsible for coordinating targets for female higher education and maintenance of job quotas for women in the formal sector and government sector, has failed to support achievements of these goals. In fact, rates in the country for women's employment in the informal sector and dropout after secondary schooling seem to be increasing.

There is great dependence on provincial governments to manage separate efforts for women's educational policy due to devolutionary policy (Khan & Mirza, 2011). However, this has further crippled united and coordinated nationwide efforts to improve female literacy and skill development, as each province has made disjointed and lackluster efforts based on their own conservative cultures and level of development. Though the central ministry has sponsored projects for literacy within provinces, the utilization of funds has not been achieved and many projects have not gone forward except to complete pilot phases on very small scales (Ahmad, 2012). Ineffective management of existing structures has also meant that many public schools for girls are not receiving the allocated subsidies for adequate resources or maintenance of facilities and teacher salaries. Even worst, some schools are registered on paper but are in fact identified as "ghost schools" (Kronstadt, 2004).

As majority rural females remain illiterate in the country, The National Rural Support Program (NRSP) has been able to highlight that unless women are part of the Union Councils and Rural Organizations

significant change will not take place with regard to female literacy and retention in schools in rural areas (Ikram & Hanif, 2020). The outreach of the NRSP across Pakistan is low, and much more coordinated efforts by multiple public and private sectors are needed to improve literacy in rural regions. We must also consider that rural areas in Pakistan face more barriers related to female attendance and retention due to distance of schools and unavailability or low quality of school teachers and resources (Khurshid et al., 2016). Though some adult literacy schemes for women have been introduced in some rural communities of Pakistan, these projects have been small pilot projects of short duration and have been unable to change the lives of majority females living in the rural and remote areas of the country (Cheema et al., 2018).

The Pakistan Poverty Alleviation Fund (PPAF) has made efforts to partner with the Women Development Department, and the Literacy and Non-Formal Basic Education Department, Government of the Punjab, to support women's literacy and employment. Though this multi-sector collaboration has been an important effort, it has not made a difference as yet due to investment in small projects and low outreach to rural areas (Ikram & Hanif, 2020). Small and Medium Enterprises Development Authority, which is a Government of Pakistan Institute under the Ministry of Industries and Production, has also made efforts to encourage women's skill development and entrepreneurship in the country (Zeb, 2018). Efforts such as opening the Women Business Development Center and Capacity Building Program for South Punjab, and conducting training for marketing, financial transaction, and industry collaboration have been made. But there is limited information about how many women have benefited from the programs and if efforts have translated to an increase in female entrepreneurial activities.

Though the Benazir Income Support Program (BISP) has specific objectives to support women's poverty alleviation and income-earning capacity, there has been a branched initiative under BISP, which targeted to keep children in school through cash transfers, the Waseela-e-Taleem program. However, the program has suffered from (1) limited outreach, (2) misallocation of funds to non-deserving families, and (3) lack of continuity due to changing governments (Iqbal et al., 2021). Sadly, the Community Driven Development Project which is a collaboration between the World Bank and the PPAF, and aims to support women in rural areas, has not targeted to improve literacy in females (Ahmad et al., 2015). Efforts for literacy and skill development for females in the country have

been plagued by both (1) low budget allocation and low political resolve, and (2) limited outreach to females from urban and developed areas, thus completely neglecting women from rural and remote areas (Kazmi, 2005).

Pakistan's governance policy has also been criticized for neglecting supply side services for female literacy (Memon, 2007). Though there is a lot of concentration on reproductive health and some for basic literacy, there is very little focus on retaining girls in school, supporting them for post-graduate specializations and skill development, or entry into the formal sector with equal pay and status. Local research confirms that women's wellbeing and empowerment in Pakistan is linked to the extent and quality of education and skill development they receive (Sharif et al., 2021). There needs to be equal investment and monitoring, not just for expansion of educational institutes and outreach, but the quality of services that are provided to help in retention, completion of degrees, and capacity building potential in women for applying for jobs and engaging in entrepreneurial activities.

So far, the state has considered outreach and availability of school, to an extent, but not the quality of education or retention rates in girls. Educational policy in the country for females must be designed in consideration of major problems facing girls and leading to low retention (Shahidul & Karim, 2015), such as (1) lack of washrooms in school; (2) inadequate teaching methods and unqualified teachers; (3) bullying and safety problems; (4) male relatives not being available for pick and drop; (5) distance and public transport issues; and (6) need for assistance within the home for sibling care, cooking, or cleaning. Many girls also need additional support for post school support such as revision, homework, or remedial classes, as their parents are illiterate or do not have the time to support them (Mughal et al., 2019). State schools have almost no provision for computer science and internet for student learning (Khalafzai & Nirupama, 2011). Females in the country also have limited opportunities for online education and training, and access for online applications of scholarships and grants. There is no state subsidy for provision of computer equipment and Wifi for girls and women in the country and almost no community-level training for use of smartphones for access to adult literacy programs or skill development opportunities (Ibtasam et al., 2019). Free access to Wifi and internet is also not in any concrete plans for government initiatives, though other countries have begun to recognize it as a basic human right (Reglitz, 2020). Some poor and middle class households in the country have capacity to buy limited internet and computer equipment, which are mostly used by the male family members.

Statistics for technology availability across Pakistan are low with electricity connection at 89.3% and TV availability at 64.5%. Very few houses have radios (17.5%), computers (17.8%), or internet connection (22.7%). The ownership of mobile (76.6%) and smartphone (61.9%) is also low, considering that we live in a digital age and post the coronavirus pandemic are dependent on mobile communication for health messages and consultancy, natural disaster alerts, social security transfer, and online education or hybrid education. The Pakistan state response to support students during the pandemic for ongoing education included schooling through TV and radio, but there was little consideration that many houses did not have a TV or a radio or might not have a separate room for quiet learning time of children (Ahmed et al., 2020). Learning goals and continued teaching support for the disabled and special needs children was not considered at all during the pandemic.

Private schools were able to pass on the cost of using internet and Apps to continue online lessons, however, only the minority in the country, around 25%, are able to benefit from private schooling (Andrabi et al., 2008). Computers, Wifi, and teleschooling provision for girls is essential in Pakistan due to two reasons. First, the country regularly faces outbreaks of pandemics, natural disasters, or conflict, which necessitate transfer to home schooling (Rajput et al., 2020). Secondly, online schooling opportunities can support girls who are suffering temporary displacement, have gotten married and do not receive permission to leave the home, or are pregnant or nursing their child (Shi et al., 2021).

Due to low quality schooling and inferior teacher skills, most, if not all, students in the country rely on literacy of parents, parental time for assistance, and paid tuitions to complete their education and attain learning objectives. As majority poor and illiterate families in Pakistan are unable to provide some or all of this support to their children, this also becomes a reason for high dropouts. Most of the efforts to provide poor females with support for literacy or skill development have been pursued by NGOs in Pakistan, and the outreach has been minimal (Zahra et al., 2022). What is needed for employment and professional capacity development for women is not limited to literacy and skill development, but also access to assets, credit, and ownership. Focus in developing countries is usually for economic growth through development of women's skills for the informal sector and semi-skilled jobs, which means that subsidization for female education and adult literacy is not on the foremost agenda or a budget priority (Kevane & Wydick, 2001). We already known that there is

critically low prioritization and budget allocation for female education in Pakistan, with no plans to increase this budget (Memon, 2007).

Major issues of the missing women in Pakistan (Klasen & Wink, 2003), and females not being registered at birth (ESCAP, 2021), prevents planning and monitoring of female schooling. In addition, many mothers in the country lack national identity cards (Ullah et al., 2015), which prevents them from registering and becoming eligible for stipends for their own skill development or their daughter's education. Orphan girls and widowed or unmarried women face major barriers in accessing education subsidies as they do not have the requisite identification cards of male guardians (Medina & Dua, 2018; Ullah et al., 2015). Perhaps the weakest area for Pakistan is that women do not have awareness about their basic and legal rights as women, humans, and citizens of the country (Zakar et al., 2016). This is especially true of young girls, women who remain in *pardah* (home-based seclusion or veiling), the illiterate, and those from rural and remote areas. Thus, even when programs and schemes are introduced to support women's literacy and capacity building, the utilization by women may remain low.

Recommendations for Literacy and Skill Development Policy for Women of Pakistan

Pakistani women are facing critical problems related to low literacy of females and non-existent support for skill development in adult women who are required to work to supplement household income. Whereas more than half of the women in the country do not have an education, a near majority drop out from school by grade 10. The main socio-demographic characteristics of vulnerable women who do not have an education include women of all age groups and provinces, rural women, and those who belong to poor and middle-class families. Majority of uneducated women do not have positive health-seeking behavior and information-seeking behavior, which implies that they face more challenges related to health, awareness, and communication. Almost no women receive a cash transfer or education subsidies for support of literacy or skill development. To support low literacy and skill development in females of Pakistan the following key areas for policy introduction and reform are recommended (Table 6.5).

Table 6.5 Summary of existing problems for female literacy in Pakistan, and recommended social policy solutions

Sociodemographic risk factors for women who do not have an education in Pakistan *(as identified by Pakistan demographic and health survey (PDHS) data)*	– Women of all age groups – Women from rural areas – Women from all provinces of the country – Women who belong to poor and middle class families – Low autonomy in small and large decision-making – Have not received a cash transfer – Many women do not seek health services from trained providers or deliver at hospital
Problem statement	**Relevant social policy**
1. Low school attendance and retention of females	1. Mandatory enrolment and neighborhood watch schemes for attendance and retention 2. Counseling and literacy for community and family for importance of enrolment and retention 3. Remedial classes for female students catch-up 4. Provision for special needs girls in separate institutes or through inclusive education
2. No school subsidies or completely free public sector services	1. Conditional cash transfers to parents 2. Per-student enrolment cash transfer to private schools 3. Girl's meal subsidies and take-home lunch 4. Mandatory allocation for miscellaneous school costs
3. Low quality of educational services and teachers in both public and private institutes	1. Education quality control committees 2. Increase supply of resources to ghost schools and start serving areas without schools 3. Increase quotas for teachers and administrative staff in government schools 4. Mandatory free hygiene supplies and separate washroom facilities for females 5. Include curriculum for social and life skills and health literacy for females 6. Teacher training programs for continued learning 7. Teacher salary allocation based on student achievement targets

(*continued*)

Table 6.5 (continued)

4. High safety and security issues for females in school and travelling to and from schools	1. Separate schools and universities for females or separate timings 2. Separate transport with women drivers, security, and conductors for guarded transport 3. Installation of CCTV cameras in all classes, corridors, and streets, with strict and swift accountability
5. Lack of technological access	1. Mandatory laptop and Wifi provision for female students 2. Online schooling opportunities for all females in Pakistan
6. No support for adult literacy and skill development	1. Community-level centers for women's skill development and adult literacy, with mandatory enrolment 2. Employer regulation for providing skill development to women workers
7. Low support in community for female education	1. Community-level group awareness for decision-making and information-seeking behavior 2. Community-level interventions for religious leaders and community elders to support female literacy
8. State education and skill development policy without consideration of women's rights	1. A separate Education and Skill Development Act for women 2. Local Women's Council for Literacy and Skill development across all districts and inclusion of different women groups in these councils 3. Partner with academic institutes for housing database with sex-disaggregated data
9. No coordination of education and skill development policy with other policy protection measures	Coordination with following sectors is needed: 1. Employment sector: coordination to match job opportunities with educational specializations 2. Health sector: primary health workforce must monitor and collect data about reasons for low female school attendance and dropout 3. Legal sector: must hold parents and employers accountable with swift punishment when females are not sent to school and are made to be party of labor force

Improving School Attendance and Retention of Females

There is need for strict monitoring of female population and doorstep record-keeping for number of females in each household and community. This data needs to be updated in the National Database and Registration Authority of Pakistan. Based on this record, mandatory enrolment of all females in schools must be ensured. Neighborhood watch or community watch schemes must be established which would help to report low attendance and dropout of females. Social Protection Officers must be deployed in the community, to make visits to homes and schools, to monitor and counsel families for female enrolment and retention.

As female students in Pakistan have low attendance and support at home for studies, they must be provided after-school remedial support for homework and catch-up. This will also help prevent dropout. Free schooling till university level, cash transfers for expenses related to schooling, scholarships, and merit awards must be provided to female students to encourage retention. There is almost no provision for special needs girls, and there is need for separate institutes and inclusive education to ensure that all females have equal opportunities for education and autonomy.

Provision of School Subsidies and Completely Free Public Sector Services

There is need for conditional cash transfers to parents for incentivization of female enrolment. Free public schooling in Pakistan still requires parents to pay for things like uniform and books. This is due to different policies across districts, or then low allocation of resources. Mandatory allocation for miscellaneous school costs, such as books, uniform, shoes, and stationary, must be legislated to meet all the schooling needs of female students.

The state can also provide per-student enrolment cash transfer to private schools, as there are a lot of private schools within large and small communities of the country, which have comparatively better services and teachers. Female student meal subsidies and take-home lunches must be made mandatory, as it will help females from poor families concentrate better in class and continue their studies at home and be exempt from housework or household cooking duties.

Improving Quality of Educational Services and Teacher Skills

There is critical need in Pakistan to increase supply of resources to ghost schools and start serving areas without schools to encourage enrolment and retention of female students. Quotas for teachers and administrative staff in government schools must also be increased, to improve service quality and teacher to student ratios. For female students, the supply of free hygiene supplies and separate washroom facilities must be mandatory. Curriculum development is also needed overall, but also through a gender lens. Female students need special attention and coverage for social and life skills and health literacy. To strictly monitor quality standards of education services across communities there is need for Education Quality Control Committees, with women representatives from the community, including mothers, and female students. These committees will benefit from having third-party or South Asian quality assessment team members.

It is imperative that public and private sector teachers receive mandatory and regular training for continued learning and skill development. These trainings must be based on subject specialization and the grade level they are teaching. To ensure teacher retention and commitment to students, salary allocation must be fair and progressive. Salaries of teachers and school administration must be made dependent on student retention, student and parent satisfaction surveys, and student achievement. This will motivate teachers to remain committed to continued learning and deliver their best in the classrooms.

Improving Safety and Security on Campus and during Transit to Educational Institutes

Given the cultural context, Pakistan will benefit from having separate schools and universities for females or separate timings to accommodate parental and community preference for segregation. Separate transport with women drivers, women security personnel, and women conductors is needed for guarded transport of females from home to educational institute and back. The installation of CCTV cameras in classes, school corridors, and streets, with strict and swift accountability by law enforcement agents will also ensure that trust and confidence for security of females are no longer barriers to enrolment and retention.

Improving Technological Access

Pakistan needs to mandate laptop and Wifi provision for female students, as they are known to have less access within the household to these resources. For families in Pakistan that refuse to send their daughters or wives outside the home for schooling, online educational opportunities are needed from primary to tertiary level. This will help females to remain part of the educational system and not be completely barred due to family restrictions. Online educational opportunities for females will also benefit women who are married, pregnant, or have infant children, and support their continued learning without delays and interruption.

Improving Adult Literacy and Skill Development in Women

Each community in Pakistan needs to have a center for skill development and adult literacy opportunities for women. Basic literacy for managing household financing and accounting, reading medicine labels, managing banking transactions and filling of official forms, and social and life skills must also be provided to women. Mandatory enrolment of adult women in literacy and skill development programs must be ensured and day-care provision for their children must also be provided. Women living in rural and remote locations may be supported with online skill development opportunities, through WhatsApp, radio, or TV (Hill, 2011).

Many adult women who are not literate are working in Pakistan due to poverty and financial necessity. Skill development centers in the community must provide women with relevant certificates of learning, so that employers reward women with better remuneration and opportunities for advancement. Skill development training for women-dominated professions, such as community social work, teaching, and nursing, must be offered as they would be well-received and attractive for women from conservative families. Strict laws must also be passed to ensure that working women with low skills and literacy are assured of minimum pay and employment benefits.

Improving Support and Awareness for Importance of Female Education

Community- and family-level awareness sessions are needed in Pakistan to improve female literacy and skill development. These awareness sessions

must include agendas for improving family support for women's decision-making and information-seeking behavior. It is not possible that female literacy and skill development improves in a country like Pakistan without the sponsorship and support of fathers, brothers, and male community elders and notables. Community-level interventions with religious leaders and community elders are also needed, as their role in supporting and encouraging female literacy is immense.

State Education and Skill Development Policy for Women

Pakistan is in need of a separate Education and Skill Development Act for women, which will ensure that the leakages and problems facing females are identified and then dealt with through relevant policy agendas. Laws related to conditional cash transfers, per student stipends to private schools, and minimum standards for education will help to improve enrolment and secure retention. Furthermore, policies and legal enforcement for fool-proof security will also encourage enrolment and retention. The Pakistan government must lead the efforts for adult literacy and skill development, including on-the-job training so women can have an opportunity for equal rights and professional advancement.

A Women's Council for Literacy and Skill Development must be established across each district, to coordinate and monitor efforts for literacy and skill development of girls and women.

These councils will also be able to share local information for better management of policy and send feedback to the center about implementation efficacy and shortfalls. The inclusion of different women groups in these councils must be assured, such as elderly and young females, special needs females, parents of female students, female teachers, and women school administrators.

The state must partner with academic institutes to collect longitudinal data with comprehensive literacy statistics about females in the country. This should include region-wise data for attendance, retention, subject-wise achievement, dropout rate, skill development training, and post-graduation information for females. This database should also include information from female student and parent satisfaction surveys, to help plan prudent reforms in policy over time.

Coordination of Education and Skill Development Policy with Other Policy Protection Measures

Any policy development for the education and skill development of women in Pakistan is incomplete without the coordination and collaboration with other sectors and policy efforts. There needs to be increased coordination with the employment sector to ensure that females graduating with a degree or receiving skill development are getting matching job opportunities with fair and progressive employment benefits. The primary health workforce must monitor and collect data about reasons for low female school attendance and dropout. Social Protection Officers must be deployed to monitor schools and families within communities and to identify reasons for low attendance, dropout, and sub-optimal school services or safety issues. The legal sector must hold parents and employers accountable with swift punishment when females are not sent to school or are employed as child laborers when they should be in school. This will ensure that child labor is prevented, and that females complete their education.

Conclusion

Though there is much research on low female literacy in Pakistan, there is less scholarship about which policy measures need to be introduced to improve literacy and skill development for women. This chapter has attempted to identify the main inequalities and social protection leakages facing females in Pakistan, with regard to literacy and skill development. Based on literature review, and primary and secondary data, this chapter discusses nine important social policy areas that need to be introduced for women in the country, including (i) improving school attendance and retention of females, (ii) provision of school subsidies and completely free public sector services, (iii) improving quality of educational services and teacher skills, (iv) improving safety and security on campus and during transit to educational institutes, (v) improving technological access, (vi) improving adult literacy and skill development in women, (vii) improving cultural and social support and awareness for importance of female education, (viii) designing and implementing state education and skill development policy for women in the country, and (ix) ensuring that education and skill development policy is efficiently coordinated with other policy protection measures for women in the country.

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CHAPTER 7

Employment, Informal Sector Work, and Social Policy for Women of Pakistan

Introduction

Employment policies have two macro objectives—to reduce unemployment in the working population of a country and to improve productive employment and formal sector belonging so workers earn better pay (Rhodes, 2015). In this way, educational policies are closely linked to both literacy and skill development policies and formal sector inclusion policies. Many governments, even in the developed world, are known to invest in economic policies that are not related to increasing employment (van der Hoeven, 2010). Economic policies that promote exports and foreign investment, lower inflation and deregulate finance, and encourage labor market flexibility, have been more popular for some governments as they are considered better options for economic growth. However, economic growth alone does not ensure full employment and the decline of underemployment in a nation.

There is better recognition in the recent past that employment policies are needed overall, but especially for women and other marginalized groups in society, as they can help improve inclusivity and remove social barriers to work participation and recruitment (French & Strachan, 2015). Coordination is needed between the economic, financial, education, and labor sectors of a nation, to design regionally relevant policies for monitoring employment patterns and targeting macroeconomic policies to

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improve employment opportunities. Effective employment policies may include (Guzmán, 2014; Immervoll & Scarpetta, 2012): (1) innovative plans for quality job creation; (2) agreed public and private employment targets across different sectors; (3) adjustments to local labor market policies and institutions, (4) investment strategies for growth, which stimulate demand for labor; (5) enterprise development including small and medium size enterprises; and (6) improving the quality of employment and promoting international standards for labor.

Employment statistics for women in Pakistan are not favorable, with only 20.1% of females participating in the labor force (Pakistan Bureau of Statistics, 2018). However, some local scholars estimate it to be higher at 25% (Sarwar & Abbasi, 2013). Recent statistics from the Labor Force Survey report that almost 9% of women are unemployed in Pakistan in 2021 and almost 2% are underemployed (Pakistan Bureau of Statistics, 2021). Involuntary unemployment is also high for females, at 8.3%, indicative of women wanting to work, but unable to find employment opportunities in the country (UN Women Report, 2020). Experts recommend that the country needs to create at least 1.3 million jobs per year to prevent rising poverty and related problems for women (Pakistan, 2017). In a culturally conservative country like Pakistan, it is rare that a woman can control her own decisions and spend her own money, even when she in an income-earning member of the household. Thus, we must consider that creating jobs for women alone will not guarantee empowerment and well-being of women in the country.

Reasons for Low Labor Force Participation in Women

The reasons for low female labor force participation in Pakistan is primarily due to lack of permission from family and cultural barriers (Ejaz, 2007). It is traditionally accepted and advocated for women to remain within the home, as domesticity in women is associated with family honor and preservation of social norms (Klasen & Pieters, 2015). Religious interpretations also encourage that women should not work outside the home, and that their main roles in life is to reproduce and provide care to the household (Jejeebhoy & Sathar, 2001). In fact, more than 80% of the total time spent by females in Pakistan is on care provision for children and other dependents in the household (UN Women Report, 2020). Due to the

joint-family system and traditional culture, the list of dependents does not just include disabled family members and aging parents, but also multiple in-laws, such as mother-in-law, father-in-law, brother-in-law, sister-in-law, and nieces and nephews (Habiba et al., 2016). Pakistani society is dominated by kinship and community relations, the common practice of regular visitation to homes, and the expectation of being served food and provision of good hosting by women of the house. This obviously places immense burden on women of the country and takes considerable time and energy away from self-care, education, and paid employment. It is estimated that Pakistani females are able to spend only 5% of their total time on learning and working outside the home for regular income-earning (UN Women Report, 2020).

As discussed in the previous chapter, low basic literacy and degree attainment excludes women from applying for jobs and getting hired (Sultana et al., 1994). Only an estimated 25% of Pakistani women have a university degree which many do not utilize by entering the workforce (Mehmood et al., 2018). Most recent data suggests that 66% of women have no education, 9% have up to primary education (grade 5) and 20% up to intermediate level (grade 12) (ASER, 2021). Most unskilled women who get hired in temporary contractual jobs, experience job loss or leave the job due to exploitation and bad work conditions. Women in the country do not have permission to travel alone and are dependent on male guardians for pick and drop to the workplace (Azid et al., 2010). Low physical mobility prevents women from accessing suitable or better jobs and improving their employment opportunities or gaining professional advancement. Pakistani women also have very little share in ownership of land, family businesses, and homes (Rehman et al., 2019). This lack of ownership leads to three very different and complex problems, including (1) low social status and position, and high dependency on male family members for income and housing; (2) higher poverty and low agency or capability to use assets for investment and profit; and (3) less investment by family and parents for education and healthcare, as they are considered the dispensable child who will not be an heir or a caretaker for aging parents and family members. This lack of ownership and low social status also contributes to barriers in participation in the formal workforce and being trapped in low status and low paying jobs (Agarwal & Bina, 1994).

Data from the country suggests that almost none of the working women actively seek work or have a desire to work outside the home (Tanaka & Muzones, 2016). This is a grave situation in Pakistan, where

women want and need their own income, but seemingly do not want to gain employment in paid jobs outside the home. It may be that some women are conditioned to believe that they are born to be taken care of and deserve an income from their fathers, husbands, or other male relatives (Roomi & Harrison, 2010). Other women may be conditioned to believe that they do not deserve or need their own independent income and should remain content in what they are allocated within the home and family. Another reason may be that women are assured of more safety and social status by remaining within the home, and they are less willing to compromise or sacrifice this even for an independent income. Awareness of lack of opportunities after graduation, discriminatory working conditions for women, and distance from home may also be preventing women in the country from actively seeking jobs, even when they have higher degrees and specializations in areas such as medicine and engineering (Mohsin & Syed, 2020).

There are considerable problems related to working conditions for women in Pakistan, regardless of the profession and industry they join. Lack of safety and security for working women, at the workplace and during transit in public spaces, are major barriers to work participation outside the home (Makino, 2019). Women in the country are commonly known to face issues related to security, abuse, bullying, and violence when working outside the home (Hadi, 2017). It is also common to hear about occupational segregation, discrimination by employer, bullying by senior male colleagues, and a wide wage gap between men and women in the country (Ali, 2013). There is usually unfair delegation of care duties to women at the workplace, which prevents women from continuing in the job due to role fatigue (Gardazi et al., 2016). Many employers are known to hire women as tokens and also prevent their progress through glass ceilings, contributing to low job commitment and job satisfaction in women (Ayub et al., 2019).

With respect to the few women who graduate with degrees, many remain unemployed because they are unable to gain adequate job opportunities which match their specialization (Farooq, 2011). The issue of glass ceilings is known to women, which serve as a disincentive to work and compete in the formal sector of the economy. Very few women in the country are found in senior management, positions of governance, or as leaders of trade unions, contributing to their almost invisible status and advocacy for equal employment rights and professional development. Scholars agree that women are less likely to be hired and promoted in formal sector jobs

in the country, as they cost more with respect to security, child benefits, medical leaves, medical allowance for dependents, and maternal benefits (Cheema et al., 2019). As wage returns for women are low in the country (Abbas & Foreman-Peck, 2008), women find it less beneficial to take on the costs of working outside the home. These costs include social costs—such as facing family and community backlash for working outside the home—and individual costs—such as loss of energy and health.

Informal and Home-Based Work Participation of Women

Majority of the employed women in the country are part of the informal sector economy (Hassan & Farooq, 2015; Jafree & Maryam, 2022). As women working in the informal sector are not reported or counted as working population in the country (Tanaka & Muzones, 2016), there is both uncertainty about how many women actually are part of the informal sector and also less accountability about the challenges facing them or efforts for policy protection. Informal sector workers have less protection for contractual security, employment benefits, and pension provision in the country. Apart from basic social security and work benefits, women informal sector workers in the country are bereft of maternity benefits and childcare benefits, such as fair paid leave before and after delivery, day-care services, workspaces for lactation, and schooling allowances for children. It is also true that many working women in the formal sector of the Pakistani economy do not have adequate or comprehensive maternity and childcare benefits (Riaz & Condon, 2019).

Majority of the informal sector women workers of Pakistan, above 80%, are home-based workers and agricultural workers (Hassan & Azman, 2014). Home-based work may include activities like embroidery and stitching, giving tuitions to children, beauty parlor work, vendoring retail goods, producing retail goods like baskets and tapestry, and domestic work and cleaning (Jafree & Ahmed, 2013). Agricultural work for women can involve heavy and physically intensive work related to: planting and pruning, irrigation and harvesting crops, applying pesticides and fertilizers, and repairing fences and farm equipment, carrying or pushing farm animals, and packing and loading crops for transfer (Hassan & Farooq, 2015). Women agricultural workers are known to work longer hours and face great physical fatigue, and they usually work in high temperatures with little hydration, What is less considered is that women home-based

workers and agricultural workers commonly suffer from a myriad of physical and mental health challenges, but receive little support for treatment and recovery, as they remain invisible members of society, isolated to the homes (Floro & Pichetpongsa, 2010; Nemer et al., 2022). Most of the women home-based workers in the country do not earn more than PKR 4000/USD 16.73 per month (UN Women Report, 2020), while many of the women agricultural workers receive in-kind payments (Sayeed, 2018), confirming that both groups are in need of urgent efforts for minimum wage laws and social protection.

Many women in the country remain trapped in the informal sector of the economy. This is because low literacy makes them unqualified to apply for formal sector jobs (Sadaquat, 2011). Additionally, there is lack of family permission to work outside the home and only home-based or agricultural work is considered acceptable, as it keeps women within or near the household and children (Hill, 1983). It is also true that many women in the country prefer to remain in the informal sector, working from the home or near the home. This is because informal employment is usually more convenient for many women in the country, and also socially acceptable as it does not compromise their *pardah* (veiling and seclusion from men who are not their immediate family members). Home-based work also allows more flexible hours and part-time work options, which suits women in the country and allows them to fulfil their family and household responsibilities, such as childcare and household maintenance (Arnold & Bongiovi, 2013). Ultimately, informal-sector employment, despite its many limitations, has been shown to support the work-family balance for women workers (Ehlers & Main, 1998).

Women working in the informal sector of Pakistan are not just the poor and illiterate, but due to social and cultural reasons, many middle-class and educated women in the country also choose to be occupied in the informal sector (International Labor Organization, 2018). This is because the informal sector affords women with specialized degrees the convenience of flexible work hours and close proximity to the home and children. Many informal sector jobs and part-time occupations like teaching, care work, nursing, and counseling, are culturally accepted and promoted professions for women in the country (Shah & Shah, 2012). However, despite the convenience, there are critical limitations to women with specialized degrees working in the informal sector, including issues of low pay, and absence of regular contracts and employment benefits such as pension, provident fund, gratuity, medical insurance, and maternity

benefits (Tripathy, 2003). Informal work also keeps women with specialized degrees away from managerial and governance positions leaving less opportunity for them to contribute to or advocate for improved working conditions for women (Shahid, 2009). Countries that have assigned quotas for women to be in government office and senior positions may not meet their targets due to unwillingness of women to work in formal jobs with longer and inflexible work hours.

In developing countries aiming for economic growth and stability, there is less regulation for the informal sector and the high participation of women workers in informal jobs (Tsani et al., 2015). Having a large and unregulated informal sector can damage the economy in the long-run as it contributes to low productivity, reduced tax revenues, poor governance, growth of the black market, and poverty and income inequality in the country (Masello, 2021). Thus, supporting women for transition to formal sector employment is critical not just to improve the lives of women and families, but also for national development and sustainable development.

Decision-Making Power and Unsymmetrical Role Burden

Perhaps the greatest problem culturally for women workers, home-based workers, agricultural workers, and formal sector workers is the assumption that they will fulfill and carry out all their domestic duties, while simultaneously completing work for income generation. This causes considerable role burden and role stress as women do not have support of symmetrical household assistance or relief from domestic duties (Floro & Pichetpongsa, 2010). It is not just employment and formal sector inclusion that is important for women in Pakistan, but their ability to autonomously control their income. Few women in Pakistan are able to control their own income and use it to improve their own and their children's life quality (Khan et al., 2021b). Independent income of women which they can autonomously control, usually transfers to benefits for children in the form of improved nutrition, enrolment in school, and expenditure on clothing and household maintenance (Anderson & Eswaran, 2009). Women's employment and control of income has also shown a decline in child labor, as mothers can become assertive about supplementing household income only on the condition that their child remains in school (Basu & Van, 1998). Mothers are also known to use their income for (1) preventive health of child and self, which helps to prevent progression of disease (Brauner-Otto et al.,

2019), and (2) paying for higher education of daughters and preventing girl child marriages (McGinn et al., 2015). The ability to control their own income also allows women to spend their money on leisure and self-care (Bittman & Wajcman, 2000), and their ability to more successfully navigate life problems and resist violence (Showalter, 2016).

What the Data Says About Occupational Groups and Unemployed Women

Table 7.1 presents data from the Pakistan Demographic and Health Survey (PDHS), 2018, showing women's occupational groups in the country. A majority of women in the country remain unemployed (86.3%), which matches national statistics reported by the Pakistan Bureau of Statistics. Women who are employed remain predominantly occupied in agricultural or home-based work (3.5%), skilled manual labor (5.4%), or unskilled manual labor (0.8%). Very few women are occupied in professional jobs, with a permanent contract and employment benefits (3.5%).

Table 7.2 and Table 7.3 present data about women who are not working and their socio-demographic characteristics, health-seeking behavior, information-seeking behavior, and decision-making rights. Majority of the women who not working in the country are between the ages of 15 and 39 years (78.5%). The provinces of Punjab, Khyber Pakhtunkhwa (KPK), and Sindh have the most non-working women (69.4%), mainly because they are populated regions of the country, but also because they are home

Table 7.1 Descriptive statistics for women's occupational groups in Pakistan

Variable	*All women (%)*
Not working	86.3%
Unskilled manual	0.8%
Agriculture/self-employed at home	3.5%
Skilled manual	5.4%
Professional/clerical/sales	4.0%
	100%

Source: Pakistan Demographic and Health Data, 2018, https://www.dhsprogram.com/publications/publication-FR366-Other-Final-Reports.cfm

Note: The Pakistan Demographic and Health data is a nationally representative sample including all ever-married women age 15–49 from all provinces of the country through cluster sampling based on population weightage ($N = 12{,}364$)

Table 7.2 Descriptive statistics for women in Pakistan who are not working and their socio-demographic characteristics

Variable	*Women who are not working (%)*
Age	
15–29 years	42.4%
30–39 years	36.1%
40–49 years	21.4%
	100.0%
Province	
Azad Jammu Kashmir (AJK)	11.7%
Balochistan	12.0%
Gilgit Baltistan (GB)	7.0%
Khyber Pakhtunkhwa (KPK)	25.0%
Punjab	27.5%
Sindh	16.9%
	100.0%
Literacy	
None	50.5%
Primary to secondary	36.3%
Graduate	13.3%
	100.0%
Reginal belonging	
Urban	48.9%
Rural	51.1%
	100.0%
Wealth class	
Poor	39.6%
Middle	19.8%
Upper	40.7%
	100.0%

Source: Pakistan Demographic and Health Data, 2018, https://www.dhsprogram.com/publications/publication-FR366-Other-Final-Reports.cfm

Note: The Pakistan Demographic and Health Data is a nationally representative sample including all ever-married women aged 15–49 from all provinces of the country through cluster sampling based on population weightage (N = 12,364)

to many refugee and displaced and migrant women in the country who may be unable to find jobs (Abrar-ul-haq et al., 2017; Memon, 2021; Qayum et al., 2012). Majority of the non-working women are illiterate (50.5%) and belong to the rural areas of the country (51.1%).

A considerable number of the non-working women are from the upper class (40.7%), suggesting that cultural barriers against women working are

Table 7.3 Descriptive statistics for women in Pakistan who are not working and their health-seeking behavior, information-seeking behavior, and decision-making rights

Variable	*Women who are not working (%)*
Seek assistance from trained HCP	
No	61.2%
Yes	38.8%
	100.0%
Prenatal visit to doctor	
No	79.3%
Yes	20.7%
	100.0%
Place of delivery	
Home	33.0%
Hospital/health center	67.0%
	100.0%
Provision of colostrum	
Yes	26.5%
No	73.5%
	100.0%
Decision-maker for family planning	
Woman alone	6.5%
Husband	6.2%
Joint decision	87.3%
	100.0%
Had a say in choosing husband	
Yes	19.6%
No	80.4%
	100.0%
Owns house or land	
Yes	2.6%
No	97.3%
	100.0%
Has mobile phone	
Yes	42.9%
No	57.1%
	100.0%
Use of internet	
Never	87.8%
Yes, in last 12 months or can't say when	12.2%
	100.0%

(*continued*)

Table 7.3 (continued)

Variable	*Women who are not working (%)*
Use of mobile phone for financial transactions	
Yes	5.8%
No	94.2%
	100.0%
Has an account in bank or other financial institution	
Yes	5.3%
No	94.7%
	100.0%
Health insurance from community/private provider	
Yes	0.2%
No	99.8%
	100.0%

Source: Pakistan Demographic and Health Data, 2018, https://www.dhsprogram.com/publications/publication-FR366-Other-Final-Reports.cfm

Note: The Pakistan Demographic and Health Data is a nationally representative sample including all ever-married women aged 15–49 from all provinces of the country through cluster sampling based on population weightage (N = 12,364)

very strong, and mostly women work due to poverty or middle-class status (Tanaka & Muzones, 2016). Most of the non-working women in the country do not seek assistance from trained healthcare providers (61.2%) or seek prenatal care (79.3%), suggesting that work participation is also associated with mobility, finances, and better awareness for health-seeking. Usually, non-working women are expected to devote more time and attention to children, but low health literacy and awareness for maternal and child health in non-working women is confirmed by the low provision of colostrum (26.5%).

Very few women who are not working have decision-making power for family planning (6.5%) or choosing their own husband (19.6%). Almost none of the non-working women own a house or land (2.6%), implying that when they experience aging-related health problems, they would not have health finances from pension benefits or out-of-pocket expenses generated from selling of assets. Almost none of the non-working women have health insurance (0.2%) or a savings account in a bank or other financial institution (5.3%). Though many non-working women have mobile phones (42.9%), their use of internet (12.2%) and mobile banking (5.8%) is almost negligible, implying their phones are for contact with family, but not for work opportunities or information access. Case Study 7.1 describes the plight of a woman informal worker in the tourist industry of Gilgit Baltistan.

Case Study 7.1: Women Tourism Work and the Problems of Safety and Job Security

I was able to interview a woman tourist worker in Skardu, Gilgit Baltistan, when I visited the province after the August 2022 floods. Very few women in Gilgit Baltistan are part of the paid employment sector outside the home. The few professions available to women outside the home are in teaching and healthcare work. It was a novelty to find a local woman tourist worker, Farwa, who confirmed:

It is not acceptable for women from our region to be part of the tourist industry. However, some temporary work is found in peak tourist season for us, due to the demand by women travellers who prefer a female tour guide.

I asked Farwa to share information about her nature of work and contract. She shared:

I am studying at Baltistan University and work part-time when the tourist agency requires a female tour guide. The job involves picking up the tourist with the agency driver at 9am and taking them to visit tourist spots and then dropping them back by 5pm. I get paid PKR 1,000 per day, within which I have to buy lunch and tea during the day. Sometimes the tourists pay for our meals. But we are not supposed to ask them or encourage them.

On a three-hour drive to reach Bashu Valley, Farwa pointed out several concerns:

You can see that the drive up the mountains to reach the valley, is quite an adventure. But it is also dangerous and deadly. The roads are made of stones and pebbles the local people have placed over the years (Image 7.1). *There are no road barrier fences as you can see…just dead drops. In many parts, we still have these wooden bridges over which heavy mountain jeeps and transport trucks are passing regularly* (Image 7.2). *Anything can happen at any time. Landslides are common, so are pebbles and stones shifting to displace the cars and jeeps. You hear of vehicles landing in the lakes and falling off mountains, and recently earthquakes and floods have also occurred. There is no support from the government to fix the roads and monitor basic pay. We get no employment benefits or insurance from the agency.*

Even then, I love this opportunity to work and share the beauties of my homeland. I wish some things would change though. We need more acceptance from our people for women to join the tourist industry. Safety and harassment for working women also needs to be managed. Most

(*continued*)

Case Study 7.1: (continued)

Image 7.1 Gilgit Baltistan mountain roads, without barriers or fences, and made of pebbles and earth

Case Study 7.1: (continued)

Image 7.2 Gilgit Baltistan hand-made bridges of wood planks

importantly, we need to be paid minimum wages and be secured with insurance. Services for Road Safety and Disaster Management is also needed, otherwise how will this industry survive?

I hope that one day I can gain opportunities for tourism training and educational programs and branch out into different tourism related occupations, like hotel management and opening a restaurant. I think a team of women running a hotel and restaurant in Skardu would be more efficient. It would also be a more stable profession for us with more money.

This case study revealed that women want to work in different sectors and non-traditional occupations in Pakistan, but they need critical support for permanency, employment benefits, and workplace safety. State role in ensuring that women workers are provided workplace protection and minimum standards for labor is essential. There is also critical need for support in disaster management and road infrastructure, which is linked to employment safety for tourist workers in the region.

State Support for Women's Inclusion in the Economy and Social Security Protection

In contemporary times, participation in paid work for women has become a non-negotiable human right. Autonomy in decision-making, health-seeking, and self-protection is linked closely to paid employment. There is great concern that nearly all the women in Pakistan are unemployed, home-based workers, agricultural workers, or informal sector workers (Parvez et al., 2015). The greatest challenge of informality and home-based work is that it becomes difficult to provide social protection for such women workers, who are also known as invisible workers (Hassan & Azman, 2014). At the same time, there are great cultural and economic benefits to informal and home-based work for women in the country. For a culturally conservative country like Pakistan, the solution cannot be just to support transition to formal sector work. In fact, even formal sector working women in the country face problems related to equitable protection for equal pay, safety at the workplace, provident fund share allocation, advancement and promotion opportunities, and comprehensive employment and maternity benefits schemes.

Ultimately, in Pakistan, we need to find a solution to design policy to protect women both in the formal and informal sector, without having to try and shift all women into the existing formal sector, which has its own problems of low protection. Provision of employment benefits and security to informal workers would ease social instability, reduce the risk of women becoming unemployed, and provide protection to women who are not given permission to work outside the home. We also need to find a solution to design policy for non-working women in the economy. This is why scholars have reached the conclusion that social protection must be a citizenship right and not a formal sector workplace right, exclusively for those employed in the formal sector (Sabates-Wheeler et al., 2020).

In many ways, the informal economy is not really a sector, and instead it can be found across industries. For example, a formal institute may hire temporary contractual employees who would form part of the informal economy. This is common in Pakistan, with many women working as contractual employees, in the private or government sector, as teachers, consultants, health workers, or factory workers (Maryam & Jafree, 2020). There is thus additional need to develop innovative ways to extend social protection to all these groups. At the same time, for a large and populated country like Pakistan, it is not possible to expect only the state to deliver

services, and there is need for partner services by the private sector and voluntary sector to promote social security. Careful regulation is also required by the state to ensure that the private sector and informal groups are delivering social protection, such as private pension schemes and health insurance plans, with commonly agreed objectives to promote equality and justice for all women population groups. Another complexity is the common practice of making social protection eligibility conditional not just on the type of work, but on minimum thresholds of time spent at work. Many Pakistani women have to opt for part-time work due to their triple-shift burden and lack of symmetrical household assistance, but end up doing the same amount of work or even more work than a full-time worker in a shorter period of time (Jafree & Mustafa, 2020). Thus, there must be consideration that social protection has to be provided to women workers regardless of the number of hours they work in a week.

There may be an inclination to neglect the formal sector women workers due to attempts to include all the other groups in some form of a protective net. However, it is important to note that existing formal sector women workers in the country face considerable challenges in comprehensive social protection including leave and sick policy, health benefits, child and day-care benefits, retirement policy, and provident fund allocations (Nawaz et al., 2013). Another big challenge of social policy planning is the neglect to understand the importance of specific policy for women, as opposed to general policy that applies to both men and women, and the neglect to consider policy making from an intersectional perspective. Women from ethnic and religious minorities, special needs groups, refugees, and migrant groups, may all need more careful and unique policy planning for social protection in the employment sector. Some examples include leaves for religious and cultural festivals and relevant bonuses, advanced health protection schemes for ethnicities who face greater disease risk, and provision for language development for migrant workers.

There is also weak enforcement by the state for basic income thresholds and effective poverty alleviation schemes for women in the country (Banerjee et al., 2019). Criticism for the basic income threshold and minimum wages for unskilled workers not matching inflation and remaining below fair thresholds has also been highlighted (Bastagli, 2020; Org, 2022). The definition of poverty is dependent on both international benchmarks and region-specific measures. The World Bank has classified a cut-off for low-middle income countries and poverty levels at less than USD 3.5 per day. There has been high dependency in Pakistan for

microfinance to miraculously solve the long-standing problem of poverty and financial deprivation in women. Though more than two million of microfinance loans have been taken by women in the country, there is still no confirmed evidence about the positive impact on poverty reduction and income-earning potential (Khan et al., 2021a; Mahmood, 2011). In fact, some evidence highlights that loan-taking by women is burdened by the following problems: (1) high installment rates and cyclical loan-taking due to incapability to return loans (Jafree & Mustafa, 2020); (2) high levels of stress in women due to burden of loan repayment (Madhani et al., 2022); (3) use of loan by male family members and limited agency and autonomy of women (Haq & Safavian, 2013); and (4) keeping women trapped in low-income tasks, without protection of health and savings insurance or support for skill development (Ul-Hameed et al., 2018).

The provincial laws and the Industrial Relations Act of 2012 in the country do not meet the guidelines of the International Labor Organization, specifically with regard to ensuring minimum wages, worker safety, and trade union bargaining (Bhatti & Yang, 2017). Informal sector women workers receive very little protection and support by the state. Majority of the manufacturing production in Pakistan takes place in informal factories which are unregistered and producing for both local and international brands (Sayeed et al., 2003). The employment of women under exploitive conditions is common, as is the lack of accountability for taxation, which means that Pakistan suffers on both counts of gender inequality and revenue collection. Both formal and informal sector working women in Pakistan face critical challenges related to low conformance with labor laws, but also lack of union support. Inadequate unionization and low inclusion of women as union leaders leads to multiple barriers in women's access to information, security, fair work laws, and professional advancement.

Unions are instrumental in helping women to access information and providing support for communicating and networking with the marketplace and its agents. There is no government labor union inspection team or enforcement agents in Pakistan, and male union leaders are known to work against women's rights for their own gains (Munir et al., 2015). It is common to hear of union strikes, but they usually result in temporary agreements, and do not yield any concrete or long-term benefits (Candland, 2007). It is also common for employers to register fake unions or yellow unions to prevent their employees from joining legitimate unions and gaining due worker rights (Terwindt & Saage-Maass, 2016). Union

leaders are also known to be bought by the employers or then threatened or suppressed using extreme tactics (Evans, 2017), including kidnapping of children and wives to prevent union mobilization or uprisal against the existing conditions and employer rules.

The women workers in the garment industry of Pakistan, who are estimated at ten million women, are known to work in harsh and unsafe conditions, with no employment security or written contracts (Ijaz, 2019). Women and girls are preferred recruits as they are less likely to complain and fall sick, and more likely to work overtime and produce more. They earn daily wages and are fired on the spot if found to be ill or pregnant. Contrary to the Pakistan labor laws, the garment industry workers are working in unsanitary working conditions, for long working hours above the maximum limit, and with a salary below the minimum wage level (Arslan, 2020). They are also known to suffer from different forms of violence, including verbal abuse, physical abuse, and sexual abuse. Basic human rights are also denied, such as having access to safe drinking water, and breaks for food and visiting the toilets. Most of the women workers are not registered and do not have national identity cards. Thus, lodging complaints to the local police or even online government portals is not possible. Poverty and limited income-earning opportunities in the local area compels women and girls to continue working in such circumstances as they have no other option for income-earning.

Though the Pakistan government is responsible and mandated by the International Labor Organization agreements to protect women workers, it is falling short on meeting these objectives. There have been reports about government subsidies to factories for training and skill development of employees, but no evidence of actual training taking place and no accountability of where the funds have been utilized (Ijaz, 2019). There are Labor Departments in all provinces, who must monitor working conditions, but they have remained ineffective and do not have inspection of women's working conditions as an agenda. There are almost no female labor inspectors in the country. Instead, there are reports of the male-dominated Labor Department and male labor inspectors being susceptible to bribery and threats (Cole, 2020). Many industrialists carry considerable political clout in Pakistan, or have relatives in political office and thus labor exploitation is part of the fabric of the political governance and industrial regulation of the country (Javed & Haq, 2021).

The recent and devastating floods in Pakistan, since August 2022, and the COVID-19 pandemic, since March 2020, have further complicated

matters for women's livelihood and employment in the country. The economic impacts of COVID-19 on both the formal and informal markets and the loss of income for women has been immense (Tas et al., 2022). Similarly, loss of homes and livestock due to floods and natural disasters have impacted women's revenue and employability for years to come (Pradhan et al., 2022). Majority of the women who work from home and on farms have lost access to markets and delivery channels post the pandemic and natural disasters. Though state response has been commendable for preventive awareness and vaccination, post coronavirus, there has been no recognition by the government about risk analysis and gender-based support for livelihood and long-term recovery. Mechanisms need to be devised for providing regular support to women who have lost their incomes post the pandemic and floods in Pakistan, specifically the home-based and agricultural workers.

There is increased reliance by the state on the private sector and NGOs for women's inclusion in paid work and employment protection. The Agha Khan Rural Support Program and Rural Support Program devised a model to support female farmers with their land and agricultural practices (Settle, 2012). Under this program Women Open Schools have been formed which provide assistance to female farmers for exchange of information and knowledge (Ejaz, 2015). These sessions have been successful in educating women farmers about techniques such as sowing methods, seed rate, and other management practices. However, the reach of this program to the majority of women agricultural workers has been minimal and the program needs upscale and larger financial investment to reap long-term results. Similarly, there is no evidence about the program's impact on productivity and if there has been any difference in earning and wellbeing of women (Yasmin et al., 2013).

Recommendations for Employment and Formal Sector Inclusion Policy for Women of Pakistan

We find in this chapter that Pakistan faces complex issues related to employment and income-earning opportunities for women. Majority of women are unemployed, not only because of permission issues, but also because they carry the burden of child and home responsibility single-handedly, leaving them with little time and energy to work outside the home. Women who are employed in paid work are mostly employed in the

agricultural and informal sector characteristic of low pay, with no safety net from employment benefits and social security. The main socio-demographic characteristics of vulnerable women who are not working in Pakistan, include: women from all age groups and all provinces of the country, women from rural areas, and illiterate and semi-literate women. Women from all wealth classes are found to be not working in the country, suggesting that with middle- and upper-class women the problem lies with family permission and personal resolve to be part of the workforce. Furthermore, women who are not working in the country do not have positive health-seeking behaviors or information-seeking behavior. They also have very little decision-making power for health and life choices. Table 7.4 summarizes the existing problems pertaining to women's unemployment and informal sector inclusion and presents recommendations for social policy protection.

Improving Opportunities for Formal Sector Jobs and Removing Glass Ceilings

There is need for matching quotas for employment in the public and private sector with the female population in each province. Furthermore, employment quotas are also needed across all the designations and managerial positions, to ensure that women are represented in governance roles and the top hierarchy. Representation of women in selection boards and search committees must be mandated, which will help to ensure that quotas for women's recruitment are met even if final recruitment is based on lower scores of women compared to men, and the principle of affirmative action is maintained with diversity scores allocated to female applicants and minority female applicants, such a religious minorities, ethnic minorities, and special needs women.

Skill development for all women workers, both informal and formal sector workers, is needed to support them for transfer to white collar jobs or gain professional advancement through specialization. Specific training for vocational skills, basic accountancy, critical thinking, and emotional intelligence are also needed, as women have not been provided this training in school or in the homes. The latter is important if women are to remain in unskilled and home-based jobs. Training must also be provided to all women about employee laws and workplace rights. There is also need for free or heavily subsidized public transport for women workers traveling to and from work to support women who are unable to access suitable jobs due to distance and travel costs.

Table 7.4 Summary of existing problems for female work participation and formal sector inclusion in Pakistan, and recommended social policy solutions

Socio-demographic risk factors for women are not working in Pakistan *(as identified by PDHS data)*	– Women from all age groups – Women from rural areas – Women from all provinces of the country – Illiterate and semi-literate women – Women from all wealth classes – Women do not have positive health-seeking behaviors – Women have low information-seeking behavior – Women have low decision-making power
Problem statement	**Relevant Social Policy**
1. Few formal sector jobs and glass ceilings to advancement for women	1. Match quotas for employment in public and private sector with female population 2. Mandate equal representation of gender across different designations, including the top hierarchy 3. Skill development for all women workers 4. Free/subsidized public transport for women workers traveling to and from work
2. No guarantee for minimum pay and employment benefits for majority informal women workers	1. Revise and enforce minimum pay scales for women workers, adjusted for inflation 2. Ensure employment benefits for all women workers 3. Limits of working days and hours, with flexible work options and extended maternity leave 4. Provision for care facilities for other in-house dependents 5. Income tax concessions must be mandated for women workers
3. Lack of unionization and social organizations	1. National, provincial, and organizational unions for women must be mandated 2. Social organizations are needed across all districts to support women's inclusion in paid employment and to advocate for their evolving challenges and problems at the workplace and home
4. Low workplace safety	1. Strict implementation of workplace laws and public space laws 2. Awareness of laws and zero tolerance policy with swift accountability for perpetrators 3. Gender equity, workplace harassment, and anti-discrimination laws at workplace must be implemented

(*continued*)

Table 7.4 (continued)

5. Low support and pay for home-based and agricultural women workers	1. Surveillance and monitoring council for home-based and agricultural workers 2. Mandatory laptop and Wifi provision for home-based work. 3. Literacy for entrepreneurial opportunities and access to information and networking through internet
6. Low community support and low status of working women	1. Community-level and family group literacy for role and contribution of women workers 2. Literacy for improving support for decision-making power, career choices and control of income 3. Interventions with religious leaders and community elders to support women's work participation for income-earning 4. Literacy to women from middle and upper classes and their family members about the benefits of paid employment and its association with decision-making and quality of life overall
7. State employment without consideration of women's rights	1. A separate Employment and Formal Sector Inclusion Act for women 2. Constitution of Women Labor Councils at district level 3. Strict regulation and monitoring of private and public industry/institute for employment protection for women 4. Partner with academic institutes for an employment database with sex-disaggregated data 5. Women officers at all offices for improved employability and entrepreneurial development
8. No coordination of employment and formal sector inclusion policy for women with other policy protection measures	Coordination with following sectors is needed: 1. Education sector: encourage education sector to improve female awareness and commitment for income-earning and participation in all fields 2. Health sector: Regular door-to-door visits by primary health team for home-based and agricultural workers 3. Health and Social Welfare sector: Counselling services and women support groups for managing work-home balance 4. Legal sector: Strict regulation of workplace safety and employee rights

Revising Minimum Pay and Securing Employment Benefits for all Women Workers

There is critical need to revise and enforce minimum pay scales for women workers, informal and formal sector women workers, in Pakistan, adjusted for inflation and in consideration of improving purchasing power parity for all women groups. In addition, all women workers, in state or private sector, must be supported with employment protection through a comprehensive safety net, including (1) maternity benefits and extended maternity leave, (2) childcare benefits and child education allowance, (3) social security, pensions, and provident funds, (4) cash transfers for income loss due to disasters and family emergencies, (5) mandatory health insurance, (6) flexible working hours and options to work from home, especially during the pregnancy and lactation period.

Pakistan must also adopt limits on working days in a week and working hours in a day, so that women have sufficient time and energy for self and childcare. Working women also need a provision for care facilities for other in-house dependents, and not just children, as women in the country are responsible for supporting all dependents in the family, such as aging parents and in-laws, temporarily sick family members, and special needs family members. Income tax concessions and tax rebates must be mandated for women workers, as this supports women's ability to access important goods and services for quality of life and provides them purchasing power.

Improving Support to Women Workers through Unionization and Social Organizations

There is need for women-led unions to secure and fight for women's labor rights, across all provinces and districts, with one central union for coordination and national-level advocacy. All women workers must be encouraged to participate as members and in union leadership. This can be done through training and awareness about the benefits of unionization to secure improved rights and employment benefits. Separate women-led harassment committees and inquiry committees must be mandated and monitored across all workplaces, especially factories and institutes that hire informal workers and unskilled workers. Investigation and swift accountability against corrupt labor inspectors is needed by the Anti-Corruption Wing—Federal Investigation Agency of Pakistan. All women employees must be provided access to anonymous grievance committees which will provide them swift accountability and redressal.

Women's social organizations are also needed across all communities and districts to support women's inclusion in paid employment and to advocate for their evolving challenges and problems at the workplace and home. These organizations will ensure that women home-based and agricultural workers, who may not be able to benefit from institutional unions, have a voice and support for advocacy for minimum pay, payment in cash, and other employment rights.

Improving Workplace Safety

There is need for strict implementation of workplace laws, such as the existing Gender Equity Law, and the Protection Against Harassment of Women at the Workplace Act. There is also need for strict assurance of safety for women in public spaces and those using public transport for work. Zero tolerance for harassment at workplace and in public spaces, will ensure that women and their families are encouraged for paid work participation outside the homes.

Accountability and redressal bodies, with swift response, are needed across the provincial criminal justice system of Pakistan if women and their families are to feel safe and confident about gaining justice upon reporting violations and abuse by employer, co-workers, or visitors at the workplace. Women Inspection Officers are needed in the Labor Department, with power for action against employers. Literacy and awareness of safety laws for women and information about the closest accountability body is also needed.

Improving Home-Based Work Opportunities

For the majority home-based women workers and women agricultural workers of Pakistan, there is need for a surveillance and monitoring council to monitor conditions and ensure protection. Female community social protection officers can be deployed to visit home-based and agricultural workers at their doorstep weekly to understand their needs and provide relevant support and referral. This new cadre of social protection officers can also be responsible for coordinating provision for insurance policy, health and savings schemes, and retirement funds for women home-based and agricultural workers.

There is also critical need to introduce mandatory smartphone, laptop, and Wifi provision for home-based and agricultural workers, especially

those in remote locations. Women must also be provided with initial training, so they can use technology to communicate with buyers, advocates, and protection officers, and also learn how to retrieve online services for different issues, such as weather forecast, health consultancy, and reform and introduction of new protective schemes. Literacy is also needed for unskilled and informal workers to develop their entrepreneurial skills and access online opportunities for skill development and higher studies.

Improving Community Literacy and Support for Working Women

There is immense need for focused awareness sessions at community and family level, to improve social acceptance and support for the contribution of women workers in Pakistani society. An improved status of working women will encourage participation in work, inclusion of women in leadership positions, and support for symmetrical assistance in home and childcare duties. Improved literacy for working women's status can also reduce conflict within the home and improve the family and conjugal bond.

Television and social media, religious leaders, and community elders and notables, must be recruited for support to improve the status of working women. An annual day for celebrating women achievers at the workplace with financial grants and using social media to highlight the gains for family when women contribute to the workforce and household income can all contribute to improving the status of working women. There is also need for literacy efforts at family level to improve women's decision-making power, career choices, and control of income.

State Employment and Formal Sector Inclusion Policy for Women

There is need for a separate Employment and Formal Sector Inclusion Act for women, which will lead efforts to revise labor laws at federal and provincial levels. The first-line effort must include bringing laws for women workers in line with international labor standards and ensure that they are being implemented. Adherence to international laws with regard to minimum pay, termination rules, maternity protection, medical leave and pay, are specifically needed. Both local and international companies employing women informal and formal workers must be mandated to have contracts for women's protection and employment benefits.

Women Labor Councils must be established across each district to monitor labor conditions for women, and fair and decent employment opportunities. Furthermore, theses councils must investigate complaints and claims of exploitation and abuse and also the task deliverables and efficiency of the Labor Inspection Officers. The councils must include women representatives from different groups such as the unemployed, those looking for work, informal workers, and formal sector workers, from different designations and posts. The councils must also include a complaint and redressal wing, so women workers can independently and anonymously report problems without fear of retaliation. The Women Inspection Officers must be deployed across industrial towns and cities, and they must be provided training and resources for independent inspections and swift response for grievance and safety issues.

The state must also ensure that all private and public offices have women officer representatives to improve women's uptake, efforts for employability, and support for entrepreneurial activities. Women-managed counters are needed for all important sectors, such as (1) skill development and training centers, (2) banks and financial institutes, (3) credit and loan offices, and (4) government offices. Affirmative employment laws need to be passed in the country to protect women's employment and secure their nomination in leadership positions (Ali, 2013). The government must partner with independent academic institutes for longitudinal collection of sex-disaggregated data for women's labor participation and relevant information related to type of work, pay, and contract benefits details for working women in the country.

Coordination of Labor Policy with Other Policy Protection Measures

Any policy development for the employment and skill development of women in Pakistan, is incomplete without coordination and collaboration with other sectors and joint policy efforts. The Pakistan education sector needs to include curriculum to improve female awareness and commitment for income-earning and participation in all fields, especially STEM subjects, engineering, and medicine. The health sector must ensure regular door-to-door visits by the primary health team for all working women, especially home-based and agricultural workers. Counselling services must

be provided through the primary healthcare team, with support of women social policy officers, for stress relief from role burden and management of work-home balance in working women. The legal sector must ensure strict regulation of workplace safety and employee rights.

Conclusion

It is well known that female labor participation is one of the lowest in the world in Pakistan and that majority of working women are engaged in the exploitive informal sector. This chapter has attempted to identify the main inequalities and social protection leakages facing females in Pakistan, with regard to unemployment and informal sector employment. Based on literature review, and primary and secondary data, this chapter discusses eight important social policy areas that need to be introduced for women in the country, including (1) improving opportunities for formal sector jobs and removing glass ceilings, (2) revising minimum pay and securing employment benefits for all women workers, (3) improving support to women workers through unionization and social organizations, (4) improving workplace safety for women, (5) improving home-based work opportunities for women, (6) improving community literacy and support for working women, (7) designing and implementing state employment and formal sector inclusion policy for women, and (8) ensuring that labor policy is effectively coordinated with other policy protection measures for women in the country.

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CHAPTER 8

The Quintuple Health Burden and Social Policy for Women in Pakistan

Introduction

Pakistani women are known to suffer from critical and multiple health problems. The five major health problems prevalent in the country and burdening women include (1) maternal health issues (Khan et al., 2009), (2) infectious diseases (Bhutta et al., 2014), (3) chronic diseases and multimorbidity (Singh et al., 2019), and (4) mental health issues (Niaz, 2004). Though there has been some attention for the reproductive health of women, the other health areas remain neglected and underserved. Women minorities from intersectional backgrounds, such as religious and ethnic minorities, rural women, disabled women, and refugee or displaced women suffer even more complex health problems in the country (Ali, 2000). The life expectancy of females in the country, at 67.7 years, is one of the lowest life expectancies in the world and in the South Asian regions (UN Women Report, 2020). The reasons for so many health problems and lower life-span of women in the country include a combination of supply and demand-side problems, which will be discussed in the rest of the chapter.

Pakistani women face major cultural and literacy barriers to seeking healthcare and adopting best practices for securing optimal health and wellbeing (Qureshi & Shaikh, 2007). Even when awareness is there in women, family and community restrictions prevent uptake of healthcare

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all together or uptake from trained and licensed providers at health centers. On the supply side also there are considerable barriers in service delivery by both the public and private health sectors (Abdullah & Zakar, 2020). Low budget allocation for health sector, staff shortages, resource unavailability, and inadequate training of providers combine to create considerable hurdles in outreach of services and quality of services, which prevent clients from returning to centers and trained providers. Thus, Pakistan faces the predicament of a quintuple burden of disease facing the women in the country, coupled with immense demand and supply problems, which perpetuate gender inequalities. Needless to say, women facing health challenges in the country are unable to fulfil their other roles optimally in society—as care providers within the home or productive members of the economy and community (McGibbon & McPherson, 2011).

Cultural and Cost Barriers to Healthcare Utilization

Pakistani women suffer immense cultural barriers to accessing healthcare due to family values and community traditions (Mumtaz & Salway, 2005; Sarfraz et al., 2015). Women who attempt to seek healthcare can face immense shame and stigma, leading to compounded health problems including mental stress and anxiety (Rizvi et al., 2014). There is also great family-level stigma related to ill-health of women in general, and thus women have adopted a culture of neglecting and ignoring health problems and not revealing early signs of ill-health to their family (Saeed et al., 2021). Married women are expected to produce children naturally at home without medical intervention or licensed provider's supervision, and their health needs, physical and mental, are usually ignored. Childbirth assistance is commonly taken from traditional midwives of the community, and prenatal care and postnatal care through a licensed healthcare provider and at a health institute are discouraged (Javed et al., 2013).

Health literacy and health awareness is critically low in the country (Jafree, 2020). This is mainly due to the non-integration of health curriculum in primary schools, but also the general reluctance in society to make women literate about their body and health needs (Ali et al., 2006). It is because of low health literacy that early screening is low in women, and that majority illiterate and semi-literate women remain unaware of the benefits of preventive health and preventive behavior. This may also be

one of the reasons why young women of reproductive years in the country are facing multimorbidity issues and low health quality of life (Jafree et al., 2023). There is also a lack of availability of centers for screening and testing in majority areas of the country (Zaheer & Waheed, 2015). Young and unmarried girls are rarely taken for tests or disease identification to healthcare providers when symptoms may exist, especially when it comes to gynecological issues and breast lumps, as news of their ill-health may impact their chances of receiving arranged marriage proposals.

Overall women have limited decision-making powers for health-seeking in Pakistan (Hou & Ma, 2013). As housewives and unemployed women, they are less able to negotiate household income for their own health, due to low status and overall low prioritization of women's health. Even women with independent incomes are known to use their finances for expenditure on children, home, family members, informal committee savings, and loan repayment, as opposed to spending money on their own health and self-care (Pahl, 1995). Rising costs in Pakistan and majority occupation of women in the informal sector with low pay also means that women have little out-of-pocket expenses for healthcare and health insurance (Abdullah et al., 2021).

Cost of private health sector, transport limitations, and lack of health financing are also major barriers preventing uptake of health services in impoverished women in the country (Jabeen et al., 2020; Puett & Guerrero, 2015). When women need extended healthcare treatment, repeat consultancy and testing, and expensive medication for chronic disease management, it becomes a major barrier to health-seeking and compliance. Though cost is always an issue in developing countries, cultural patterns play a key role in choice to spend money on health financing for women. Sons and fathers are considered more important protectors and providers for the family, and they have greater social and community status, and thus male members of the family are allocated more financial resources for health maintenance and recovery, compared to women (Javed & Mughal, 2019). Excessive role burden and the triple shift are also major obstacles, preventing women in Pakistan from accessing healthcare and timely follow-up.

There is great cultural trust in Pakistan to access health services from traditional providers, who have the benefits of social acceptability, close accessibility in the community, and low cost compared to licensed providers (Omer et al., 2021). The different forms of traditional health provision in the country include (1) prayers and home-made concoctions by *hakeems* (learned man, whose family and ancestors may have been providing

healing for many years) and other faith healers (Qureshi & Shaikh, 2006), and (2) homeopathy or herbal medicine which are believed to cure symptoms (Anwar et al., 2015). Many women do not believe that allopathic medicine and licensed medical practitioners will provide them a cure or recovery (Habib et al., 2021). Others are skeptical that non-traditional medical services have Western influence, which can jeopardize fertility, and have negative long-run impact on health (Marvi & Howard, 2013). Some also believe that visiting the health centers or hospitals can lead to unnecessary procedures and testing, and cause long-term harm which may not be reversible (Towghi, 2018).

Women in Pakistan are known to turn to licensed providers only in the event of emergencies or advanced problems which the local provider cannot treat. This may include unexplainable and long years of infertility, repeat miscarriages, and chronic ailment like heart disease, kidney disease, or cancer (Shaikh et al., 2008). Many women consider self-care and health-seeking as taking time and energy away for children, family and home (Okojie, 1994). Women in Pakistan are conditioned to believe that their main role in life, and the one that reaps them the most respect and appreciation, is that of their care role (Habib et al., 2021). This basically weakens them from actively seeking healthcare and prioritizing their own wellbeing. We must also consider that if women are the culturally accepted care providers in Pakistan, then who is their care provider when they are sick or disabled? Some scholars suggest that the few men who are willing to provide support to their sick wives or daughters are stigmatized and ridiculed by society for taking on a role that they are not intended for (Chopra, 2006).

Changing socially allocated gender roles is frowned upon in order to maintain the traditional order in countries like Pakistan. This is why very few women who have physical or mental disabilities are accepted in society, receive marriage proposals, or are given jobs (Rizvi Jafree & Burhan, 2020). Young girls born with disability and special needs are usually abandoned at birth or are neglected to the extent that they are at risk of premature mortality. In a similar vein, aging women who cannot contribute physically to the household tasks and need care during infirmity are also abandoned and neglected in the country. We must remember that Pakistan is both a patriarchal and a gerontological society, which affords less respect, status, and care for aging women, compared to aging men (Naima et al., 2012). Thus, both young and elderly women do not have the best care provision from families and relatives. Aging women also have less property

or money to fund their own health expenses or hire care providers. Some women with independent income and property may have some informal care support and finances for hiring nurses or maids during illness, but this is rare, as majority of women in the country are from poor or middle-class families (Hassan & Ahmad, 2014).

Health Service Quality Issues

The Pakistan government spends only 0.9% of its Gross Domestic Product on health, with women's health receiving very little of this share (Zhu et al., 2014). Political and economic instability since independence has kept healthcare spending at its lowest, despite policy drafts and planning being adequate to a large extent (Khan & Heuvel, 2005). Pakistan's health system includes five internal structures, each with different financing mechanisms, which cover small pockets of the population. This includes some but not all of the government employees, private employees, military employees, low-income workers, and formal sector employees. Combined, these structures cover just 21.9% of the population, leaving 78.1% of people to pay out-of-pocket for health services (Zhu et al., 2014). Poor quality of public health services means that much of the people that have funds for healthcare, seek services from and are dependent on the private sector. However, weak regulation of the private health sector by the government means that costs are high and contribute to lack of compliance and follow-up by patients, especially women (Momina & Jafree, 2020). Women are the poorest of the two genders in the country, and they have little out-of-pocket expenses for health, as they are mostly unemployed or part of the informal sector workforce. Women from upper class families and with inheritance, may be the exception to this, but they are limited as a population group in the country (Rauf, 2022).

Only half of the women in the country have access to some type of healthcare service, the quality of which is not certain, and only 30% report consulting a doctor or a medical professional for health problems (UN Women Report, 2020). This suggests that majority women use home remedies or local providers when in critical need, but otherwise ignore early signs and symptoms of ill-health. Women from rural and remote areas of Pakistan face increased risk to health and adverse events due to absence of services near their homes and long distances to tertiary care facilities (Maheen et al., 2021). At the same time, rapid urbanization, overpopulation, and urban poverty has led to many women in cities also

being deprived of services due to shortfall or low quality services (Kiani, 2021). The key health ratios for health service delivery highlight role burden and staffing shortages in the country. The physician to population ratio is only 8:10,000, while the nurses and midwives ratio to population is only 6:10,000 (Zhu et al., 2014).

Shortage in services and insufficient outreach to the large women population, at 114 million, have kept health outcome statistics critically low, not just compared to the world, but to other South Asian countries. The few women who have access to public services within their community, are known not to visit a second time, due to inadequate resources and provision, low quality health provider service, and lack of comfort and safety in visiting health centers (Mumtaz et al., 2003). Another reason for low uptake of health services by women, is the limited number of women healthcare providers in the country (Habib et al., 2021). Improvements in health services for women must consider that the health workforce must include adequate number of women providers across the cadres (Qureshi & Shaikh, 2007). Furthermore, the limited women providers that do exist in the country are known to suffer from multiple workplace issues such as low remuneration, lack of safety, and inferior opportunities for advancement and leadership positions (Alamdar et al., 2012). Pakistan faces another unique problem related to women doctors, not joining the workforce after studying medicine, as clinical practice that includes interaction with men is not considered culturally appropriate or safe for women (Zaheer, 2022). Female nurses and women community workers are also known to exit the profession due to inferior work environment and safety issues (Closser & Jooma, 2013).

Pakistan's primary health service structure for women's health consists of Basic Health Units (BHUs) and the Lady Health Worker (LHW) program. However, there are issues of shortfall in availability and services to the large population with some areas remaining completely deprived (Panezai et al., 2017). There are also reports of ghost health centers devoid of medical equipment, health supplies, and healthcare providers (Akber & Hamid, 2020). Some of the key services that the LHWs provide within the community for women's health needs include (1) registering family data, (2) providing information and referral for health and family planning services, (2) counseling and referring women to the secondary and tertiary sector for non-reproductive needs, (3) polio drops administration and reminders for complete vaccination, and (4) providing

awareness for hygiene and sanitation (Khan, 2008). However, the LHW program shows only marginal impact for use of contraception and uptake of prenatal and postnatal services (Jalal, 2011), and in fact maternal mortality rates have not declined in Pakistan significantly and are far from achieving the Sustainable Development Goals (Zain et al., 2021).

Other limitations of the LHW program include that firstly, services are restricted to serving married women of reproductive years, thus neglecting all other women groups, such as aging women, unmarried females, and special needs females. Mental health services and support for infertility is also not part of the job description. Secondly, uptake and acceptance is low in some areas due to family traditions and preference for traditional providers (Nadeem et al., 2021). Some LHWs are not being welcomed at the doorstep (Jamal et al., 2020), whereas some may even face harassment and sexual abuse (Mumtaz et al., 2003). Random reports of female nurses, female doctors, and LHWs facing homicide have also been reported (Closser & Jooma, 2013). This lack of safety and non-acceptance contributes to feminized healthcare professions being allocated and remaining low status. Absence of legal implementation for their safety and employment benefits or professional advancement is indicative that there is not much support for raising the status of female professions in the health sector (Haq et al., 2008).

Thirdly, there is low coverage and high role burden, with one LHW being asked to serve up to 1500 women clients (Mir & Khan, 2020). Many LHWs are unable to make sufficient contact or deliver complete services to their client portfolio, which develops low trust and respect for them in the community. Most of the communities where LHWs serve are characterized by underdevelopment, infection, housing instability, and families with regressive cultural beliefs. Thus, we have to consider that LHWs making door-to-door visits to a large number of clients, face immense stress also due to the environmental and societal problems caused by living conditions and neighborhood of the client. Finally, low pay and remuneration of LHWs is a cause of great disincentive and job dissatisfaction, and also a cause for few women getting recruited or remaining in the profession (Rabbani et al., 2016). The LHW profession remains attractive only for women who have no other options for employment, which is not the best scenario for building an efficient workforce for women's health in the country.

Health Data of Women in Pakistan

There is lack of sex-disaggregated health data available for women in the country. The data that does exist is limited to statistics for women of reproductive years. Major gaps that exist include (1) data for different types of health issues faced by women from different provinces and regions, including chronic disease and multimorbidity, and (2) there is limited data available for all the diverse women groups in the country such as elderly women, females under the age of 18 years, special needs females, unmarried women, and displaced and refugee women (Jafree, 2020). What limited data is available is discussed below.

Table 8.1 presents the disability adjusted life years (DALY) per 100,000 females in Pakistan, which stands at 45,156, and is one of the lowest in the world and the second lowest in South Asia after Afghanistan (World Health Organization, 2019). Women in the country suffer from five different categories of health burdens according to the data, including (1) non-communicable diseases (DALY lost per 100,000 females = 22,299); (2) communicable disease (DALY lost per 100,000 females = 19,764); (3) maternal health (DALY lost per 100,000 females = 9092); (4) injuries (DALY lost per 100,000 females = 3092); and (5) nutrition (DALY lost per 100,000 females = 1720). Given that the population of women in the country stands at above 114 million, the sheer numbers affected by these five health burdens is immense. Within communicable diseases, the main health challenges faced by women in the country include cardiovascular diseases, cancers, and kidney disease, followed by mental health problems, diabetes, respiratory diseases, and digestive issues. Infectious diseases are the second largest group of health challenges, followed by neonatal. Unintentional injuries are also a major concerns, as they are indicative of high incidence of violence, abuse, and accidents in women of the country.

Table 8.2 sheds light on some of the reasons for the high maternal mortality ratios in Pakistan, which is one of the highest in the world and in South Asia, standing at 186 per 100,000 live births (Ministry of National Health Services, 2021). A high incidence of maternal deaths occurs due to (1) household pollution and ambient air pollution (173 per 100,000 live births), (2) cardiovascular disease, cancer, diabetes, or chronic respiratory disease (29 per 100,000 live births), and (3) exposure to unsafe water, and low sanitation and hygiene (20 per 100,000 live births). Another reason for high mortality is that 51% of women in the country do not have support or access for family planning needs. Almost 30% of women do not have skilled health personnel attending them during delivery of child and a

Table 8.1 Disability adjusted life years (DALY) statistics for women of Pakistan, 2000–2019

Overall DALYs lost per 100,000 female population (2019)	*45,156*
A. Non-communicable diseases	*22,299*
Cardiovascular diseases	5637
Malignant neoplasms	2271
Genitourinary diseases	2109
Mental and substance use disorders	1885
Digestive diseases	1834
Sense organ diseases	1313
Diabetes mellitus	1293
Musculoskeletal diseases	1268
Respiratory diseases	1106
Congenital anomalies	1104
Neurological conditions	1051
Endocrine, blood, immune disorders	782
Skin diseases	282
Oral conditions	250
Sudden infant death syndrome	109
Other neoplasms	5
B. Communicable disease	*19,764*
Infectious and parasitic diseases	6280
Respiratory Infectious	2672
C. Maternal health	*9092*
Neonatal conditions	8302
Maternal conditions	791
D. Injuries	***3092***
Unintentional injuries	2535
Intentional injuries	558
E. Nutritional deficiency	*1720*
Nutritional deficiencies	1720

Source: World Health Organization 2021, https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates/global-health-estimates-leading-causes-of-dalys

large number of females in the country are below the age of 19 years when they deliver a child (46 per 100,000 live births).

Provincial data in the country is also bleak, showing wide discrepancy in maternal health outcomes across regions of the country and indicative of critically inefficient policy direction and province-wise prioritization for women's health (Table 8.3) (Ministry of National Health Services, 2021). Though maternal mortality is high overall at national level (Maternal Mortality Ratio (MMR) = 186 per 100,000 live births), Balochistan and Sindh have extremely high MMRs at 298 per 100,000 live births and 224 per 100,000 live births, respectively. This is mainly due to the large rural

Table 8.2 Key maternal health statistics for women of Pakistan

Maternal health indicator	*Value*
Maternal mortality ratio per 100,000 live births (2020)	186
Mortality rate attributed to household and ambient air pollution (per 100,000 population) (2020)	173
Mortality rate attributed to cardiovascular disease, cancer, diabetes, or chronic respiratory disease (2020)	29
Mortality rate attributed to exposure to unsafe WASH services (per 100,000 population) (2020)	20
Women of reproductive age (aged 15–49 years) who have their need for family planning satisfied with modern method (2020)	49.0%
Proportion of births attended by skilled health personnel (2020)	71.0%
Adolescent birth rate (aged 10–14 years; aged 15–19 years) per 1000 women in that age group (2020)	46

Source: Universal Health Coverage Monitoring Report 2021, https://phkh.nhsrc.pk/sites/default/files/2021-12/Universal%20Health%20Coverage%20Monitoring%20Report%20Pakistan%202021.pdf

areas which have scant services, and low cultural acceptance for utilization of skilled providers and institutional deliveries in both Balochistan and Sindh. As can be seen from the data, four or more visits for prenatal care stands at only 51.4% at national level, with Balochistan and Gilgit Baltistan (GB) having the lowest utilization of prenatal care at 23.1% and 34.9%, respectively. Many other barriers stand in the way of multiple visits for prenatal care, such as cost and transport problems and also the general belief that consultancy needs to be taken only in the case of emergencies or unusual symptoms which cannot be explained by traditional attendants and women elders from the family or community.

The national average for breastfeeding within one hour of birth is very low at 20.0% and the provinces that fall behind in this include Punjab (12.0%) and Khyber Pakhtunkhwa (KPK) (18.1%). There is very little awareness about the benefits of colostrum and exclusive breastfeeding in Pakistan. Furthermore, there is a lot of cultural pressure in Pakistani families to hand the child over to family and in-laws immediately after the birth for (i) the *Azaan* (reading call to prayer in ear of newborn, which is done by one of the male elders in the family) and (ii) *Ghutti* (the first feed of child, usually honey or some other mixed herb, given by a respected family elder, who the family wants the child to grow up to be like and emulate). In this way, the critical time between the mother and child, after birth, for provision of colostrum and breastfeeding is compromised.

Table 8.3 National and provincial data related to key health indicators for women, maternal health, infectious disease, and communicable disease

	Pakistan	*Azad Jammu Kashmir (AJK)*	*Balochistan*	*Gilgit Baltistan (GB)*	*Khyber Pakhtunkhwa (KPK)*	*Punjab*	*Sindh*
Maternal Mortality Ratio per 100,000 live births (2020)	186	104	298	157	165	157	224
Contraception prevalence rate	25.0%	19.0%	14.0%	30.0%	26.0%	27.0%	24.0%
Prenatal care: 4+ visits	51.4%	46.5%	23.1%	34.9%	44.6%	56.2%	54.1%
Skilled birth attendance (%)	69.0%	64.0%	38.0%	64.0%	67.0%	71.0%	75.0%
Home delivery (%)	34.0%	38.0%	65.0%	38.0%	38.0%	31.0%	28.0%
Breastfeeding within one hour of birth (%)	20.0%	25.6%	59.6%	54.8%	18.1%	12.0%	28.3%
Infectious Disease Aggregate Score (2020)	34.71	32.47	25.66	37.25	41.77	37.24	32.58
Non-communicable Diseases Aggregate Score in 2020	54.15	54.15	54.15	54.15	54.15	54.15	54.15

Source: Universal Health Coverage Monitoring Report 2021, https://phkh.nhsrc.pk/sites/default/files/2021-12/Universal%20Health%20Coverage%20Monitoring%20Report%20Pakistan%202021.pdf

Utilization of skilled birth attendants stands at 69.0% and home delivery at 34.0% at national level, but is extremely low for Balochistan at 38.% and 65.0%, respectively. Again, the sheer expanse and remote areas of Baluchistan prevent access to skilled attendants and health institutes, and there is high dependency and trust on local women providers for home deliveries in this province, compared to other provinces. Contraception prevalence rate (CPR) is low overall at national level (25.0%), with provinces of Balochistan and Azad Jammu Kashmir (AJK) having the lowest

prevalence rates at 14.0% and 19.0%, respectively. Low CPR is mainly due to low awareness, lack of access and provision by state, and cultural resistance towards family planning. In fact, in conflict-ridden and unstable regions, with high incidence of killings, such as Balochistan and AJK, having more children is considered a necessity and strength for families.

No sex-disaggregated data is available for the infectious disease and non-communicable aggregate scores in Pakistan. However, the scores, for both men and women, reveal that both infectious disease burden and chronic disease burden are high, at 34.71 and 54.15, respectively. It is expected that in developing and underserved nations the infectious disease burden will be higher, but it is the reverse in Pakistan, suggesting the great need for preventive health services and investment in rehabilitation of chronic disease patients so they remain independent and productive members of society (Fauci, 2001). This obviously adds to the immense challenges in governance planning for substantial increases in health budget and health financing for Pakistan.

Table 8.4 presents the Pakistan Demographic and Health Survey (PDHS) data, 2018, for how many women in the country have a health card. It is also important to note that PDHS data includes women respondents who affirm having a health card for vaccination of child or maternal delivery at a state hospital, and thus not all this data pertains to women who have a health insurance card. In addition, the current Sehat Sahulat Card in Pakistan only covers hospitalization for few women. Majority women in the country do not have a health card (69.2%).

Table 8.5 presents data for women who do not have health insurance and their socio-demographic characteristics, PDHS, 2018. Overall, 98% of

Table 8.4 Descriptive statistics for women in Pakistan and ownership of state-provided health card

Variable	*All women (%)*
No card	69.2%
Yes, seen	22.0%
Yes, not seen	1.9%
No longer has card	6.9%
	100%

Source: Pakistan Demographic and Health Survey, 2018, https://www.dhsprogram.com/publications/publication-FR366-Other-Final-Reports.cfm

Note: The Pakistan Demographic and Health data is a nationally representative sample including all ever-married women aged 15–49 from all provinces of the country through cluster sampling based on population weightage ($N = 12{,}364$)

Table 8.5 Descriptive statistics for women in Pakistan who do not have health insurance and their socio-demographic characteristics

Variable	*Women who do not have health insurance (%)*
Age	
15–29 years	40.8%
30–39 years	36.8%
40–49 years	22.3%
	100.0%
Province	
Azad Jammu Kashmir (AJK)	11.5%
Balochistan	11.7%
Gilgit Baltistan (GB)	6.2%
Khyber Pakhtunkhwa (KPK)	21.8%
Punjab	30.3%
Sindh	18.5%
	100.0%
Reginal Belonging	
Urban	48.0%
Rural	52.0%
	100.0%
Literacy	
None	50.6%
Primary to secondary	34.7%
Graduate	14.6%
	100.0%
Wealth class	
Poor	40.9%
Middle	19.7%
Upper	39.4%
	100.0%
Read newspaper or magazine	
Not at all	83.3%
Less than once a week	10.8%
At least once a weak	5.9%
	100.0%
Listens to Radio	
Not at all	90.2%
Less than once a week	5.1%
At least once a weak	4.6%
	100.0%
Watch TV	
Not at all	40.8%
Less than once a week	10.9%
At least once a weak	48.3%
	100.0%

(*continued*)

Table 8.5 (continued)

Variable	*Women who do not have health insurance (%)*
Owns a mobile phone	
No	57.3%
Yes	42.7%
	100.0%
Use of internet	
Never	93.2%
Yes, but cannot say when	6.8%
	100.0%
Prenatal visit to doctor	
No	79.8%
Yes	20.2%
	100.0%
Place of delivery	
Hospital	33.4%
Home	66.6%
	100.0%

women in the country do not have health insurance. Women of all age groups and regardless of province, regional belonging, and wealth-class are deprived of health insurance. Majority of the illiterate and semi-literate do not have health insurance, suggesting that there is some relationship between education and effort to partake in a health insurance scheme. With regard to information-seeking behavior and practices which will provide women information about the importance of having health insurance or which schemes are available, the data suggests that majority women (1) do not read newspapers (83.3%), (2) do not listen to radio (90.2%), (3) do not have a mobile phone (57.3%), and (4) do not use internet (93.2%). There is an important relationship between lack of health insurance and safe health-seeking behavior in women. Unfortunately, majority women in the country do not have health insurance and show the following unfavorable practices: (1) they do not go for prenatal visits (79.8%), and (2) they do not deliver at a hospital or health center (66.6%). Case Study 8.1 describes the challenges for women in the country in both home delivery and institutional care, begging the question, if not at home or the hospital, what should a woman in Pakistan choose when her child is being born?

Case Study 8.1: Both Home Delivery and Institutional Care Are Equally Bad

I was able to interview a woman from a small district called Thorgu, near Skardu city, in GB. The women, named Fatima, was 25 years old with three children. I took permission to interview her as she visited the civil dispensary for medicine related to fever for herself and her infant daughter. Her last experience of delivery resulted in infant death, and she described the reasons for this:

> *All three of my children were born at home, but my third child, a son, died after a few days of being born. The Dai (local midwife) helped to deliver my babies at home.*
>
> *She had also helped my mother to birth me 25 years ago, and supported my first two deliveries. The first two deliveries were quick and easy, but the third was long and painful. After a full night of pain and pushing, the baby finally came out, but Zeenat Ama (the midwife) said the baby had swallowed stool (faeces).*
>
> *She asked my husband to take the baby to the District Headquarter Hospital of Skardu. This was a long drive on motorbike and my husband was not willing to go. After two days he finally went as the baby was not drinking milk or responding much … just sleeping.*

I asked Fatima if she accompanied her baby and husband, to which she said:

> *No, I am not allowed to visit the district hospital as there are men there.*
>
> *My husband spent three days there. The doctors put an oxygen mask on the baby, but after three days they declared my baby dead.*
>
> *The baby was breathing before we took him to the hospital. It was definitely negligence of the hospital.*

I asked Fatima about more problems that she faced in accessing primary health services in the community and we walked around the area, while she described some of the problems:

> *The local basic health unit does not have a female doctor … but the LHW can be found there. How can the LHW help me more than the elderly and more experienced local midwife who has delivered so many more babies*

(*continued*)

Case Study 8.1: (continued)

than the young LHW? Look at the sign outside the BHU (Image 8.1)*? Maybe a government signboard and presence of a woman doctor would encourage us to visit BHUs for prenatal care and delivery, just like there are government signs for the local civil dispensary* (Image 8.2).

None of us (women in the community) visit the family planning center (Image 8.3) *much as there is a long and winding staircase, and it is troublesome.*

There is need for more promotion and awareness for prenatal care and institutional delivery through wall paintings. You can see there are so many paintings for safe drinking water in the community

Image 8.1 A Basic Health Unit in Gilgit Baltistan, with a wooden signpost and no government board

(*continued*)

Case Study 8.1: (continued)

Image 8.2 A Civil Dispensary in Gilgit Baltistan with a government signboard

(Image 8.4), *but none for maternal healthcare. Such artwork would encourage our husbands to take us for prenatal care and delivery.*

This case study elaborates many issues with supply of maternal health services for women in underdeveloped areas and highlights the need for (1) improved trust for trained providers, (2) improved quality services, (3) availability of female doctors at BHU, and (4) improvement in infrastructure and advertisement for services, such

(*continued*)

Case Study 8.1: (continued)

Image 8.3 A Family Planning Center in Gilgit Baltistan, the staircase of which can be a barrier to access

as government signposts, health centers available at ground floors, and wall paintings as soft advertisement for illiterate and semi-literate populations. The case study also reveals that women from the community, though they may be sheltered, restricted to their homes, and semi-literate, have the best suggestions and recommendations for improved health policy and services.

(*continued*)

Case Study 8.1: (continued)

Image 8.4 A wall painting promoting safe drinking water for illiterate populations

State Health Policy and Regulation

Pakistan's health sector has been severely criticized for its weak regulation by administrative bodies and monitoring of health service delivery (Momina & Jafree, 2020). There are major issues of poor governance, corruption, inconsistent policies, and limited implementation capacity (Zhu et al., 2014). There is almost no investment in health research and advancement (Sadana et al., 2004). Lack of updated registration of health workforce and private centers have led to common incidence of malpractice and quackery (Mehdi, 1996). There is no comprehensive electronic

health database of different disease classifications across different regions of the country (Sarwar et al., 2019). This lack of data is a big challenge for identifying health gaps, health needs, and planning relevant women's health interventions in the country.

Healthcare providers suffer from low support for continued training and learning, which further compromises their service quality and contributes to low trust and uptake by women (Islam, 2002). Lack of employment and appointment of women in leadership and administration jobs of the health sector is also a gap which prevents advocacy and development for women's health policy (World Health Organization, 2016). Increase in employment of women in feminized professions, like nurses and lady healthcare workers, does not help, as these are low status professions and not known for having powers of advocacy. Until women take on leadership positions in the health sector and health governing bodies, they will be unable to become drivers for health policy improvement or combat the challenges facing women's health in the country (Dhatt et al., 2017).

Pakistan has a Federal Ministry for Health, but due to devolution the provincial health ministries manage regional policy, service delivery, and budget allocation. Provincial management of health services has been inconsistent and erratic, with provinces like Baluchistan, Sindh, Azad Jammu and Kashmir, and Gilgit Baltistan having almost no prioritization for women's health (Khan, 2019). So far the health coverage scheme across Pakistan, the Sehat Sahulat Program, has been limited to paying for some costs for hospitalization, but does not consider out-patient services or chronic disease management (Habib & Zaidi, 2021). The Universal Health Coverage scheme was initiated in 2019, starting from the KPK province, the impacts of which are not completely certain (Khalid et al., 2020). From the evidence that does exist, it is a good start, but needs miles to go before comprehensive services for all health needs are provided to the entire population, and major governance and planning is critically needed to manage the financial sustainability of universal health coverage.

A local intervention has proven that pro-poor cash transfers for health can encourage women to utilize services (Agha, 2011). However, health vouchers in Pakistan's history have not been accessible for majority of the women (Habib et al., 2021), with outreach limited to less than 10 million women in the last 20 years, which is less than 9% of the women population. There are also other concerns with regard to upscale of financial

vouchers for health, including (i) for a large population and a lower middle income country like Pakistan, there may be limited finance for vouchers to cover all the population and their diverse health needs, (ii) conditional transfers work better, but are more expensive and time-consuming to monitor and supervise, and (iii) there is no evidence about how a financial voucher will be utilized by different cultural groups given preference for local providers (Toru et al., 2019).

Recommendations for Pakistan's Health and Social Sector Reform to Support Women's Health Outcomes

Pakistani women face multiple health problems and challenges, with immense barriers from supply and demand side, preventing optimal health uptake and outcomes. Majority of the women in the country do not have a health card, and nearly all do not have health insurance. Data confirms that women who are deprived of health insurance have the following socio-demographic characteristics: they are of all age groups, they belong to all regions (urban and rural) and provinces of the country, and they also belong to all wealth classes. Women from illiterate and semi-literate backgrounds mostly do not have health insurance. The data also shows that women who do not have positive information-seeking behavior and access to phones, internet, or radio, have less likelihood of having health insurance. With regard to health-seeking behavior, majority women without health insurance do not access prenatal care or deliver at institutions. Ultimately, majority women in the country rely on home remedies and local providers in the case of an emergency and follow a culture of ignoring symptoms and early signs of health problems. This is due to great pressure and stigma in society related to women's health and lack of permission or willingness to seek health services from majority male providers. Women who are willing and permitted to seek healthcare from outside the home, are predominantly dependent on out-of-pocket expenses and private healthcare due to absence of services or sub-optimal services by the public sector. To support women facing the quintuple burden of disease in the country, the following key areas for policy development are recommended (Table 8.6).

Table 8.6 Summary of existing problems for women in Pakistan related to health needs, and recommended social policy

Socio-demographic risk factors for women who do not have health insurance *(as identified by Pakistan Demographic and Health Survey (PDHS) data)*	– Women of all age groups – Women from rural and urban areas – Women from all provinces of the country – Illiterate and semi-literate women – Women who belong to all wealth classes – Women who do not have positive information-seeking behavior and access to phones, internet, or radio – Women who do not take prenatal care or deliver at institutions
Problem statement	**Relevant social policy**
1. Low access to poor women groups	1. Separate health cards and vouchers for women groups, with availing mandatory from both private and public sector facilities 2. Coverage of different health needs 3. Primary health sector and preventive health coverage across all communities 4. Online and telehealth services for remote populations 5. Mobile health units for women's health services 6. Ambulance services and health transport vehicles for women
2. Inadequate health service quality	1. Increase staffing and resources, to match population rations 2. Continued training of providers and matching of HCP promotion with 3. Registration and updating of licensed providers 4. Link provider promotion to patient satisfaction 5. Improve remuneration, employment benefits, and safety for women HCPs
3. Low health service uptake	1. Fixed quotas for women providers across all cadres 2. Regular door-to-door visits for health needs of women 3. Partnership of overburdened LHW with CHW and SPO for comprehensive health coverage
4. Low literacy and awareness for women's health needs	1. Community and family literacy for women's health needs and the benefits of trained providers 2. Community level interventions to improve acceptance of women healthcare providers 3. Interventions with religious leaders and community elders to support female health-seeking

(*continued*)

Table 8.6 (continued)

5. State health policy without consideration of women's rights	1. A separate Health Policy Act for Women 2. Constitution of Women Health Councils at district level, with inclusion of different women groups facing different health challenges 3. Ensure that state coverage extends to all age groups, especially females under 18 years and aging women above 60 years 4. Partner with academic institutes for health database with sex-disaggregated data
6. No coordination of health policy with other policy protection measures	Coordination with following sectors is needed: 1. Education sector: Encourage education sector to provide school health services and screening for girls. Mandate health literacy curriculum from primary to tertiary level 2. Finance sector: Mandatory health insurance for informal and formal sector working women. Universal health protection for all women 3. Legal and security sector: Safety of women healthcare providers and patients. Women security personnel to patrol health centers and health transport vehicles

Improving Health Access to All Women Groups

Women in Pakistan need to be provided separate health cards and health vouchers for their health needs, with availment provision from both private and public sector facilities. The health card coverage must include different health needs to provide holistic care for women. At the moment different health cards cover vaccination or hospitalization, but there is need for comprehensive services to be covered including, but not limited to, mental health services, chronic disease management, out-patient services, and oral and eye care. The primary health sector and community health program in Pakistan must lead the efforts for preventive health coverage for women and effective and efficient liaison to secondary and tertiary sector when needed.

Distribution of conditional health vouchers for fair and quick health services, without bureaucratic hurdles is needed to support access and uptake for all women groups across the country. Health cards and voucher access must be partnered with transport stipends and vouchers for women, as conveyance and distance are major barriers. Non-functioning BHUs must be made operational with strict accountability and supervision of

healthcare providers, and BHUs must be made available where they are not currently non-existent, specifically in remote and rural locations.

There is need for online health services and telehealth services to be made fully operational across the country, which will help women living in remote locations, but also women who face mobility barriers due to family permission issues, for online consultation and counseling. Mobile Health Units which deliver women's health services at the doorstep are needed for a country like Pakistan, where movement of women outside the home may not be permitted by family and community, regardless of cultural interventions. Additionally, ambulance services or health transport vehicles must be made available specifically for females to transport them to health centers as many women in the country do not drive, cannot reach public transport, and may not have male family members available in times of emergencies.

Pakistan needs to introduce mandatory health insurance, life insurance, savings insurance, and maternity health coverage schemes for women of the country. This is possible through public and private partnership in financing and insurance provision. Strict supervision and community-level programs for awareness about enrolment in health and savings insurance schemes are also needed to ensure all women groups are comprehensively protected, including women migrants and refugee populations, who are completely deprived of any kind of access to health services in the country.

Improving Health Service Quality

There is need to increase and prudently manage budget allocation for preventive health, staffing, and resources. All providers and centers must match population ratios according to international standards. For example, at the moment the LHW program only covers around 60% of the Pakistan population and each LHW is expected to serve 1500 women clients (Zhu et al., 2014). Unless these ratios are improved, complete coverage and quality services which make a difference on women health outcomes is not possible.

Continued training of healthcare providers is critically needed in Pakistan to ensure updated and quality services. Training and sensitization of frontline healthcare workers for women clients, including nurses and community healthcare workers, is mandatory so that trust and confidence is built between the provider and patient. Training in ethics of service delivery and cultural competence are also needed, as women from

different regions in the country need more support and time for informed consent, shared decision-making, guidance on following instructions, and building of trust so they return for services.

There is also need for annual registration and updating of licensed providers in the country. All healthcare provider promotions and advancement must be linked to patient satisfaction surveys, to ensure quality services. Dual work in the private sector must be banned so that public sector providers do not have conflict of interests. There is also need to support the women healthcare providers of Pakistan, including women doctors, nurses, paramedical staff, and community providers. Improved social status, acceptance, and safety, will ensure that women remain in the profession and are able to provide quality services. In addition, women healthcare providers must be provided better compensation and employment benefits so their commitment to client and job satisfaction are secured.

Improving Health Service Uptake By Women

Fixed quotas must be introduced and maintained for women healthcare providers across all cadres to improve uptake of services by women clients. As mentioned above, there is need for increase in recruitment of women practitioners, including female nurses, community health workers (CHWs), physicians, and health administration leaders to expand accessibility and also for the advocacy of women's health needs.

Regular door-to-door visits by women community health providers are needed, so women start adopting a culture of regular health-seeking, screening, testing, and referral. The partnership of overburdened LHWs with additional community health workers and social protection officers is critically needed, and only addition in staffing for community visits and comprehensive preventive health services can ensure better health outcomes and wellbeing for women. Training and deployment of community women in remote and rural locations and use of telehealth services through smartphones must be used to ensure services for referral.

Literacy and Awareness for Women's Health Needs

There is need for community literacy and family-level literacy and awareness to improve support for women's health-seeking practices. Similarly, training should include awareness about the benefits of trained and

licensed providers and the risks of traditional unskilled providers. Regular workshops in the community are also needed for (1) raising the status of women community health workers and other female healthcare providers, like female doctors and nurses, and (2) training for improved collaboration, teambuilding, and care delivery of the health workforce. Male family members, spouses, mothers-in-law, family elders, community notables and elders, and religious leaders of the community must all be part of these sessions. More concrete efforts also need to be mobilized, with legal repercussions. For example, Pakistan has a law where neighbors, family, and women can report the demand for dowries. In the same way, laws must be passed and implemented for women to report family members when they prevent health-seeking behavior in women or force them to use unlicensed providers, as this too is a risk to life and mortality.

Literacy interventions with religious leaders and community elders to support female health-seeking are needed, as these are the main groups who can create significant barriers in uptake. Social media and TV can also be used to improve access to information about health services and preventive health. In fact, some scholarship suggests that when cultural barriers seem insurmountable, women's engagement with print media and education can help in the adoption of health-seeking behavior (Ahmed et al., 2010). Gender sensitization campaigns need to be promoted through different mass media and social media platforms, such as radio, TV, Facebook, TikTok, and Instagram. This will help normalizing health-seeking behavior and preventive practices to support women's health. The media campaign should focus on sensitizing men and in-laws specifically towards the risks and evils involved in preventing health-seeking behavior in female members of the household, not just limited to reproductive health, but also nutritious eating and preventive health-seeking from early age.

There is also need for specific literacy support of young girls and women of reproductive years about how to navigate cultural traditions and religious fallacies for health behavior modification. This requires not just health literacy, but also social literacy. Females need to be educated in critical thinking, coping strategies with in-laws, spouse and elders, emotional skills, and social skills. Empowerment through independent income is also crucial, but there needs to be emphasis on not just work participation in the formal sector of the economy, but also fair inheritance and property ownership for females in the country. This will help raise their status in the homes and community.

State Health Policy for Women

Pakistan is in need of a separate Health Policy Act for Women in the country. The National Health Vision of Pakistan (2016–2025) neglects all areas of women's health and only considers maternal health. A large number of preventable deaths and preventable disabilities among children, young females, and aging women can be averted by including and planning specific health policy for all women groups, and not just for maternal health. It is also important that the government, which currently only serves women of reproductive years through the primary level LHW program, starts to cover women of all age groups, especially females under 18 years and aging women above 50 years. Global scholarship confirms that political representation has a positive effect on the health of females, particularly in developing nations (King et al., 2020). Women Health Councils must also be established across each district to coordinate with the central ministry and share information about health needs and reform. The inclusion of different women groups in these health councils must be assured, including female students, women of reproductive years who are housewives, and aging women from the community.

Management and supervisory positions for healthcare providers must be delegated to women across the primary and tertiary sector. Inclusion of women leadership in both the health and social welfare sector are essential for effective policy development. There is also need to partner with independent academic institutes for a comprehensive health database with sex-disaggregated data. Data for different women groups must be included, along with data for detailed disease types and not just for reproductive health. There is complete absence of health data related to women groups such as females, special needs females, elderly women, women refugees, and migrants. Due to these gaps, there is ineffective relief response, absent healthcare services, and lack of informed policy direction. Ultimately, the planning for healthcare and social policy protection will not be relevant unless there is sex-disaggregated data and more primary micro-level evidence.

Coordination of Housing Policy with Other Policy Protection Measures

Improving health services and uptake requires joint and concerted efforts by the state, private sector, NGOs, and women's health groups. With a large population, Pakistan needs all sectors to work closely together to support each other's limitation and create pressure for cultural change,

while monitoring each other for service delivery. Inter-ministerial collaboration involving the Ministries of Health, Population Welfare, Education, Women's Development and Social Development and all other sectors is critically needed. The education sector must mandate health literacy from primary to tertiary level, and school health services and regular screening for female students. The promotion of female literacy and retention, inclusive of health curriculum, will improve health-seeking practices, and also build trust for health providers and health counsellors as they will be likened to teachers and educational providers, who have a higher status in Pakistani society compared to female healthcare providers.

The finance and economic sector must work closely with the health sector to provide a safety net for mandatory health insurance and sustainable health financing. Primary health services for women and success in preventive health is only possible when Pakistan combats problems related to illiteracy, poverty, and income-earning potential in women (Mallick, 2020). A multi-pronged approach is needed by the finance and economic sector to ensure that women in the country have access to health vouchers, poverty relief schemes, microfinance, and job security for out-of-pocket expenses and employee health insurance.

The legal sector must ensure safety of women providers and patients. There must be strict implementation of laws against harassment, bullying, and violence against women healthcare providers and women patients, with zero tolerance and swift punishment against perpetrators to deter the culture of crime. This will ensure status improvement of the profession, efficient delivery of services, and also uptake by women in the community. There is also need for Women Security Personnel to patrol health centers and health transport vehicles.

Conclusion

Pakistani women are facing critical and multiple health challenges related to maternal health issues, infectious diseases, chronic diseases, multimorbidity, and mental health issues. However, there is little understanding about which socio-economic and environmental factors influence holistic health and wellbeing of females in the country. This chapter has attempted to identify the main inequalities and social protection leakages facing females in Pakistan, with regard to the five main health challenges facing females in the country. Based on literature review, and primary and

secondary data, this chapter discusses six important social policy areas that need to be introduced for women in the country, including (1) improving health access to all women groups, across regions, ethnicity and different wealth backgrounds, (2) improving health service quality to support uptake and utilization, (3) improving health service uptake by women by removing cultural and economic barriers, (4) improving literacy and awareness for women's health needs across the family structures and at community level, (5) designing and implementing state health policy for women which covers all women groups and caters to diverse health needs and not just reproductive health, and (6) ensuring that housing policy is efficiently coordinated with other policy protection measures for women in the country.

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CHAPTER 9

Planning Prudent Pilot Projects Before Launch and Upscale of Social Protection Interventions for Women

Introduction

So far in this book, we have learnt two important things. Social policy and other protective schemes for women in Pakistan are critically limited, and the few that do exist are severely compromised due to inadequate planning and lack of reach to the large population. Though poverty relief schemes such as the Benazir Income Support Scheme and the Ehsaas Program are lauded across the world, they are also criticized for having been launched without pilot testing and controlled trials to show efficacy and impact. This neglect has contributed to the inefficacy and low impact of the programs, and possibly the inability to upscale for protection of all women in the country. The aim of this chapter is to review randomized control trials (RCTs) and experiment-based interventions in Pakistan that have targeted women's wellbeing and protection. The choice to include only RCTs or experiment-based interventions, is because of their importance in developing prudent social policy and protection plans for women and other vulnerable groups (Baron, 2018; Lewis, 2011). Although pilot projects alone cannot entirely prove success in the future of a social policy scheme, but they have the benefit of reducing biases and examining cause and effect relationships empirically, beyond the drafting and discussion stage (Hariton & Locascio, 2018). The randomization of experimental studies also has the advantage of showing results between different women

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groups and identifying impact on the experiment group, while presenting comparison with a control group.

We already know that out of all the areas where women need protection, it is healthcare that has received the most attention, and in fact most of the existing interventions published for review are found under the area of health (Mumtaz & Salway, 2009). Similarly, it is women of reproductive years that have received the most investment, as family planning is a global agenda and population control is a major challenge in Pakistan (Langer et al., 2015). It is thus that much of the interventions discussed in this chapter are limited to maternal health. The attempt however has been to collect evidence from a group of heterogenous studies to assess the effectiveness of interventions for women's health outcomes in Pakistan and to identify their limitations, which can become a basis of better planning for interventions in Pakistan before upscale for women's protective policy planning. Table 9.1 summarizes the list of interventions that have attempted to target improvement in women's health and wellbeing, which include the following studies: (1) cash transfers for health outcomes; (2) medicinal and supplementation interventions, (3) counseling interventions; (4) combination interventions—for example, educational outreach and vouchers; (5) health education and health awareness interventions; and (6) social interventions, psychosocial interventions, or preventive interventions.

Cash Transfer Experiments for Family Wellbeing

Very few RCTs were found which assessed the impact of cash transfers in Pakistan. Sadly, no RCTs have been done to assess women's improvement in wellbeing, health, or poverty alleviation in Pakistan. In a study that assessed if primary education enrolment could be improved in marginalized communities through public-private partnerships, the government paid private entrepreneurs a per-child subsidy (Barrera-Osorio et al., 2013). The program was successful in increasing child enrolment by 30% in experiment villages for both boys and girls. However, no evidence was found about providing greater financial incentives to entrepreneurs for the recruitment of girls and its resultant increase in female enrolment. The intervention suggests that cultural barriers are extremely strong and that cost reduction for schooling and better quality services in education do not incentivize families for girl child enrolment. The biggest limitation however for this study is how the state will finance per-child subsidies across Pakistan to all female children.

Table 9.1 List of intervention-based studies that have attempted to target improvement in women's health and wellbeing

APA citation	*Aim*	*Outcome*	*Limitations*
Cash transfers for health outcomes			
Barrera-Osorio et al. (2013). Leveraging the private sector to improve primary school enrolment: Evidence from a randomized controlled trial in Pakistan. Unpublished paper, Harvard Graduate School of Education.	Assess if primary education provided to marginalized communities through public-private partnerships, with the government paying private entrepreneurs a per-child subsidy, help improve enrolment	The program increases child enrollment. However, there is no evidence that providing greater financial incentives to entrepreneurs improves recruitment of femal students	There is no clear plan or financial allocation for upscale of this project
Chandir et al. (2022). Small mobile conditional cash transfers (mCCTs) of different amounts, schedules, and design to improve routine childhood immunization coverage and timeliness of children aged 0–23 months in Pakistan: An open label multi-arm randomized controlled trial. EClinicalMedicine, 50, 101500.	Assess the impact of small mobile-based conditional cash transfers on childhood immunization	Small mobile-based conditional cash transfers can increase full immunization coverage	The enrolment of parent and girl child was lower in the program, which has not been examined. The means to increase conditional cash transfers across the country has not been explored
Fenn et al. (2017). Impact evaluation of different cash-based intervention modalities on child and maternal nutritional status in Sindh Province, Pakistan, at 6 mo and at 1 y: A cluster randomised controlled trial. PLoS medicine, 14(5), e1002305.	Evaluate the effects of three different cash-based interventions on nutritional outcomes in children	All three intervention groups showed similar significantly lower odds of being stunted	Limitations of this study included the inability to mask participants or data collectors to the different interventions

(*continued*)

Table 9.1 (continued)

APA citation	*Aim*	*Outcome*	*Limitations*
Soofi and Nawaz (2020). Effectiveness of Social Protection Program to Prevent Stunting Among Children 6–24Months in Rural Pakistan; A Cluster Randomized Controlled Trial. Current Developments in Nutrition, 4, 284–284.	Evaluate the effect of a 5-arm cluster RCT which intervenes with specialized nutritious foods & unconditional cash transfers delivered to the regular BISP beneficiaries and social and behavioral change communication to prevent stunting among children	The study found a significant reduction in the prevalence of stunting, wasting, and underweight in children who received unconditional cash transfers, specialized nutritious foods, and social and behavioral change communication	With multiple and costly interventions funded by foreign bodies it is not certain how local and provincial governments can upscale or continue such efforts
Medicinal and supplementation interventions			
Abbas et al. (2019). Using misoprostol to treat postpartum hemorrhage in home deliveries attended by traditional birth attendant. Int J Gynaecol Obstet, 144(3), 290–296.	Explore the use of providing misoprostol to prevent and treat hemorrhage during the delivery	There was no significant difference in clinical outcomes between the two trial arms	A limitation of the trial was the small sample size, which had influence on results
Mir et al. (2012). Helping rural women in Pakistan to prevent postpartum hemorrhage: a quasi experimental study. BMC Pregnancy Childbirth, 12, 120.	Assess the acceptability of counseling, information exchange and provision of misoprostol tablets to pregnant women to prevent postpartum hemorrhage	Majority ingested misoprostol tablets, said that they would use misoprostol tablets in the future, and were willing to purchase them in the future	TBAs and community midwives with proper training are not available across the country and neither is financing for necessary tablets for poor women population groups

(*continued*)

Table 9.1 (continued)

APA citation	*Aim*	*Outcome*	*Limitations*
Bhutta et al. (2009). A comparative evaluation of multiple micronutrient and iron-folic acid supplementation during pregnancy in Pakistan: impact on pregnancy outcomes. Food Nutr Bull, 30(4 Suppl), S496–505.	Evaluate the acceptability of multiple micronutrient supplementation and its benefits on pregnancy outcomes	The iron–folic acid and multiple micronutrient supplements were well accepted and tolerated, with minimal reported gastrointestinal side effects. There was better weight gain during pregnancy and a small but significant increase in birthweight	No significant improvement was noted in the iron status of women receiving multiple micronutrient supplements, suggesting that one mix of multivitamins is not enough. There was no emergency obstetric care in the study area
Christian et al. (2009). Treatment response to standard of care for severe anemia in pregnant women and effect of multivitamins and enhanced anthelminthics. Am J Clin Nutr, 89(3), 853–861.	Assess the response to standard treatment with high dose iron–folic acid and single-dose mebendazole in severely pregnant women	Hemoglobin concentration increased significantly in all groups and was higher in the enhanced mebendazole group compared with the standard group	Women were lost to follow-up for the post-treatment assessment. Neither did the study allow provision for follow-up of women for hemoglobin assessment beyond birth outcome
McCormack et al. (2018). Point-of-care testing facilitates screening and treatment for anemia in women and children in rural Pakistan. Aust J Rural Health, 26(3), 194–198.	Improve blood hemoglobin levels & assess positive change in anemia status of women of reproductive years	Anemia was initially detected in 53% women and post-test the prevalence decreased by 30%	There is low rate of testing in the community due to awareness about anemia and the cost of the test being high. The sample was too small and could not gauge the actual prevalence expected to be higher

(*continued*)

Table 9.1 (continued)

APA citation	*Aim*	*Outcome*	*Limitations*
Counseling interventions			
Ali et al. (2003). The effectiveness of counseling on anxiety and depression by minimally trained counselors: a randomized controlled trial. Am J Psychother, 57(3), 324–336.	Assess if one-on-one counseling sessions reduce anxiety and/or depression	A significant reduction was found between the mean anxiety and depression scores of the two groups	The refusal/dropout rate was relatively high due to the lack of awareness that anxiety and/or depression are illnesses, doubts about benefits of counseling, and objections on the part of the male family members
Ali et al. (2010). Effectiveness of counseling for anxiety and depression in mothers of children ages 0–30 months by community workers in Karachi, Pakistan: a quasi experimental study. BMC Psychiatry, 10, 57.	Assess the benefits of one-on-one counseling on reducing postnatal depression	A significant decline in level of anxiety/depression was found in both the counseled and the non-counseled groups, with the counseled group faring better for recovery, reduction in the rate of recurrence, and increase in the duration before relapse	The dropout rate was high. The interviewers were not blind to the counseling status of the women interviewed as they themselves were the counselors
Rahman et al. (2019). Effectiveness of a brief group psychological intervention for women in a post-conflict setting in Pakistan: a single-blind, cluster, randomised controlled trial. Lancet, 393(10182), 1733–1744	Effectiveness of a group psychological intervention to improve mental health	Women in the intervention group had significantly lower mean total scores on the Hospital Anxiety and Depression Scale than women in the control group	Participants were not masked to the intervention and control conditions. Outcomes were based on self-report questionnaires that can potentially bias the results. There was absence of longer-term follow-up, beyond the three months of intervention

(*continued*)

Table 9.1 (continued)

APA citation	*Aim*	*Outcome*	*Limitations*
Hackett et al. (2020). Impact of home-based family planning counselling and referral on modern contraceptive use in Karachi, Pakistan: a retrospective, cross-sectional matched control study. BMJ Open, 10(9), e039835.	Assess the impact of one-on-one reproductive health counseling on modern contraceptive use	There was no significant effect on contraception prevalence rate. Only 18% of women in the intervention area reported receiving a family planning visit in the preceding 5 years	There is limited community coverage by public sector. Private provision is very costly per user and prevents outreach for a country like Pakistan (case in point willows program)
Hameed et al. (2016). Comparing Effectiveness of Active and Passive Client Follow-Up Approaches in Sustaining the Continued Use of Long Acting Reversible Contraceptives (LARC) in Rural Punjab: A Multicentre, Non-Inferiority Trial. PLoS One, 11(9), e0160683	Compare the effectiveness of active (doorstep and telephonic) and passive (needs-based response) follow-up (one-on-one counseling) in sustaining the use of long-acting reversible contraceptive (LARC)	Active follow-up approach had 5% better results than the passive approach. Telephone-based follow-up was as effective as the home-based visits in sustaining the use of LARC and was far more resource efficient	The recruitment of participants to the study was not randomized. This is because women with IUD implants and telephones had to be sampled, who comprised of more affluent people with greater access to mobile phones
Rahman et al. (2008). Cognitive behaviour therapy-based intervention by community health workers for mothers with depression and their infants in rural Pakistan: a cluster-randomised controlled trial. Lancet, 372(9642), 902–909.	Provide a group cognitive behavioral therapy intervention for mothers with depression	The prevalence of major depressive episodes was much lower in intervention group compared to the control. Contraceptive use, rate of exclusive breastfeeding, and spending more time every day on play-related activities with the infant was higher in intervention group	The intervention further burdened LHWs and neglected the stress they may face in counseling

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Table 9.1 (continued)

APA citation	*Aim*	*Outcome*	*Limitations*
Sikander et al. (2019). Delivering the Thinking Healthy Programme for perinatal depression through volunteer peers: a cluster randomized controlled trial in Pakistan. Lancet Psychiatry, 6(2), 128–139.	Provide one-on-one and group counseling to reduce perinatal depression	There was no effect on symptom severity or remission from perinatal depression at six months after childbirth	Diagnostic interviews to ascertain depression were not used. The intervention by peers was delivered with close collaboration of the LHWs, leading to uncertainty about if it could be delivered alone in the future
Sikander et al. (2015). Cognitive-behavioral counseling for exclusive breastfeeding in rural pediatrics: a cluster RCT. Pediatrics, 135(2), e424–431.	Assess the effectiveness of cognitive-behavioral counseling on the rate and duration of exclusive breastfeeding (EBF) during the first 6 months of an infant's life	59.6% of mothers in the intervention and 28.6% in the control were exclusively breastfeeding. Mothers in the intervention group were half as likely to use prelacteal feeds with their infants	The intervention was integrated into the routine counseling practiced by LHWs, adding to their role burden. The therapy was unidirectional and ignored other needs of women such as depression, psychosocial distress, disempowerment, and illiteracy
Khan et al. (2017). Evaluating feasibility and acceptability of a group WHO trans-diagnostic intervention for women with common mental disorders in rural Pakistan: a cluster randomised controlled feasibility trial. Epidemiol Psychiatr Sci, 28(1), 77–87	Evaluate the feasibility and acceptability of a group psychotherapeutic interventions, based upon cognitive behavioral approach, to reduce anxiety and depression	Intervention uptake was good, with group sessions considered useful by participants. Lay helpers can be trained to successfully deliver the intervention in community under supervision. There were improvements in symptoms of depression, anxiety, general psychological profile, and functioning	There were confidentiality issues in group sessions, preventing women from participating. The session timings and length were also an issue for female participants who did not have time due to multiple household responsibilities. Participants wanted some monetary incentives and when it was not provided, they lost interest and were not punctual

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Table 9.1 (continued)

APA citation	*Aim*	*Outcome*	*Limitations*
Combination Interventions			
Agha (2011). Impact of a maternal health voucher scheme on institutional delivery among low-income women in Pakistan. Reprod Health, 8, 10.	Increase the uptake of institutional services through educational outreach and maternal health voucher system	Women were significantly more likely to make at least three ANC visits, deliver in a health facility, and make a postnatal visit. Purchase of a voucher booklet was associated with an increase in ANC use, institutional delivery, and PNC use	The lack of a control area with which to compare the findings of the project is a major limitation of the study
Azmat et al. (2013). Impact of social franchising on contraceptive use when complemented by vouchers: a quasi-experimental study in rural Pakistan. PLoS One, 8(9), e74260.	Evaluate the effectiveness of a social franchise program along with a free voucher scheme to promote awareness and use of modern long-term contraceptive	Social franchising and free vouchers for long-term contraceptive choices significantly increased the awareness of modern contraception, the ever use of modern contraceptives, the contraceptive prevalence rate and the uptake of IUCDs	Non-random assignment of individuals to control and intervention groups. There was a very small size and limited provincial coverage. Presence of competing healthcare providers delivering family planning services in the same area prevents conclusive evidence about program

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Table 9.1 (continued)

APA citation	*Aim*	*Outcome*	*Limitations*
Azmat et al. (2016). Engaging with community-based public and private mid-level providers for promoting the use of modern contraceptive methods in rural Pakistan: results from two innovative birth spacing interventions. Reprod Health, 13, 25	Provide accessible and affordable long-term family planning services through marketing, branding, and introducing a voucher scheme	The private Suraj model was more effective over the existing community health model in increasing awareness about FP methods, current contraceptive use, and long-term modern method—intrauterine device.	There is no recommendation or solution about how to finance free vouchers across Pakistan or how to support the LHW program to reduce role burden
Najmi et al. (2018). Community-based integrated approach to changing women's family planning behavior in Pakistan, 2014–2016. Public Health Action, 8(2), 85–90	Assess the effectiveness of door-to-door services and helpline services in changing women's behavior regarding contraceptive use	The contraceptive prevalence rate and use of modern contraceptive methods increased. A significant association was found between door-to-door counseling and the use of contraceptive methods and access to public and private facilities for modern contraceptives	Support group meetings and 24/7 helpline use did not show any association with use of contraceptive method

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Table 9.1 (continued)

APA citation	*Aim*	*Outcome*	*Limitations*
Midhet and Becker (2010). Impact of community-based interventions on maternal and neonatal health indicators: Results from a community randomized trial in rural Balochistan, Pakistan. Reprod Health, 7, 30.	Assess the impact of education sessions for safe motherhood practices, TBA training, and emergency transport system on maternal and neonatal health indicators	Pregnant women in intervention clusters received prenatal care and prophylactic iron therapy more frequently. There was an increase in hospital deliveries, but no impact on the use of skilled birth attendants. Perinatal mortality reduced in clusters where only wives received information and education in safe motherhood	It was difficult to control extraneous factors that may have direct or indirect impact on indicators of interest, such as women in the intervention arms sometimes shared their education materials with the women in the control arm
Qureshi et al. (2020). Community-level interventions for pre-eclampsia (CLIP) in Pakistan: A cluster randomized controlled trial. Pregnancy Hypertens, 22, 109–118.	Assess the impact of combined interventions for pre-eclampsia (mobile health assessment; referral; doorstep visits; and educational sessions) to reduce all-cause maternal and perinatal mortality and major morbidity	There was reduction in stillbirths, but no impact on maternal death or morbidity; early or late neonatal deaths; or neonatal morbidity.	There were problems related to overburdening the LHWs who could not deliver all the services adequately to impact behavior change in women

(*continued*)

Table 9.1 (continued)

APA citation	*Aim*	*Outcome*	*Limitations*
Ali et al. (2020). Assessing Effectiveness of Multipurpose Voucher Scheme to Enhance Contraceptive Choices, Equity, and Child Immunization Coverage: Results of an Interventional Study from Pakistan. Journal of Multidisciplinary Healthcare, 13, 1061.	Assess the effectiveness of a subsidized, multipurpose voucher intervention to enhance the client–provider interaction for improved family planning and child immunization	There was no net increase in modern contraception use; the intervention area, however, reported a low modern method discontinuation rate. Vaccination rates for BCG, DPT, HBV, and measles increased significantly	There was disparity in the distribution of vouchers to poor clients. Only 40% of the women who received vouchers belonged to the two lowest socio-economic quintiles
Health Education and Awareness Interventions			
Kumar et al. (2020). Effectiveness of a health education intervention on the use of long-lasting insecticidal nets for the prevention of malaria in pregnant women of Pakistan: a quasi-experimental study. Malar J, 19(1), 232.	Effectiveness of a health education intervention for the prevention of malaria in pregnant women with children up to 6 months of age	There was an increase in scores of knowledge and an increase in use of long-lasting insecticidal nets in the intervention group compared to control	Intervention was completed in a period of 3 months and long-lasting effects of intervention and true behavioral change can only be ensured if follow-up assessment is done
Shallwani et al. (2010). Self-examination for breast and testicular cancers: a community-based intervention study. Asian Pac J Cancer Prev, 11(2), 383–386.	Assess the effect of health education intervention about knowledge and practice of self-breast examination	Educational interventions at the community level increased both the knowledge and practices of women for self-breast examinations	Urban and educated women participants were sampled, so generalization is difficult. The intervention and post-intervention assessment was a one-time activity and no follow-up was done

(*continued*)

Table 9.1 (continued)

APA citation	*Aim*	*Outcome*	*Limitations*
Jokhio et al. (2005). An intervention involving traditional birth attendants and perinatal and maternal mortality in Pakistan. N Engl J Med, 352(20), 2091–2099.	Provide training and other support to TBAs to reduce perinatal and maternal mortality and reduce complications of pregnancy	There was a significant reduction in perinatal mortality of about 30% in the intervention group	The risk of contamination was high as control group was also receiving services from TBAs
Omer et al. (2008). Evidence-based training of frontline health workers for door-to-door health promotion: a pilot randomized controlled cluster trial with Lady Health Workers in Sindh Province, Pakistan. Patient Educ Couns, 72(2), 178–185.	Assess the impact of developing community-based communication tools to promote favorable maternal health practices	Women in the intervention communities were more likely to attend prenatal checkups, to stop routine heavy work during pregnancy, to give colostrum to newborn babies, and to maintain exclusive breastfeeding for four months	The intervention added to the work burden of existing Lady Health Workers.
Social, Psychosocial or Preventive Interventions			
Hirani et al. (2018). Social support intervention to promote resilience and quality of life in women living in Karachi, Pakistan: a randomized controlled trial. Int J Public Health, 63(6), 693–702	Provide a social support intervention, in groups, to enhance resilience and quality of life	Intervention group reported improvements in resilience. No significant findings were noted on QOL scores	The intervention was of too short a duration and could not show long-term impact. There is no validated Urdu scale to measure resilience

(*continued*)

Table 9.1 (continued)

APA citation	*Aim*	*Outcome*	*Limitations*
Khushk et al. (2005). Health and social impacts of improved stoves on rural women: a pilot intervention in Sindh, Pakistan. Indoor Air, 15(5), 311–316.	Assess health and social impacts of improved stoves on rural women who cook meals for the family from poor villages	There was a decline in smoke from smoke-free stoves, and decline in symptoms of dry cough, sneezing and tears while cooking	The results were not statistically significant possibly due to the small sample. No discussion of smoke-free stove provision across the country
Maselko et al. (2020). Effectiveness of a peer-delivered, psychosocial intervention on maternal depression and child development at 3 years postnatal: a cluster randomised trial in Pakistan. Lancet Psychiatry, 7(9), 775–787.	Assess the effectiveness of a group psychosocial intervention on maternal depression and child development	No significant outcome differences between the intervention group and the enhanced usual care group were found. Reduced symptom severity and high remission rates were seen across both the intervention and enhanced usual care groups, possibly masking any effects of the intervention	Mother-reported survey responses are susceptible to bias. Participant interest and limited time were major issues in retention of women for group sessions

In another cash transfer scheme, the impact of a small mobile-based conditional cash transfer on childhood immunization was studied (Chandir et al., 2022). It was found that small mobile-based conditional cash transfers, less than USD 50, can increase full immunization coverage in low-income families. However, the enrolment of parent and girl child was lower in the program. Low girl child immunization may be a problem in the country due to many reasons: (i) low health prioritization of females

due to son preference, (ii) fear that immunization will interfere with health and fertility of daughters in the future, (iii) reluctance of male guardian to travel with girl child for immunization, and (iv) unwillingness to let male providers vaccinate the girl child (Rainey et al., 2011). A major limitation of the intervention is lack of clarity about how to increase conditional cash transfers across the country and secure full immunization for all children and mothers.

One cluster RCT aimed to evaluate the effects of three different cash-based interventions on nutritional outcomes in children from poor families (Fenn et al., 2017). The following three schemes were used: a cash transfer of PKR 1500/ USD 6.80; a double cash transfer of PKR 3000/ USD 13.60; or a fresh food voucher (FFV) of 1500 PKR/ USD 6.80. All three cash-based interventions resulted in children having decreased odds of being stunted and an improvement in linear growth at both six months and one year. The limitation of this study included the inability to mask participants or data collectors to the different interventions. Also, when designing food voucher schemes there needs to be assurance in provision of a diverse food basket that provides adequate macro and micronutrients, as results of the intervention also showed that children who received the food voucher, had negative mean hemoglobin levels. Finally, the role of mother's nutrition in supporting childcare has been ignored completely in this study.

In another intervention, related to nutritional adequacy, the effect of a five-arm cluster RCT was evaluated (Soofi & Nawaz, 2020). The intervention included three elements: (1) provision of specialized nutritious foods, (2) unconditional cash transfers, and (3) social and behavioral change communication. The intervention was delivered to the regular women Benazir Income Support Program (BISP) beneficiaries to prevent stunting among their children. The study found a significant reduction in the prevalence of stunting, wasting, and low weight in children who received unconditional cash transfers, specialized nutritious foods, and social and behavioral change communication. This project's funding was done by the World Food Program and the German Government's Economic Cooperation and Development Section. However, it is not certain how local and provincial governments can upscale or continue costly interventions without the assistance of foreign bodies and become autonomous in their development of social policy.

Medicinal and Supplementation Interventions for Women's Health

Some RCTs were found which intervened for pregnant mothers to support their health needs and safe delivery of child. General supplementation for young and growing females was not found and neither was any for aging women, lending strength to the argument that only women of reproductive years receive some policy focus in Pakistan. In one project the use of providing misoprostol to prevent and treat hemorrhage during the delivery was evaluated (Abbas et al., 2019). The project demonstrated that traditional birth attendants (TBAs) can identify excessive postpartum bleeding and correctly administer misoprostol as treatment. Moreover, they can distinguish and correctly adhere to two different regimens for prevention and treatment. For a resource-poor country which accepts TBAs this is a good finding. However, there was no significant difference in clinical outcomes between the two trial arms. Another limitation of the trial was that the estimates used to calculate the sample size were markedly different from those observed, resulting in a sample size that was too small to demonstrate clinical effectiveness. It is also difficult to continue training of TBAs for all the comprehensive services that they need to provide and match their skill-set with licensed healthcare providers who have studied medicine for many years.

Another RCT assessed the acceptability of counseling, information exchange, and provision of misoprostol tablets to pregnant women to prevent postpartum hemorrhagic bleeding (Mir et al., 2012). Majority women, at 88%, ingested misoprostol tablets, 80% said that they would use misoprostol tablets in the future, and 74% were willing to purchase them in the future. The intervention was delivered by TBAs and community midwives, who are more accepted in the community. However, as with the previous study, training of TBAs and community midwives for all the diverse health needs of women, is difficult to achieve. Similarly, financing solutions for provision of necessary tablets to all poor women population groups across the country needs extensive and robust feasibility and costing plans.

One RCT evaluated the acceptability of multiple micronutrient supplementation and its benefits on pregnancy outcomes (Bhutta et al., 2009). Iron–folic acid and multiple micronutrient supplements were well accepted and tolerated, with minimal reported gastrointestinal side effects. There was better weight gain during pregnancy and a small but significant

increase in birthweight. However, no significant improvement was noted in the iron status of women receiving multiple micronutrient supplements, suggesting that sometimes one mix of multivitamins is not enough, and a balanced diet and other micronutrients are critical. Research shows that women who receive iron–folic acid supplements, also need riboflavin and vitamin A which improves iron absorption (Ma et al., 2008). Furthermore, the study highlights that in many regions of Pakistan there is no emergency obstetric care. The absence of appropriate obstetric care and support is associated with a higher risk of adverse pregnancy outcomes, regardless of how many micronutrient supplements are provided to women. It is therefore imperative that interventions to improve birthweight must be accompanied by comparable supportive strategies to improve maternal health and obstetric services.

In another intervention the response to standard treatment (iron–folic acid and single-dose mebendazole) with high dose iron–folic acid for 90 days and single-dose (500 mg) mebendazole in severely pregnant women was evaluated (Christian et al., 2009). Hemoglobin concentration increased significantly in all groups and was higher in the enhanced mebendazole group compared with the standard group. However, many women were lost to follow-up for the post-treatment assessment. Neither did the study allow provision for follow-up of women for hemoglobin assessment beyond birth outcome, making long-term impact uncertain. Furthermore, there was no discussion of how the government will support all women population groups with similar supplementation support, which is costly. Similarly, parallel social interventions for improving nutritional eating habits and food culture for women have been ignored all together.

In another RCT attempt was made to improve blood hemoglobin levels and assess positive change in anemia status of women of reproductive years (McCormack et al., 2018). Anemia was initially detected in 53% women and the post-test prevalence decreased by 30%. Though the results were positive, there is no discussion of how the problems of low rate of testing in the community can be solved, as the cost of testing is high. Also, parallel interventions for awareness are needed to manage anemia and develop habits for testing in females. A big limitation of the study was that the sample of 64 women participants was too small and could not gauge the actual prevalence of anemia, which is reported to be much higher by other scholars (Baig-Ansari et al., 2008).

Counseling Interventions for Women's Wellbeing

There have been some good efforts to conduct RCTs for counseling interventions for women of reproductive years. However, again counseling for girls, female university students, unmarried women, and elderly women have not been found. In one study, one-on-one counseling sessions were conducted to reduce anxiety and/or depression in women of reproductive years, by laywomen in the community, who were briefly trained for counseling support (Ali et al., 2003). A significant reduction was found between the mean anxiety and depression scores of the intervention and control groups. Though laywomen counsellors are a cost-effective solution, their support for women in need of more specialized counselling is not possible, and there is need for a good network for referral in such cases (Shahmalak et al., 2019). A major limitation of the study was that there was a high refusal and dropout rate due to the lack of awareness that anxiety and/or depression are illnesses, doubts about the benefits of counseling, and objections on the part of the male family members.

Another counseling intervention attempted to assess the benefits of one-on-one counseling on reducing postnatal depression (Ali et al., 2010). A significant decline in the level of anxiety and depression was found in both the counseled and the non-counselled groups, with the counseled group faring better for recovery, reduction in the rate of recurrence and increase in the duration before relapse. However, again in this study the dropout rate was high. Majority of the non-counseled group refused to take the post-test, leaving small numbers for comparison. Women in the counselled group could not be followed for a longer period of time. Also, the interviewers were not blind to the counseling status of the women interviewed as they themselves were the counselors.

One more counseling intervention attempted to provide a group cognitive behavioral therapy intervention for mothers with depression (Rahman et al., 2008). At both assessment time points (6 and 12 months), the prevalence of major depressive episodes was much lower in the intervention group compared to the control. It was also found that mothers in the intervention group had higher contraceptive use, rate of exclusive breastfeeding (EBF), and that they spent more time every day on play-related activities with the infant. However, the intervention was designed to be integrated into the routine work of the Lady Health Worker (LHW) Program, which adds to the existing and excessive role burden faced by LHWs in the country (Afsar & Younus, 2005). Also there has been little consideration for

how working with depressed individuals and their families in very poor settings can be stressful for the health workers. With such interventions, where LHWs are required to provide counseling services to patients suffering from depression, there need to be strong supervisory mechanisms to support and oversee the mental health needs of the LHWs as well.

Another counseling intervention provided one-on-one and group counseling to reduce perinatal depression (Sikander et al., 2019). There was no effect on symptom severity or remission from perinatal depression at six months after childbirth. One reason for this may have been that a diagnostic interview to ascertain depression was not used and instead a survey was used Patient Health Questionnaire 9 (PHQ-9), which was simple to administer. Incorrect assessment at the onset can lead to multiple problems in the study, including inclusion of wrong sample and lack of significant results. Another problem was that the intervention was delivered by peers in close collaboration of the LHWs, leading to uncertainty about whether the intervention could be delivered by peers without the LHWs in the long-run.

One counseling intervention made the effort to assess the effectiveness of a group psychological intervention to improve mental health in women suffering from post-conflict trauma (Rahman et al., 2019). Results showed that women in the intervention group had significantly lower mean total scores on the Hospital Anxiety and Depression Scale than women in the control group. However, there were several limitations with the study. First, participants were not masked to the intervention and control conditions. Secondly, the outcomes were based on self-report questionnaires or perception-based survey that can potentially bias the results. Thirdly, there was absence of long-term follow-up, beyond the three months of intervention, which is important for women who suffer from trauma and ordeal, as they may experience repeat memories and cyclical depression (Studd & Nappi, 2012). There is critical need with psychological interventions to make them commonplace and regular services at primary level, instead of limiting them to small interventions for a limited time period (Baron et al., 2016).

Another counseling intervention also attempted to evaluate the feasibility and acceptability of a group psychotherapeutic intervention, based upon cognitive behavioral approach, to reduce anxiety and depression in women living in conflict-affected settings of Pakistan (Khan et al., 2017). Results showed that the intervention uptake was good, with group sessions considered useful by women participants. There were improvements in symptoms of depression, anxiety, general psychological profile, and

functioning. The study also showed that lay helpers can be trained to successfully deliver the intervention in the community under supervision. However, there were confidentiality issues in group sessions, preventing women from participating or sharing as much as they might have wanted to. The session timings and length were also an issue for female participants who did not have time due to multiple household responsibilities. Participants wanted some monetary incentives and when it was not provided, they lost interest and were not punctual.

One counseling intervention assessed the impact of one-on-one reproductive health counseling on modern contraceptive use (Hackett et al., 2020). Study results revealed no significant effect on contraception prevalence rate. This study was very important in highlighting that only 18% of women in the intervention area received a family planning visit in the preceding five years. The results reveal that the possible reason for low impact of health interventions is due to limited coverage by community workers. There is limited community coverage by the public sector in Pakistan. There is also very high cost involved in private sector provision. The study also published a cost evaluation and estimated that the per user per year cost was USD 484 (PKR 116,527.79), which is something that cannot be replicated by a resource-poor country like Pakistan for its large women population.

Another RCT compared the effectiveness of active (doorstep and telephonic) and passive (needs-based response) follow-up (one-on-one counseling) in sustaining the use of long-acting reversible contraceptive (LARC) (Hameed et al., 2016). The results revealed that the active follow-up approach had 5% better results than the passive approach. Telephone-based follow-up was as effective as the home-based visits in sustaining the use of LARC and was far more resource efficient. However, a major limitation of this study was that the recruitment of participants to the study was not randomized. This is because women with intra-uterine device (IUD) implants and telephones had to be sampled. In Pakistan, only women from middle- and upper-class families have access to mobile phones and choose intra-uterine device implants as family planning methods.

One RCT assessed the effectiveness of cognitive-behavioral counseling on the rate and duration of exclusive breastfeeding during the first six months of an infant's life (Sikander et al., 2015). Results revealed that 59.6% of mothers in the intervention and 28.6% in the control were exclusively breastfeeding post the intervention. Also, mothers in the intervention group were half as likely to use prelacteal feeds for their infants.

However, again this intervention was integrated into the routine counseling practiced by LHWs, adding to their role burden. This study was also able to highlight that unidirectional intervention such as awareness for breastfeeding can ignore other challenges of women which prevent exclusive breastfeeding, such as time poverty, joint-family pressures, depression, psychosocial distress, disempowerment, and illiteracy (Hector et al., 2005).

Combination Interventions for Women's Wellbeing

There were some interesting combination interventions, which made an effort to support women's wellbeing, through multiple means. One RCT attempted to increase the uptake of institutional health services through both educational outreach and maternal health voucher system (Agha, 2011). It was found that women in the intervention group were significantly more likely to make at least three antenatal visits, deliver in a health facility, and make a postnatal visit. Purchase of a voucher booklet was associated with a 22% increase in antenatal care use, a 22% increase in institutional delivery, and a 35% increase in postnatal care use. The major limitation, however, was the lack of a control area with which to compare the findings of the project.

Another combination intervention attempted to evaluate the effectiveness of a social franchise program along with a free voucher scheme to promote awareness and use of modern long-term contraceptive (Azmat et al., 2013). It was found that social franchising and free vouchers for long-term contraceptive choices significantly increased the awareness of modern contraception. The ever use of modern contraception increased by 28.5%, and the overall contraceptive prevalence rate increased by 19.6%. A significant change (11.1%) was also recorded in the uptake of intra-uterine devices. Some limitations however included the non-random assignment of individuals to the control group and intervention group. The study was conducted in only four districts with 16 providers, and therefore generalizability may not be possible. Also, the control and experiment areas had different cultural backgrounds, which meant that differences found in control area might have been due to culture and not lack of intervention. Presence of competing health providers, providing family planning services, and operating within the areas are some of the problems.

One combination intervention attempted to provide accessible and affordable long-term family planning services through marketing, branding, and introducing a voucher scheme (Azmat et al., 2016). It was found

that the private Suraj model was more effective over the existing state-run community health model in increasing awareness about family planning methods, current contraceptive use, and long-term modern method—intrauterine device (IUD). The study was able to highlight major issues, such as the need for (i) financing upscale of the free voucher system for all women of reproductive years in the country and (ii) having dedicated and full-time community health workers (CHWs) or lady health workers (LHWs) for modern contraceptive services such as IUDs, either by increasing the existing LHW numbers or introducing a new cadre of family planning field workers.

Another combined RCT assessed the effectiveness of door-to-door services and helpline services in changing women's behavior regarding contraceptive use (Najmi et al., 2018). It was found that the contraceptive prevalence rate and use of modern contraceptive methods increased post the intervention. A significant association was also found between door-to-door counselling and the use of contraceptive methods and access to public and private facilities for modern contraceptives. However, support group meetings and 24/7 helpline use did not show any association with the use of a contraceptive method. This may be because of problems related to lack of time and attention of women in support group meetings due to household burden and also because very few women actually use the 24/7 helpline in the country as they are not active callers.

Another combination intervention assessed the impact of education sessions for safe motherhood practices, TBA training, and emergency transport system on maternal and neonatal health indicators (Midhet & Becker, 2010). Pregnant women in intervention clusters received prenatal care and prophylactic iron therapy more frequently than pregnant women in control clusters. It was also found that providing safe motherhood education to husbands resulted in better support for mothers. There was a small but significant increase in the percentage of hospital deliveries, but no impact on the use of skilled birth attendants. Perinatal mortality reduced significantly in clusters where only wives received information and education in safe motherhood. Limitations of the project included that it was difficult to control extraneous factors that may have direct or indirect impact on indicators of interest, such as women in the intervention arms sometimes shared their education materials with the women in the control arm.

One combined intervention assessed the impact of mobile health assessment, referral, doorstep visits, and educational sessions for pre-eclampsia in an effort to reduce all-cause maternal and perinatal mortality and major

morbidity (Qureshi et al., 2020). The study found that the intervention was successful in reducing stillbirths, but there was no impact on maternal death or morbidity, early or late neonatal death, or neonatal morbidity. The major limitations included (i) there were insufficient LHWs to deliver the intervention and to reach all sections of the population, (ii) the LHWs have significant tasks related to participation in the periodic polio eradication campaigns which took almost a third of their work time, and the (iii) the community engagement was not sufficient to induce awareness and behavior change.

Another combination intervention assessed the effectiveness of a subsidized, multipurpose voucher intervention to enhance the client–provider interaction for improved contraceptive counseling, modern contraception methods uptake, continued use, and its impact on equity through better targeting (Ali et al., 2020). The other part of the intervention attempted to increase uptake of postnatal care and child immunization among women from the lowest wealth quintiles. The study found no net increase in modern contraception use in the intervention area, but a low modern method discontinuation rate was evidenced. Vaccination rates for BCG, DPT, HBV, and measles increased significantly post the intervention. However, there was a major limitation of disparity in the distribution of vouchers to non-poor clients. Only 40% of the women who received vouchers belonged to the two lowest socio-economic quintiles. It is important to carefully consider options that can fully benefit the lowest quintile such as regional or geographical targeting for future family planning and immunization financing initiatives.

Health Education and Awareness Interventions for Women

There have been some interesting RCTs which attempted to provide support to women for health needs and wellbeing. One RCT assessed the effectiveness of a health education intervention for the prevention of malaria in pregnant women with children up to six months of age (Kumar et al., 2020). The study found that there was an increase in scores of knowledge and an increase in use of long-lasting insecticidal nets in the intervention group compared to the control. However, the intervention was completed in a period of three months and long-lasting effects of the intervention and true behavioral change can only be ensured if follow-up assessment is done.

Another RCT assessed the effect of a health education intervention about knowledge and practice of self-breast examination (Shallwani et al., 2010). The intervention revealed that educational interventions at the community level were successful in increasing both the knowledge and practices of women for self-breast examinations. However, this study was done in an urban community of Karachi with well educated women participants, so generalization to rural and remote women populations, who comprise majority of Pakistani women, is difficult. Also, the intervention and post-intervention assessment was a one-time activity and not followed up over time to assess its long-term impact.

Another RCT provided training and other support to TBAs to reduce perinatal and maternal mortality and reduce complications of pregnancy (Jokhio et al., 2005). The study found that there was a significant reduction in perinatal mortality of about 30% in the intervention group. However, the risk of contamination was high as the control group was also receiving services from the TBAs. One RCT assessed the impact of developing community-based communication tools to promote favorable maternal health practices (Omer et al., 2008). It was found that women in the intervention communities were more likely to attend prenatal check-ups, to stop routine heavy work during pregnancy, to give colostrum to newborn babies, and to maintain exclusive breastfeeding for four months. However, as with other interventions, this study too was dependent on the LHWs for delivery of services, adding to the existing LHW work burden.

Social, Psychosocial, or Preventive Interventions for Women's Wellbeing

Very few social, psychosocial, or preventive interventions were found, which are critically needed in Pakistan, given that the main problems faced by women are related to lack of social support and lack of preventive behaviors. One RCT attempted to provide a social support intervention to women, in groups, to enhance resilience and quality of life (Hirani et al., 2018). Results revealed that the intervention group showed improvements in resilience, however, there were no significant findings noted for quality of life. The limitations of the study included that the intervention was of too short a duration and could not show long-term impact on overall wellbeing for women. There is need for sustained and ongoing social support for women's improvement in quality of life. Also, a standardized Western scale was used as there is no validated Urdu scale to measure resilience.

Another RCT attempted to assess the health and social impacts of improved stoves on rural women who cook meals for the family in poor villages (Khushk et al., 2005). Post-intervention results revealed that there was a decline in smoke from smoke-free stoves, and a decline in symptoms of dry cough, sneezing, and tears when women cooked with smoke-free stoves. The results were not statistically significant possibly due to the small sample size. There was also no discussion of how smoke-free stoves would be provided and financed for all the women and households that need them across Pakistan.

A final RCT assessed the effectiveness of a group psychosocial intervention on maternal depression and child development (Maselko et al., 2020). No significant outcome differences between the intervention group and the enhanced usual care group were found. Reduced symptom severity and high remission rates were seen across both the intervention and enhanced usual care groups, possibly masking any effects of the intervention. Limitations of the study included (i) indicators of child socioemotional outcomes were reported by the mother in a perception-based survey and thus were susceptible to bias, and (ii) women participant interest and limited time were major issues for retention in the group sessions.

Limitations of Past Experiments for Social Protection of Women in Pakistan

Five major limitations of past interventions for women's protection and wellbeing have been identified, including (1) Problems in sampling adequacy, retention, and trial duration; (2) Challenges in preventing contamination, (3) Inadequacy of baseline assessment, perception-based surveys, and confounding variables; (4) Limitations in service quality of intervention facilitators; and (5) Limitations in funding and financing large-scale interventions.

Problems in Sampling Adequacy, Retention, and Trial Duration

It has been difficult to generalize results from interventions due to limitations in sampling, retention, and ability to randomize. In many cases the sample was too small, which can lead to insignificant statistical results and inability to generalize results at population level. A few interventions were underpowered and unable to show any significant difference between the experiment and control groups. There were also some problems related to

random sampling. For example, in some studies the control groups were purposively selected in heterogeneous regions to secure masking, but this caused problems in fair comparison between groups due to cultural differences. With some studies there was randomization, and a pre-post-test design, but no control group.

There were also reports of low consent to participate in women, due to unwillingness to partake in family planning interventions and lack of permission from husband and in-laws. Additionally, numerous studies reported challenges of low intervention attendance, and high dropouts. The reasons included (1) lack of time for intervention due to responsibilities to maintain family and cultural traditions; (2) time clash with paid work hours; (3) having recently given birth or dealing with child illness; (4) not considering mental health or social interventions to be of value; (5) loss of interest and not having time to continue; (6) distance from location in the community where intervention was being held; and (7) inability to remain in longer and regular interventions where women had to meet with intervention facilitators more than once a week. Alternatively, short duration of trials, served as a serious challenge in preventing assessment of long-term behavioral change and most studies reported that they needed to deliver the intervention for a longer period to show better impact or reliable results.

Challenges in Preventing Contamination

Many of the interventions were unable to prevent contamination, thus decreasing the observed difference between the study arms and diluting the effects of the intervention. Contamination was caused by (i) having the same facilitator delivering services to the control and experiment group due to staffing shortages, convenience, and cost constraints; or (ii) the inability to blind participants due to small geographical sampling. As many interventions were integrated into existing government schemes, such as the LHW program, the regular and routine visitation by LHWs and counselors to the control groups had benefits of social support and therapy, leading to improvement in the control groups as well. With some projects it was difficult to isolate group and experiment members, as women lived near to each other and had begun to discuss things learnt in the intervention related to health education or counseling sessions. The

biggest problem with contamination is that the results of the intervention and the comparison between the experiment and control group are not entirely valid or dependable, thus compromising plans for upscale or relevant policy delivery.

Inadequacy of Baseline Assessment, Perception-Based Surveys, and Confounding Variables

Planning of effective interventions is highly dependent on baseline data collection. Baseline information helps to assess the effect of the program and to compare what happens before and after the program has been implemented. Many of the interventions were unable to gather baseline data at all. There were also some problems in studies related to using inaccurate baseline data to incorrectly stream experiment and control group. The major problem with inaccurate baseline data is that women who are not eligible or rightful beneficiaries may start gaining from the scheme, while the deserving may remain deprived.

Most of the interventions also assessed outcomes based on perception-based surveys. The problems of perception-based surveys include (1) risk of recall bias—with women not remembering what their experiences were; (2) social desirability bias—which can compel women to record responses which show them favorably or appeal to the data collector; and (3) lack of representativeness. An example of the latter is a mother who must respond on behalf of her minor daughter and may not share all the problems related to child neglect. In fact, with longer interventions and closer relationship between women and intervention facilitator, there is high risk of outcome results not reflecting actual reality, when they must show efficacy and efficiency of the facilitator. In some cases, women may over-report adversity and problems if they believe they will get more funds or benefits.

Inability to measure confounding variables was also a concern, with studies unable to report the effect of unobserved variables. In most community-based interventional studies it is difficult to control for extraneous factors that may have direct or indirect impact on primary outcomes. For example, assessing outcomes for maternal depression may be affected by complex environmental interactions, not all of which are included in the analysis, such as social support, family living arrangements, head of household, nutrition, place of delivery, and pregnancy complications.

Limitations in Service Quality of Intervention Facilitators

In most interventions there were serious limitations with regard to the quality of service delivery by the intervention facilitators. Most studies relied heavily on delivering interventions by existing providers, such as the LHWs, who, though well accepted by the community, are critically overworked. Existing workload of LHWs includes, but is not limited to vaccination, family planning, health referral, and counseling. Because of LHW shortages and excessive work burden, many women are unable to receive services all together, or gain limited and low quality services. Similarly, studies that intervened with LHWs and community midwives also showed limited acceptance by women in the community due to low experience and training of the providers. Interventions also highlighted the limited training of women community health workers (CHWs) for semi-technical procedures or clinical assessments. Some interventions relied on briefly training peers and laywomen from the community to deliver services, and though this relieved the burden on existing providers there were issues of inexperience, lack of skills, low commitment for job, and uncertainty in retention of laywomen. Studies also pointed out that CHWs in the country suffered from lack of incentivization overall due to low pay, lack of support from employer, and difficult and unsafe work conditions.

Limitations in Funding and Financing Large-Scale Interventions

Limits and constraints to financing interventions or funding large-scale programs were salient issues preventing upscale and repeatability. Limited financing also prevented sampling adequacy, quality of intervention, and length of intervention, thus compromising the desired outcome on women's wellbeing. As randomization in trials needs greater financing; many project leaders had to opt for non-randomized and quasi-experimental studies or exclude a control group due to lack of funds. Funding limitations also limited preliminary assessment and inclusion of basic clinical tests, which are important for baseline and provide better information about actual circumstances. Similarly, low funds prevent interventions with digital technology and Wifi, which are needed in contemporary times to improve information and communication access for women. Interventions that targeted financial vouchers, clearly reported that their project was costly, and they were not sure about how to advise

government for upscale to poor women groups. Apart from conditional vouchers, women also need funds for miscellaneous and expanded protection, for example, transport, accommodation, school tuitions and so conditional financial vouchers need to be supplemented with poverty alleviation schemes.

The studies revealed that many poor women groups needed financial assistance for (1) purchase of medicines and advanced tests; and (2) purchase of mobiles and other technological equipment for online communication. Even when private providers deliver social services to women, studies showed that they need a high degree of financial motivation in order to serve the poor and increase outreach. If the state is required to subsidize and give tax credits to private providers for social services, there is concern that the government will be left with less revenue for social welfare.

Concluding Recommendations for Designing Better Experiments and Pilot Interventions Before Launch and Upscale of Protective Programs for Women

It is imperative that Pakistan implements pilot interventions, based on randomly controlled designs, so that before upscale or launch of formal social policy schemes, there is reasonable evidence for estimated success and impact on women's wellbeing. There are some problems with the RCTs and experiment-based interventions discussed in this chapter. First, there are very few interventions that have targeted to improve women's wellbeing and help build a social protection floor in the country. Secondly, majority of the studies are sampling only women of reproductive years and those that are accessible—living in urban regions and already receiving services from the community or Lady Health Worker program. There were also problems in erroneous sampling, with some women receiving services when they were not eligible. Thirdly, most of the interventions have targeted to improve mental health and reproductive health but failed to consider other areas requiring attention. In this way, many women groups and diverse social protection needs have been ignored. It is also important to consider that different women groups might require different versions of support and slightly different policy support. Unless they are sampled and included in pilot projects, prudent policy will not be designed and planned to suit their needs.

We learn some important lessons for future pilot projects and interventions and upscale for protective programs from this chapter. It is important to sample randomly with control groups and to take an adequate sample from across different provinces to assess differences in regional barriers and uptake. There is need for more efforts and planning for retention of women in interventions and social protection schemes. High refusal to be part of interventions and high drop-outs indicate that there are considerable cultural barriers to participation, due to (1) fear that the program has Western influence and may involve long-run problems such as threat to fertility, and (2) fear that social interventions may bring a change in traditional social norms and practices. There needs to be careful planning and assessment to collect baseline data, so that an appropriate sample can be selected, and relevant protective intervention delivered. Care must be taken to prevent contamination, so that the difference between the control and experiment groups can be reliably identified. Similarly, a careful intervention design must be planned to decrease the impact of confounding variables, through statistical control and randomization.

Ideally, a combination of interventions and multi-sector collaboration is a better approach to ensure comprehensive social protection of women. Not only were most interventions isolated in their one-stream provision, but they also failed to consider the availability of follow-up or partner services. For example, a literacy intervention to improve maternal health consultancy would remain ineffective if there is no provision for emergency obstetric care and availability of maternal health clinics in the community. Similarly, women who are provided interventions for life quality in one area, for example, finance voucher for adult literacy, must also be supported in other areas of their life, such as provision for childcare and relief from household duties. To avoid the risks of perception-based surveys, the single method of data collection must be replaced with data collection in triangulation inclusive of focus group discussions, participant observation, clinical data, and interviews with relevant groups, such as community members, family members, local officials, and other stakeholders.

It is extremely unfair and unreasonable to utilize existing workforce, such as TBAs and LHWs, for delivery of social protection as they are already burdened by excessive tasks and low pay. Instead, there is need to develop a separate workforce to deliver the diverse social services for women. There is also need to take care of adequate training for

intervention facilitators and service providers and to provide them with fair and competitive remuneration to ensure job commitment and quality of services. Care also must be taken to ensure that interventions and future schemes for social protection are not difficult and burdensome for women to avail. Women who face bureaucratic hurdles or time delays will not avail services as women have multiple roles and burdens in Pakistani society. Most interventions and programs are being implemented where there is existing infrastructure and government presence, for example in areas where public schools and primary health are functional, and there are no interventions and services being delivered in underdevelopment and underserved areas. Thus, there is thus to deliver pilot projects and introduce social protection schemes in rural and remote areas of the country. Finally, inadequate funding of past interventions creates significant problems in preventing adequate sampling and delivering a pilot project for a sufficient amount of time to show impact. Much of the original design for the intervention is also compromised due to low funding. Thus, a complete cost analysis of pilot projects is essential to plan financing and upscale of social policy for women.

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CHAPTER 10

South Asia's Collaboration for Women's Protection and Social Policy

Introduction

Afghanistan, Bangladesh, India, Nepal, Pakistan, and Sri Lanka account for over 95% of the South Asian population. Approximately 49% of the population of these South Asian countries comprise women, which is around 1 billion of the world population. Apart from geographical proximity, these nations have much in common in terms of culture, language, ethnicity, and religion. More importantly, and of relevance for this chapter, the women of South Asia have much in common with regard to social rank, social power, and having to face inequalities and subordination in society. Majority women in the region have similar socio-demographics, such as belonging to rural areas, low literacy, unemployed status, low wealth status, and sole responsibility for home and child care (Raghuram, 2008). Most of the working women of South Asia are employed in the informal sector and face problems related to lack of employee social security, permanent work contracts, and workplace safety (Bloch, 2020). In all South Asian countries, the culture and traditional order is dominated by patriarchy, allocating men more power to control resources and access greater opportunities through the life course.

With increased globalization and pressure by international organizations, like the United Nations, developing regions have been compelled to place gender equality targets in their policy plans. South Asian governments particularly have been developing action plans for women's

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protection in an attempt to close the gender inequality gaps which are part of both the culture and structures of South Asian society (Kelkar, 2013). In 1985, six countries of South Asia—Bangladesh, India, Maldives, Nepal, Pakistan, and Sri Lanka—joined the South Asian Association for Regional Cooperation (SAARC), with the aim of promoting welfare for the people of the region and developing a set of policies toward this goal. However, this regional cooperation has not yielded any benefits or policy formation (Bishwakarma & Hu, 2022). South Asian countries report some of the lowest per-capita gross domestic product (GDP) in the world and score lowest on the Social Protection Index, with least spending on social protection to GDP ratio.

All South Asian governments had previously committed to the Millennium Development Goals (2002) and recently to the Sustainable Development Goals (SDGs, 2015). Plans to meet the SDG goals for women's development, specifically related to "Gender Equality"; "Good Health and Well-being"; "No Poverty"; "Zero Hunger"; and "Peace, Justice and Strong Institutions", are part of formal drafts in all South Asian countries. However, where South Asia lags is in realizing its potential for SDG Goal 17, which is "Partnerships to achieve the Goal." There has been inability to collaborate or develop partnership in the region and instead there is greater belief that SDG Goal 17 implies collaboration with the Global North. This lack of collaboration may be why, despite serious commitments and planning in the last two decades, actual implementation and outcomes for women's development in the South Asian region has not been impressive (Bhopal, 2019). It is now time to move forward and collaborate for an effective and productive partnership to collectively improve women's protection and development in the region.

Cultural Barriers to Gender Equality in South Asia

There are cultural, environmental, and historical reasons for low prioritization of women's development agendas in South Asia. Immense cultural barriers and religious fallacies exist which prevent the adoption and implementation of protective policy for women's equality and inclusion. The region ranks high in multiple areas of inequality, such as women's rights, interfaith conflict, and class stratification (Thapa et al., 2021). In fact, South Asian governments have been known to appease religious leaders and support traditional family values by supporting the domesticity of

women. There are many examples of this, some of which include low upscale of family planning (Zaidi et al., 2017), lack of increase and adherence to quotas for women's employment in the public and private sector (Omvedt, 2005), and lack of monitoring and mandatory enrollment of girls in schools (Pandey, 2005).

Socio-cultural barriers are known to be monumental barriers, which can prevent governments from moving in a linear path toward women's development, despite reforms in laws and constitution (Deacon, 2007). Across South Asia there are traditional communities, patriarchal families, and religious leaders who do not allow women control of decision-making related to health, education, marriage, fertility, and income-earning. This is also why many laws, despite existing, for example, for child marriage, primary education, corporal punishment, child labor, fair quotas for women's employment, and inheritance laws, are part of the constitution, but not implemented or adhered to in practice, with government and legal bodies unwilling to take action in order to appease traditional sentiments and religious beliefs (Bajaj & Kidwai, 2016). It would not be wrong to conclude that South Asia is a distinct region of the world where culture and religious interpretations can play a powerful role in preventing adherence to the constitution and implementation of laws.

Common Challenges Facing Women of South Asia

South Asian countries have a history and current crises of conflict, civil war, natural disasters, refugee crisis, and political instability. Regional instability and conflict have also been a cause for low prioritization for women's development policy in the region. Most South Asian countries are not united and have little solidarity due to having been at war with each other in the past, resulting in low trust and high animosity (Smith, 2015). The youth in many South Asian countries, like Bangladesh, India, and Pakistan, are socialized early on by family and school curriculum about their history of enmity and violence (Tripathi & Raghuvanshi, 2020). This hatred and mistrust have contributed to lack of collaboration and partnership for trade or policy development in the region. Most South Asian governments have also been suffering from long years of political instability and corrupt governance (Bhattacharyya, 2007). There has been almost no sincere commitment for regional collaboration, cooperation for trade, or efforts for conflict resolution, which have reaped any viable benefits (Timilsina et al., 2015).

It is also true that South Asia has faced a significant amount of foreign intervention due to its geopolitical location and rich resources for many decades (Dos Santos, 2007). Foreign intervention and instability has been a cause for rise in fundamentalism, extremism, and instability for many years (Ahmed, 2011). In times of conflict and instability, it is the women of South Asia who have suffered the most, with regard to facing inequalities and neglect in social protection. Geography and climate also play a large role in how women's protection has been neglected in the region. South Asia's geography and demographic setting comprises rural, mountainous, and desert locations, which are difficult to develop and have almost no provision for social and public services and infrastructure (Sabharwal & Berman, 2017). Governments have been prevented from providing adequate services for health and schooling in majority remote and rural locations, as well as in regions facing conflict and natural disasters.

South Asian countries also have a common inheritance of colonialization. Colonial rule has been responsible for the provision of social security to the formal sector working population, with exclusion of other population groups (Kabeer, 2009). Thus, women working at home, informal sector working women, disabled and unmarried women remain the most neglected and deprived of population groups in the region. Women belonging to lower class families and devoid of inheritance from their families are especially vulnerable, as they are usually illiterate or semi-literate due to poverty and thus become life-long dependents on male relatives. When social assistance is available for women of South Asia, such as non-contributory cash transfers or employee social security, major challenges remain. Non-contributory cash transfers have not benefited women in the region due to the amount being too small to support emergence from poverty (Tebaldi & Bilo, 2019). For the few working women in the formal sector with regular income and pension, there is concern that the patriarchal culture prevents women from spending their income autonomously (Kelkar, 2005).

South Asia has the largest women population group that live below the international poverty lines and the largest population group in the world facing chronic poverty, at an estimated 200 million (Chakraborty, 2001). South Asian women are almost entirely excluded from accessing social insurance schemes including income security, health insurance, unemployment security, old-age benefits, minimum wage security, maternity benefits, and disability insurance (Tebaldi & Bilo, 2019). There are some

common regional reasons for this neglect in social insurance access for women, including (i) absence of insurance markets, (ii) social insurance provision is limited to the private sector, (iii) most women are self-employed and part of the informal sector, and (iv) majority women are found in rural and remote areas, making outreach by state and private providers difficult, if not impossible.

Another major contemporary issue for South Asia is not just how to protect its women over the life course and pull them out of poverty and powerlessness but how to support them during disasters and emergencies (Sultana, 2014). Natural disasters and conflict in South Asia have been a cause of multiple problems for women in the region, including homelessness, displacement, loss of livelihood and food insecurity (Jejeebhoy et al., 2014), and higher risk of health problems, injury, and violence (Jafree & Mukhopadhyay, 2020). Specific areas and regions of South Asia are more prone to natural disasters and with global warming showing its effects in recent months, natural disasters and the impact on women and children remain uncertain, on the rise, and deeply unsettling. The extent of family loss, homelessness, and violence faced by women in the recent Pakistan floods of 2022 are testimony to the urgent need for South Asia to collaborate for pre- and post-disaster management and women's protection on a priority basis.

South Asian women have another dire social problem in common. They face extremely high rates of violence and abuse. Most South Asian women are known to have experienced intimate partner violence and domestic violence once in their lifetimes (Jejeebhoy et al., 2014). South Asia is known for its high rates of women-based crimes including female infanticide (Fikree & Pasha, 2004), honor killing (Niaz, 2003), forced conversions and marriage (Gaborieau, 1985), and rape and other gender-based violence (Bano et al., 2009). Different forms of human trafficking of South Asian women, including sex trafficking, forced labor, and debt bondage, are also a common problem (Huda, 2006). Human trafficking has been ongoing for many years in the area due to poverty and political instability. Resisting violence and becoming advocates for more protection and security is difficult for South Asian women, as they historically have little social power and agency. They face serious restrictions from family and community to their decision-making (Smith & Byron, 2005), mobility and activism (Bagguley & Hussain, 2016), and reporting of violence (Niaz, 2003).

Social Sector Spending in South Asia

South Asian governments have the lowest expenditure on women's development and social protection in the world (Bhutta et al., 2004). We can see in Table 10.1 that apart from Sri Lanka all the other nations in South Asia rank critically low in the Human Development Index (HDI), which includes scores for mean years of schooling, expected years of schooling, life expectancy at birth, and gross national income (GNI) per capita. All the countries also rank low in the Gender Development Index (GDI), which means that the women of South Asia have significant gender gaps in human development achievements, or disparities with men, in the three dimensions of long and healthy lives, knowledge, and decent standard of living. Afghanistan and Pakistan have the lowest ranking for both HDI and GDI. Life expectancy for females is lowest in Afghanistan and Pakistan, as are average expected years of schooling. Similarly, GNI per capita is lowest in Afghanistan and Pakistan, which is indicative of low purchasing power parity for women belonging to these nations.

There are significant similarities, but also differences across South Asia with regard to the level of development. The HDI is extremely low for some countries (e.g. Afghanistan and Pakistan), and acceptable for others (e.g. Sri Lanka and Nepal). Poverty, income inequality, and social exclusion of women are the main areas keeping HDI low overall in the region. Compared to other regions of the world, South Asia spends the least on social policy (0.90% on social welfare; 3.37% on education sector; and 0.95% on health sector). There is wide discrepancy within countries. Afghanistan has no social welfare spending, and Pakistan, Bangladesh, and Sri Lanka are spending negligible amounts (less than 0.7%). Bangladesh, Pakistan, and Sri Lanka are spending the least on the education sector, 2.8% or below. In a similar pattern, the three countries spending the least on the health sector include Afghanistan, Bangladesh, and Pakistan (less than 0.7%). The Social Protection Index results by the Asian Development Bank confirms that men receive more social insurance than women in South Asia (McKinley, 2016). Majority of the populations in South Asia receive social insurance support (73.0%), followed by social assistance (24.3%) and labor market programs (2.7%).

Table 10.1 Social indicators pertaining to females living in South Asian countries

	Afghanistan	*Bangladesh*	*India*	*Nepal*	*Pakistan*	*Sri Lanka*
Human Development Index (HDI) rank[a]	169	133	131	142	154	72
Gender Development Index[a]	0.66	0.90	0.82	0.93	0.74	0.96
HDI Females/men[a]	0.39/0.59	0.59/0.66	0.57/0.69	0.58/0.62	0.45/0.61	0.75/0.79
Life expectancy females/men (years)[a]	66.4/63.4	74.6/70.9	71.0/68.5	72.2/69.3	68.3/66.3	80.3/73.6
Years of schooling females (years)[a]	7.7/12.5	12.0/11.2	12.6/11.7	13.0/12.6	7.6/8.9	14.5/13.8
Gross national income per capita, females/men in USD[a]	819/3566	2873/7031	2331/10,702	2910/4108	1393/8412	7433/18,423
Social welfare spending[b]	–	0.7%	1.5%	1.3%	0.6%	0.7%
Education sector spending[b]	3.9%	1.5%	3.8%	5.1%	2.8%	2.8%
Health sector spending[b]	0.5%	0.4%	1.0%	1.1%	0.7%	1.6%

[a]Statistics from ADB Report, 2019, https://hdr.undp.org/data-center/documentation-and-downloads

[b]Statistics from World Bank, 2019, https://bit.ly/2ygCMRf; https://databank.worldbank.org/source/poverty-and-equity

Individual Country Assessment: Women's Status and Social Policy Efforts

Table 10.2 summarizes the key socio-demographic indicators of women in South Asia. A major challenge facing countries like India, Pakistan, and Bangladesh is how to manage and deliver social protection to the large women populations (combined crossing 861 million women). Budget allocation for social policy in these countries and upscale plans will have to be much larger compared to other countries of the region. For all the

Table 10.2 Key socio-demographic indicators of women in South Asia

	Afghanistan	*Bangladesh*	*India*	*Nepal*	*Pakistan*	*Sri Lanka*
Female population as % of total population[a]	48.7%	49.5%	48.0%	53.9%	48.5%	52.1%
Female population in millions[b]	19.40	82.27	669.43	15.99	109.31	11.54
Total rural population %[c]	74.0%	61.0%	65.0%	79.0%	63.0%	81.0%
Female literacy (years 15 and above)[d]	17.0%	72.0%	66.0%	60.0%	46.0%	92.0%
Female labor force participation[e]	17.4%	30.4%	20.3%	55.0%	20.2%	33.6%
Employment of females in agriculture[f]	65.0%	58.0%	55.0%	74.0%	65.0%	28.0%
Female share in senior and middle management[g]	6.0%	12.0%	18.0%	14.0%	8.0%	26.0%
Fertility rates (birth per woman)[h]	4.2%	2.0%	2.2%	1.8%	3.4%	2.2%
Maternal mortality (per 100,000 live births)[i]	1194	215	143	250	250	43

Notes: World Bank Data, 2019,

[a]https://data.worldbank.org/indicator/SP.POP.TOTL.FE.ZS?locations=8S&name_desc=false

[b]https://data.worldbank.org/indicator/SP.POP.TOTL.FE.IN?locations=8S

[c]https://data.worldbank.org/indicator/SP.RUR.TOTL.ZS?locations=8S

[d]https://data.worldbank.org/indicator/SE.ADT.LITR.FE.ZS?locations=8S

[e]https://data.worldbank.org/indicator/SL.TLF.TOTL.FE.ZS?locations=8S

[f]https://data.worldbank.org/indicator/SL.AGR.EMPL.FE.ZS?locations=8S

[g]https://data.worldbank.org/indicator/SL.EMP.SMGT.FE.ZS?locations=8S

[h]https://data.worldbank.org/indicator/SP.DYN.TFRT.IN?locations=8S

[i]https://data.worldbank.org/indicator/SH.STA.MMRT.NE?locations=8S

countries, it is also important to have consistent monitoring of budget utilization to assess if the diverse women population groups are benefiting from social inclusion and where the gaps are. This way swift reform of policy will be possible and invisible or underserved women population groups will be included in the protection schemes.

Majority of the South Asian women reside in rural and remote areas, between 61% and 81%. Female labor participation rates are critically low (Afghanistan = 17.4%; Pakistan = 20.2%; and India = 20.3%), and the predominant occupation is agriculture (Nepal = 74.0%; Afghanistan/Pakistan = 65.0%; and India and Bangladesh = above 55.0%). Very few women of South Asia are found working in management positions (Afghanistan = 6.0%; Pakistan = 8.0%; and Bangladesh = 12.0%). Fertility rates are high (Afghanistan = 4.2% birth per woman; Pakistan = 3.4%; and Bangladesh/India and Sri Lanka = above 2.0%), as are maternal mortality rates (Afghanistan = 1194 per 100,000 live births; Pakistan and Nepal = 250; and Bangladesh = 215), implying that women in the region face pressure for reproduction and fertility.

Afghanistan

Afghanistan has been plagued by turmoil and conflict for many decades now, both from internal conflict and foreign intervention, with women remaining primary victims. Years of deprivation have resulted in only 14% of the women being literate and maternal mortality rates being the highest in the world (Raghuram, 2008). With the Taliban back in power in 2021, one of the main population groups to suffer from extremist policies are the women of the country. Women have become isolated again, with restrictions on mobility and education. Though women remain resilient and aware of their basic rights, there is not much they can do as subjugated members of society. Though the other South Asian countries analyzed in this chapter have strong representational groups and advocacy for women's development and equality, Afghanistan lags in this area. High poverty levels have led to increased violence against women, and high incidence of female child labor and child marriage. In recent days, it is not unknown to hear that a female child in Afghanistan is sold due to poverty (Shoib et al., 2022). About 20% of Afghan women occupy government positions, but in low-ranking positions that do not have voice or scope for any significant change in women's access to basic human rights, laws, and social inclusion (Akbari, 2020). Possibly the two areas that women need the most urgent

help in is safety and mental health counseling, as they have been facing severe conflict and violence for many years now (Cardozo et al., 2005).

In 2019, the Afghan Parliament approved the Law on Protection of Child Rights, which set the legal definition of a child below the age of 18 years, and provided a legal framework for promoting, protecting, and guaranteeing children's basic rights, including access to services for birth registration, health, education, vaccination, and social protection. However, female children in Afghanistan remain deprived of these basic rights. There has been great pressure by international organizations, such as the United Nations, for the Afghanistan government to adhere to the Convention on the Elimination of All Forms of Discrimination Against Women, which it has ratified, but there is little political will to do this and no concrete policy reformation for women's protection and social inclusion (Powell, 2014). A review of the recent budget allocations shows that only 2.6% of social protection expenditure (or 0.1% of the country's budget) goes to poor families with male household heads, old people, and survivors of conflict, and very little to the majority women who are destitute and needy (UNICEF, 2021). Overall, the Talibanization of society and laws has left females completely bereft of any protective policy efforts in the country and at the mercy of provision by male relatives, who are predominantly poor and deprived themselves.

Bangladesh

Bangladesh frequently faces natural disasters such as cyclones and floods, despite which it is economically better off than many of its South Asian counterparts. This is mainly due to better governance and steady annual growth rate. However, women in the country face several challenges, the main ones being lower opportunities for higher education and professional jobs, unfavorable maternal health indicators, and high incidence of violence (Raghuram, 2008). Poverty alleviation schemes, led by the Grameen model, have been extremely successful in providing poor women loans for small business mobilization, but the impact has been limited in its reach, and there has been no significant change in poverty levels of women (Rahman et al., 2017). Majority of the women are involved in agriculture and the garment industry, with very few represented in government offices or senior management positions (Hossain & Tisdell, 2005). Both unemployment and underemployment of women is high in the country, mainly due to lack of job opportunities and low prioritization

by policymakers for women's development (Fan et al., 2000). Women in Bangladesh also face significant terror due to human trafficking and common incidences of violence against females in the country, which have been ignored by the state and the legal system, leaving women dependent on accessing help from private NGOs, if they are available (Halim Chowdhury, 2007).

Bangladesh has made some efforts to provide social support to its population and has a National Social Security Strategy which aims to build an inclusive social security system for all deserving people and to remove poverty (Idris, 2022). Efforts to improve food security have included (i) the open market sales, so that basic food items like rice are available for all the people; and (ii) vulnerable group feeding by the Ministry of Disaster Management and Relief to support people during the frequent natural disasters. Most notable is the support for improving literacy through the (i) Primary Education Stipend Programme, and (ii) scholarships for girl children. Employment schemes for decent work have also been launched, including the (i) Test Relief Cash Transfer Program, which provides cash to people in exchange for repairing public roads, drains, and culverts; (ii) the Rural Employment and Road Maintenance Programme; and (iii) the Employment Generation Programme for the poorest groups. There are also microcredit schemes run and initiated predominantly by NGOs in the country. Income schemes are available for widowed, deserted and destitute women and through the vulnerable group development, along with old age pensions for the working population and gratuitous relief funds for people affected by emergencies and disasters. However, there are no significant policies for the holistic development of all women groups in Bangladesh (Mahmud, 2002). Moreover, the efforts are piecemeal and do not spread across all the deserving and needy population groups. Some argue that the policy reforms in the country have been inspired by electoral politics and populist measures leading to major gaps and leakages in protection for women overall (Begum et al., 2021).

India

India also has a history of conflict from the years of partition to its wars with Pakistan and the current and ongoing territorial dispute over Kashmir. It is also known to suffer from natural disasters and climate change. Though India is one of the fastest growing economies in the Global South, the state of women in the country is known to be dire (Mokta, 2014).

Caste-based differences and social stratification have historically hit women the most in India, preventing them from social mobility and professional gains (Sabharwal & Sonalkar, 2015). Women face considerable barriers to health and education, with maternal mortality rates being one of the highest in the world (Raghuram, 2008). Due to preference for sons and cultural traditions, female feticide and violence against women are also high (Johnson & Johnson, 2001). One of the most neglected areas for women has been identified as the absence of counseling centers and shelters for abused women across the country, which are ignored by policymakers and not considered socially acceptable as women are encouraged to remain within their homes and with family (Panchanadeswaran & Koverola, 2005). Most women facing subjugation and inequalities in the country are forced to turn to NGOs and private organizations for assistance, as support from governing bodies, local or central, is not available. Work participation of women is around 25%, but the dominant occupation for females is in agricultural and the informal sector (Sharma, 2013). With a population of almost 640 million women, the Indian government has been making efforts over the years to introduce various training and development programs to encourage income generation and entrepreneurial activities in women and exploit the gender dividend. However, major issues in state initiatives include limited funding, low outreach to the majority rural and remote women populations, and neglect of interventions to remove cultural barriers which prevent mobility and capacity building of women.

India has a large number of social protection programs which cater to different segments of the population, at central and state levels (Kumar, 2005). To improve food security for the large population the government has made the following efforts: (i) targeted Public Distribution Scheme, through which each state is required to deliver food grains through Fair Price Shops; (ii) introduced a National Food Security Act (Ordinance), which aims to provide subsidized food grains to all the poor and needy across the country; and (iii) initiated school midday meal program at primary level. To improve education, there have been efforts such as (i) Right to Education, which legislates free and compulsory education for all children between 6 and 14 years; and (ii) the Ladli Lakshmi Yojana, which is an initiative of the Madhya Pradesh state government for improving the health and educational status of girls. The scheme also aims to prevent female feticide and girl child marriage and to, overall, improve social support for the birth of the girl child. India has also been the first in South Asia to recognize the problems of rapid urbanization and introduced the

Jawaharlal Nehru National Urban Renewal Mission, with the aim of improving urban infrastructure and service delivery mechanisms in large urban cities. There have been numerous state efforts for health provision, including (i) the National Rural Health Mission to provide accessible, affordable, and quality health care to the rural population, especially the vulnerable groups, and (ii) the Swasthya Bima Yojana, which provides health insurance to the poor and informal sector workers who do not have employer protection. Specific schemes for maternal health have also been implemented, including (i) the Janani Suraksha Yojana and (ii) the Indira Matrutva Yojana, which provides family planning services and cash assistance for delivery and post-delivery care.

Significant employment schemes for decent work have also been introduced, such as the (i) the Mahatma Gandhi National Rural Employment Guarantee Act, which aims to enhance livelihood security in rural areas by providing at least 100 days of wage employment in a financial year to at least one adult working member of every household; (ii) the Dhanalakshmi Yojana, which aims to provide parents with insurance for educating their daughters and also cash transfers to women for poverty relief; and (iii) the Unorganised Worker Social Security Act, which aims to provide social security and welfare to informal workers. Numerous other income transfers for the poor and needy, such as direct cash transfers for the poor, widow pensions, and old age allowances, have also been part of the social protection plan in India. However, despite India being touted as one of the largest social welfare states, there are some major problems facing the country's planning for social protection overall and for women specifically (Kapur & Nangia, 2015). First, the data about impact on women beneficiaries is not available or incomplete. Second, the services are not universalist and women beneficiaries are few in number. Lastly, the wide needs of women are unmet and specific protection for their comprehensive safety net has not been considered.

Nepal

Nepal is also an agriculture-dominated economy, with a complex political scenario which has included years of conflict between the monarchy-led government and the Maoist insurgents. Guerrilla warfare, civil strife, and governing instability have deprioritized development of women in the country (Raghuram, 2008). There is complete state neglect for enforcement of equal rights for women, equal right to vote, or quotas in the

parliament and government offices. Poverty and unemployment levels are extremely high in the country, and the poorest households remain the women-dominated households. War and conflict have resulted in many widows who have to manage their homes and children as single parents without support from male relatives or the state, leading to immense deprivation and poverty in such families (Weinbaum, 1996). Majority women are involved in unskilled work and agricultural labor. Both rural and urban women of Nepal have high rates of illiteracy, with limited access to health and support services (Atteraya et al., 2015). The incidence of violence and human trafficking facing Nepalese women is also high, with caste-based discrimination and overall low status of women understood to be the main cause for low security and exploitation (Joshi et al., 2008). The maternal mortality rates are high, with almost 40% of women facing some form of domestic violence in their homes due to the patriarchal culture and lack of assets or resources owned by disprivileged women which deprives them of social power (Paudel, 2007).

Nepal's Education for All project was executed with the help of foreign donors and aimed to (i) build institutional capacity for education, (ii) improve the efficiency and quality of education services, and (iii) improve equity in access for girls and students from disadvantaged communities. The project has been successful, though there are issues of low-quality services and inferior learning outcomes, which need to be addressed (Vaux et al., 2006). Under the universal health policy, all citizens are eligible to access primary-level and district hospital care, and gain free outpatient, emergency, and in-patient services, as well as drugs. Nepalese government also allocates a Birthing Grant to encourage institutional deliveries. Similar to the universal education policy, the health policy in Nepal suffers from inefficiencies and low quality, with resources and drug supplies commonly known to fall short affecting patient trust and health outcomes adversely (Subedi, 2015). There are some employment schemes to promote decent work, including the (i) food and cash for work programs, in which people are provided short-term employment and food and cash benefits for working on community development projects; and (ii) the Karnali Employment Program, which provides 100 days of guaranteed wage employment to at least one unemployed family member in every household. There are also microfinance schemes and crop and livestock insurance schemes provided by the state, including a Poverty Alleviation Fund.

Nepal also has a school midday meal program which aims to improve school enrolment and food security in children. There are other social

assistance policies, such as (i) the Social Welfare Act, which aims to conduct social welfare work through coordination, resource mobilization, and promotion of social organizations at community level; and (ii) the Remarriage Grant, which aims to support widows by providing men a grant to marry them. There are numerous age-related policies, such as the (i) Universal old age pension, (ii) Social Security and Protection of Senior Citizens Act, (iii) Children Welfare Act, and (iv) Child protection Grant. Taking into consideration the political and ethnic circumstances of Nepal, specific support is provided such as (i) an allowance for people affected by armed conflict; (ii) a Protection and Welfare of Disabled Persons Act/Disability allowance; (iii) education grants for girl children and excluded castes; (iv) an allowance for threatened ethnic groups; and (v) expenses allowance for inter-caste marriages. Nepal has adopted a universalistic and rights-based approach to protection, but persistent conflict and multi-party governments have overall made execution of social protection in the country inefficient (Upadhyay, 2021). The size of most social protection benefits are small, the beneficiaries limited, and the plans for fiscal funding for universal coverage unclear (Drucza, 2015).

Pakistan

Like its South Asian neighbors, Pakistan has faced years of conflict and violence from internal insurgents, wars with India and Bangladesh, and foreign intervention. It has struggled to maintain democracy or fight political corruption since independence (Qureshi et al., 2010). Despite lack of governing stability, some years have shown economic growth, but this has not included social development or equal opportunities for women. Pakistan's women face all kinds of barriers to progress related to culture and traditions, and also natural disasters and displacement (Bushra & Wajiha, 2015; Memon, 2020). There is low female labor participation in the country, and very little representation of women in government offices or positions of power (Birner et al., 2006). Despite investment in the Lady Health Worker Programme and reproductive health, the maternal mortality figures are some of the worst in the world (Douthwaite & Ward, 2005). Other health indicators related to chronic disease and infectious disease are also not favorable, and this is mainly due to low literacy, social barriers to empowerment, and low prioritization by policymaking for women's development overall (Jafree, 2020). Majority women in the country belong to rural regions and are part of the agricultural or informal

workforce. Violence and malnutrition rates in women are high. Again, private women development NGOs are the main voice in the country to bring attention to the conditions of women and for advocacy. Pakistan has one of the highest budget allocations for the male-dominated military sector, which has excluded investment for women's development and also contributed to keeping women's role in society reduced to a reproductive role (Mazurana & McKay, 2001).

Much has already been covered in this book about the existing social protection services in Pakistan and their respective limitations for women's protection. To summarize again, the major efforts in the country have centered around the Benazir Income Support Program, which has been limited in outreach and focused only on small cash transfers to poor women. The Ehsaas Emergency Cash Programme during the pandemic was a one-off cash transfer which supported needy families but had no lasting impact on wellbeing. The ambitious Ehsaas Program aimed to transfer Pakistan to a social welfare economy, but due to political unrest, plans for execution have been thwarted. Some parts of the Ehsaas Program scheme that were rolled out including the Sehat Sahulat health insurance card for hospitalization and the universal healthcare scheme in Khyber Pakhtunkhwa province has no reported outcome results or confirmed data for women beneficiaries. Pakistan has some protection for formal sector workers and government employees, but almost none for the majority informal sector women workers or non-working women in the country. Only political stability, inter-party consensus, and commitment for a universalist approach in the country can take old or new plans for social protection of women forward (Mumtaz & Whiteford, 2021).

Sri Lanka

Sri Lanka has suffered from its fair share of political and civilian unrest, with its government being led by multi-party left-wing, right-wing, and Marxist party agents. Clashes with separatist and Tamil fighters have created years of instability, with women being the primary and secondary victims with regard to violence faced and limited opportunities for advancement (Traunmüller et al., 2019). Unlike its South Asian counterparts, Sri Lanka has shown comparatively favorable life expectancy and maternal mortality ratios for women. This is because the Sri Lankan government has prioritized maternal health spending and quality service

delivery. Women's literacy rates are also excellent in the country. However, females in the country are restricted to agricultural work and low pay, and they face considerable challenges in accessing leisure or counseling which is needed due to the climate of conflict and instability in the country (Argenti-Pillen, 2013). The major issue that prevents holistic development for women in Sri Lanka is that despite high literacy, women do not have decision-making rights at family level and have limited influence in society or the political arena due to traditions and culture (Malhotra & Mather, 1997). Violence against women is also high in the country, including abuse during and after natural disasters and within the home due to low social status of women (Fisher, 2010).

Of all the South Asian states, Sri Lanka has been the first to target universal health and education policies. The country has a policy in place to secure food and nutrition through a means-tested food subsidy, which uses income levels to determine allocation to beneficiaries. Sri Lanka also has a universal education system, which provides free and compulsory education for all from primary to tertiary levels. School attendance is compulsory for children between the ages of 5 and 16 years. The universal healthcare system provides free healthcare to all citizens of the country. Though Sri Lanka has gained good health outcomes by delivering preventive services and good quality services at low cost, there are still major limitations in terms of high burden of chronic disease and mental health burden, and inefficiencies in the referral system (Rajapaksa et al., 2021). The Million Houses Development Programme in Sri Lanka provides support for planning, design, construction, and financing of homes for poor families, and supports community contracts for construction of community assets.

There are also some significant income poverty schemes delivered by the Sri Lankan state, including (i) the Janasaviya Programme, a cash transfer to poor families; and (ii) the Samurdhi Program, which is a social protection fund that can be availed by beneficiaries in the event of birth, marriage, hospitalization, and death. However, Sri Lanka is showing a significant decline in social policy provision owing to resistance from neoliberal forces as well as internal conflict (Vitharana & Abeysinghe, 2021). The universal social policies in the fields of health and education have now moved to a residual and selective approach due to lack of political will, low fiscal space for sustaining universal services, and slow-down in economic growth overall (Karunarathna & Andriesse, 2018).

State Failure for Women's Policy Development Across South Asia

The concentration by South Asian governments for women's protection has been two-fold. The first effort has been to try and improve employment so that women can be provided protection through the employer. The second effort has been the introduction of poverty alleviation schemes or cash transfers for poor women. The limitation of the first has been the lack of consideration that majority women in South Asia are informal workers, agricultural workers, and home-based workers, and thus they do not have employer-provided social security (Harriss-White, 2005). The limitation of the second is that the poverty alleviation schemes and cash transfers across the region have been limited and failed to reach all South Asian women or supported them in poverty emergence. Some policymakers also argue that cash transfers and non-contributory schemes encourage the free-rider problem in women and prevent them from becoming proactive and self-reliant in the long run. Ultimately, there has been exclusive emphasis on employment and emergence of poverty rather than protective policy for women in South Asia.

There has also been increased reliance on microfinance loans in South Asia for poverty alleviation of women through loan provision and small business development (Hunt & Kasynathan, 2001). Microfinance has been successful in the region for providing agency to poor women who could not access conventional loans that require mortgage and asset ownership. The Grameen microfinance model in Bangladesh became a trailblazer in supporting women not just with provision of small loans, but also with skill development and group borrowing services, which helped women launch and expand their small businesses. However, there is little evidence to prove that women have benefited beyond earning small incomes and repaying the loan (Kabeer, 2005). One of the reasons for failure of microfinance-led business success is that poor women of South Asia face social inequalities and marginalization, which prevents them from expanding their production and profits. In fact, microfinance loans can lead to new forms of informality for women workers (Kabeer, 2005). Large companies are known to use the services of home-based women workers and not include them as permanent employees or grant them employment benefits. Women have preferred the option of working from home, which microfinance loans support, but to date there has been no solution in South Asia about how to support women informal and home-based workers for social security, without compromising their choice of working at home.

Another major reasons for the neglect of policy development and collaboration for protective policy for women in South Asia is singular and isolated efforts. A singular one-dimensional intervention in one region has little impact on overall wellbeing and may not work in other areas with different cultural and regional challenges (Chaudhury & Parajuli, 2010). To take the example of conditional cash transfer to enroll girls in school, such schemes have the following limitations in a conservative and patriarchal region like South Asia: (i) there is no way to secure retention and continuation to graduate school in girls; (ii) long-run income earning capacity of girls cannot be guaranteed; (iii) a girl may be married at 18 years, or younger, and her decision-making for continued studies or paid work participation may be controlled by her husband and in-laws; (iv) conditional cash transfers are not the solution in regions where schools do not exist or are of low quality; and (v) in the case of low-quality schools, unskilled teachers, or safety issues, despite the cash transfer, parents may choose not to send their daughters to school.

Overall, to conclude this section, South Asian governments have been severely criticized for neglecting to protect women in the following areas: (i) weak implementation of laws to protect women and prevent different forms of violence; (ii) sustaining patriarchal culture and religious fallacies, which prevent education and social mobility; (iii) inability to include women in the formal sector of economy or provide them decision-making autonomy over their earnings, thus undermining the expected benefits of employment; (iv) singularly investing in reproductive health, while ignoring other areas of health and wellbeing; and (v) critical neglect in collecting data related to key social indicators for identification of diverse needs and relevant policy development.

Recommendations for South Asia's Collaboration for Women's Social Policy

The private sector and development NGOs have played the primary role in South Asian countries to advocate for basic rights and provision of equal opportunities for women (Baruah, 2005). However, there is now need for coordinated state-level sponsorship for social policy development. Barriers to effective development and implementation of social policy for women in South Asian countries need to be removed collectively through collaborative benchmarking and cooperation for cross-border problems. Despite the differences, the region faces common socio-cultural barriers related to

political and economic instability, patriarchal culture, and religious fallacies. Based on the discussion of this chapter, specific areas of collaboration are recommended to improve social policy development for women. These six areas of collaboration need to be led by women and include (i) a Women Social Protection Council for South Asia; (ii) a South Asia Gender Statistics Database; (iii) a South Asian Women Trade and Economic Association; (iv) a South Asian Women Security Commission; (v) a South Asian Women's Social Action Research Council; and (vi) a South Asian Women's Cultural and Educational Development Organization.

Women Social Protection Council for South Asia

Most countries rely on the government to ensure social policy for women and other minority groups. However, in the case of South Asia, which has a history of conflict and mistrust between neighbors, and inefficient political governance, it is recommended that the women become leaders in collaborating for social policy development. In lieu of this it is recommended that a Women Social Protection Council for South Asia is formed with women members from across South Asian nations, and individual provinces and states, as leading representatives of the council. The council must lead efforts and collaborate with relevant state departments and other women development offices and organizations for social policy development, effective implementation and monitoring, and result-based reform of functional policy. The council can also lead, coordinate, or advocate for the areas discussed below. It is also important that the council has representatives from academia, research institutes, and the civilian bodies. The role of civil society and academia has been important in initiating social welfare in countries like Bangladesh and India, and it is civilian pressure that may have the biggest role in creating agency and representation for this Women Social Protection Council of South Asia.

South Asia Gender Statistics Database

South Asian countries have not prioritized assessment of existing social protection schemes or planning for comprehensive protection for women through an evidence-based approach. The region now needs to come together to develop a joint database with detailed and organized information about women's demographics which can be used for better policy design.

A South Asia Gender Statistics Database will be able to identify comparative data and identify gaps in protection for different women groups. Cross-border collaboration for research and database development will have multiple benefits such as (i) reducing the administrative burden for researchers in one nation; (ii) supporting benchmarking and comparison of cross-border results for specific policy; (iii) identifying which areas need more planning, investment, and reform; (iv) providing advantages of interoperability inherent in maintaining a joint database which will help to build cooperation and trust for other joint efforts; and (v) allowing the best researchers across the region to plan superior and region-specific interventions for improved social protection of women.

South Asian Women Trade and Economic Association

South Asia needs to develop a trade alliance which will reap economic benefits but also advance mutual interests and trust in the region. As mentioned earlier in this chapter, SAARC has failed in this endeavor. It is thus recommended that a South Asian Women Trade and Economic Association be formed to promote women's entrepreneurship and business. This association must work to expand women's role in the formal economy, decrease inequalities in wages, and help secure employment benefits for South Asian women. In addition, the association can make efforts to increase involvement of women in trade unions and help expand women's access to skills and opportunities for acquiring cross-border information about trade, innovation, and market realities. Women of the region will also be able to benefit from collectively sharing their economic challenges and supporting each other for emergence from poverty or business slumps. The women of the region will also gain by being part of a trade association through the following ways: (i) it will be faster and will cost less to trade with neighboring regions due to geographical accessibility, (ii) the added trade revenues can be used for social policy financing, (iii) trade and exchange of diverse goods and services will be beneficial due to common culture and language, and (iv) cross-border trade and soft borders will facilitate trust and mutual interests for overall development and growth in the region. No doubt much of this trade efficiency will depend on the government trade laws in the region, and thus a major part of the work for this South Asian Women Trade and Economic Association will be to advocate to governments for trade cooperation, improved trade laws, and soft borders.

South Asian Women Security Commission

Security collaborations are imperative in South Asia for two important reasons. First, the region is plagued by natural disasters and infectious disease, and thus partnership for disaster management and public health would benefit from collaborative security control. Second, women of the region face collective problems related to human trafficking, honor killing, and child marriage, which can be mitigated through joint efforts and surveillance. Where the men have failed in peace negotiations for many decades now, perhaps the women may succeed. It is recommended that South Asia must form a South Asian Women Security Commission which would lead the efforts for regional peace but also improve security for women who face common risks to safety. The collaboration for security and the ratification of peace treaties by women of South Asia has higher chance of success as women are known to have less interests in gaining from conflict and war. Instead, the inherent care instinct in women keeps them more invested in efforts for reconciliation, economic development, community solidarity, and social welfare. Not only would better security in the region help to allay fears but it would also help in improving trade relations, building joint transport infrastructure, and strengthening the fragile South Asian economies overall. Private sector investment and foreign investment would also improve once there is more peace and stability across the South Asian region. If peace and security is secured in the region, the high South Asian budget allocations for military and defense can be shifted to social protection for women.

South Asian Women's Social Action Research Council

More than anything South Asia needs to collaborate for pilot projects for social protection across each country, and individual states or provinces. This will help to gather empirical and robust evidence about limitations and strengths of social protection schemes before upscale. It is recommended that a South Asian Women's Social Action Research Council is formed to plan and conduct pilot interventions across the border to present evidence for launching and implementation of social protection schemes. This council must make a clear assessment of existing policies before planning interventions and presenting recommendations for reforms or introduction of new protective policy in the region. With so many common problems and similarities in culture, South Asia is a region that can be extremely successful in collaborating for pilot interventions,

randomized controlled trials, and quasi-experiments. Results can then be used to upscale programs and benchmark across the region, which would be a more effective path for sustainable policy development and relevant policy design. Joint efforts for interventions will also have the benefit of gaining regional investors and post-intervention assessment by local scholars and policymakers. This will help in the funding and surveillance of projects, and the commitment for future upscale, which are major gaps in random pilot projects that happen in individual nations of South Asia presently or those that are foreign funded. Joint experiments and interventions will also help in better sample generation, preventing contamination, and avoiding sampling errors or bias.

South Asian Women's Cultural and Educational Development Organization

The culture and socialization of South Asia needs reform in two areas—the status of women and cross-border unity. Women are the primary socializing agents in the South Asian region and the teaching profession is feminized across most of the region. It is recommended that a South Asian Women's Cultural and Educational Development Organization is formed with the aim of promoting culture and tourism, supporting reforms in the educational system, conducting seminars and community awareness sessions across the borders, and working through social media and common community notables or celebrities to promote the status of women and unity among the people of South Asia. Community awareness and tourism can help to promote dialogue, exchange, and transformation toward unity. Similarly, efforts to reform school textbooks and the hidden curriculum must be initiated in the region with the aim of removing animosity and mistrust, particularly among the youth. Promoting collaborative efforts in the arts, cinema, and sports can also play an important role in building *South Asianism* and creating dependency on each other. Efforts to raise awareness and change the narrative to "Women for South Asia" and "United South Asia for Growth" through social media platforms and engagement of common celebrity figures can also help in developing a culture of unity and solidarity. South Asians are known to be very friendly and cooperative when they live together in Western countries, and such model communities and friendships must be promoted, for example, through dramas, documentaries, and movies, to help people understand that unity and cohesion is possible.

Conclusion

This chapter goes beyond just a discussion of the historic mistrust, conflict, and inability of South Asian states to collaborate with each other. There is no doubt that South Asia has a lot in common and can benefit by collaborating to make the region stronger. Collaborative research in other regions of the world have driven economic development and productivity; innovations in health, agriculture, and other scientific fields; and raised awareness for inequality issues related to gender and ethnicity. The efforts so far for collaboration in South Asia have been led by male leaders and politicians and have failed in making any impact for collective growth and development. It is now time for the women to lead efforts for collaboration, primarily to develop a joint social protection floor for women of the region. Success of this collaboration for social policy development can pave the way for collaboration in other areas of development and multi-sector partnership between educational institutes, health centers, and environmental protection offices, to name a few. The six constructive areas of development that must be led by the women, recommended in this chapter, are advantageous as they do not need to be part of the state ministries, but can be independent bodies, separate from political interests and conflicts. Autonomy from governments and having working women members from diverse fields, such as women community representatives, academicians, researchers, policymakers, government officers, NGO officers, and social activists, will lend strength to the recommended bodies and keep them functional even when government representatives change and political parties transfer power.

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CHAPTER 11

Sustainable Comprehensive Social Policy for Women in Pakistan: The Way Forward with Religion, Social Media, Finances, and Governance

Introduction

Pakistan will be unable to meet its Sustainable Development Growth targets unless it plans social protection in the country from a women's rights agenda. This is because women in the country face grave and multiple challenges, which are different from those facing men, and thus require separate policy planning (Brollo et al., 2021). Well-planned and implemented social policy for women in the country must support multiple areas such as poverty reduction, achievement of healthy lives and well-being for women, improvement in decent work opportunities, and reduction of inequality and insecurity overall. The government of Pakistan has, to date, been unable to plan a safety net or develop social policy for its 114 million women who face major barriers to equality, inclusion, and security. The major efforts by different governments since independence have been on small cash transfers, which have been limited in allocation and failed to reach the large women population. More importantly, no cash transfer program in Pakistan has been able to alleviate poverty in women beneficiaries, and the impact of these transfers on other areas of wellbeing in women's lives is uncertain. Though women are not the only marginalized group in Pakistan, we must start somewhere and so developing a social

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protection floor for the women of the country would go a long way in developing protection for other marginalized groups.

One of the first things that we need in Pakistan is unity and coordination within the people of the nation and policy-makers about the prioritization of social protection for all women groups, regardless of regional belonging, ethnicity, religious background, employment status, or wealth class (Ali et al., 2015). Though the burden is on state governance and execution, the partnership of civilians, male members of the population, international stakeholders, local non-governmental and development organizations, and community notables is integral to the successful execution of social policy for women in the country. This final chapter attempts to create a pathway for development of social policy for women in Pakistan, which we need to work on collectively, and includes the following sections: (i) agreeing on the basics principle for comprehensive coverage of social policy for women; (ii) financing social policy for women in Pakistan; (iii) using social media for promoting a culture of social policy and protection for women; (iv) the role of religion in sponsoring social policy for women; and (v) introducing a separate governance structure and a social policy workforce to implement social protection for women efficiently.

Agreeing on the Basic Principles for Comprehensive Coverage of Social Policy for Women

Designing a Universal System for All Women Based on a Lifecycle Approach

There is need for the social protection system in Pakistan to cover all women groups through a universal lifecycle-based approach, which covers the girl child at birth to aging women at end of life-stage. There are hidden women groups in Pakistan devoid of protection, as we have seen in previous chapters of the book. These invisible women groups include females in rural and remote regions; informal sector workers and non-working women; special needs females; refugee, displaced, and migrant females; and single, orphaned, and abandoned females—such as divorced or separated women; and women requiring shelter and refugee due to crimes and violence. Careful attention is also needed about providing protection and services to women of all age groups and family status, so that neglected groups, such as aging women or widowed women, also receive support. This is because younger females, aging women, and women

living in reconstituted or large joint families are hidden due to the closed and conservative nature of the family unit in Pakistan, and also because these women may be facing extreme forms of violence and neglect.

Though the International Labor Organization (ILO) Social Protection Floors Recommendation, 2012, advocates for universalist social policy for all (ILO, 2012), this proposal has some limitations. First, the ILO Social Protection Floors Recommendation, 2012, has neglected to advocate for region-specific development of policy and collaboration between South Asian states, so that cultural issues can be addressed and more prudent policy designed. Second, it does not clearly define how a lifecycle approach for the social protection of women is to be managed, given that the major focus for ILO has been on maternal health. Third, the collaboration between ILO, World Bank, and the International Monetary Fund (IMF) is weak, thus lower- and middle-income countries get a lot of advice, without the support for financing methods and the design of social protection (Dijkhoff, 2019). We will be discussing these limitations below, and the previous chapter has already recommended a plan for South Asia's collaboration. However, the advocacy by ILO for a universalistic approach seems to be the best course to protect all women groups across their respective life-course and to maintain standards of living for women in Pakistan.

The planning of universalistic social policy for women in the country, however, cannot come without addressing preliminary questions, such as (i) which resources are being used and how much is being spent for social policy investment for women, (ii) what are the plans for upscale and sustainability, and (iii) whether all social policy needs are being addressed comprehensively. The answer to the latter has been addressed in the previous chapters of this book, highlighting that Pakistan has focused on reproductive health of women and small cash transfers but completely neglected to cover the following policy areas for women: Housing Policy; Food Security and Nutritional Adequacy Policy; Environmental and Disaster Protection Policy; Literacy and Skill Development Policy; Employment and Formal Sector Policy; and Health Policy.

We must also consider that when social protection policy is minimalistic, it does not ensure adequate living standards and dignity of women. Small cash transfers or one-off cash vouchers may be extremely beneficial in emergencies and for short-term relief but may lead to other problems such as the free-rider issue, inability to develop capacity or agency, and use of grant or funds by other family members. This is not to say that cash

transfers are not important, but that they must be part of a protective safety net and not an isolated measure, expected to be a magic bullet for welfare. Thus, a universalist and holistic social protection floor, with a lifecycle approach, must be planned for women's development, and with adoption of the following three primary provisions: (1) Basic income for the girl child provided to the family unit at birth and till 18 years of age. This basic income security must include a cash transfer for household expense of females and access to nutrition and education till tertiary level; (2) Universal education and universal healthcare for all female groups. Currently, Pakistan faces the major limitation of only prioritizing primary education for girls and providing health services for women of reproductive years; and (3) Universal pension scheme for both employed and unemployed women. As majority of women in the country are either not working or from the informal sector, the universal pension is an imperative social security for women in the country.

Developing a Comprehensive Social Protection Database

There is incomplete registration of all women groups in Pakistan, especially females in rural and remote locations. Many conservative men of the country do not want to register or record names and data related to their female relatives. There is also the male preference to keep family women off the government records and sheltered from surveillance or intervention from government and other bodies who can access their data, such as marketing companies. The problems related to undocumented women of Pakistan are immense, including: (i) they cannot access government benefits as they do not have a national identity card; (ii) they may face abuse and violence as hidden members of the family, including sex trafficking and forced labor; (iii) they cannot use their citizenship rights for voting or applying for government office and other formal sector jobs requiring identification; and (iv) overall there is inability to identify challenges faced by undocumented women or design policy to support them.

There is urgent need to record all the hidden women groups in Pakistan through a comprehensive registration system. Though Pakistan has a good system of registration through walk-in offices and digital or phone access, there is still need for government to identify women who remain unaware, who face mobility issues, and whose male guardians prevent documentation. Accessing women within their homes must be made possible through the help of local councils and doorstep registration of women, which will

ensure that all females are documented and eventually provided the services that they need. Planning of service needs, outreach, and financing is not possible without proper documentation and support of male family members. Thus, the introduction of a basic income for the girl child may help in incentivizing fathers to register their daughters at birth. Additionally, this social protection database must include data from a five-year national survey which collects the following nation-wide data and results from: (i) a women survey for social protection needs; (ii) a women satisfaction survey for existing and newly introduced services, and (iii) a women satisfaction survey for quality of services delivered by social protection officers. Administration of this survey must be achieved through an independent body, such as independent academicians and researchers of the country. Ultimately, this database will help to design and reform policy based on women's needs and ground reality.

Introducing a Robust Monitoring and Accountability System

There is a critical need for women in the country to be able to communicate with the state and society about different social protection needs. Beyond this basic communication, women need a safe and live portal for lodging grievances and complaints, with options of anonymous submissions. This is especially important in a patriarchal and conservative society like that of Pakistan, where women face discrimination and risks to reporting challenges and have limited mobility to access legal recourse and protective schemes. In this way, an online grievance and complaint system, which includes categories for all areas of protection, can also be used to communicate information to other sectors, such as law enforcement bodies, and counseling centers.

To monitor women who cannot access the portal or visit offices for social protection, we need to develop another branch for accountability and complaints which includes monthly door-to-door visits by social protection officers. The last part of the section of this chapter covers the introduction and role of women social protection officers comprehensively, who must be made responsible for this door-to-door support for women in the country. Though monitoring and accountability of social policy schemes is vital, it is also essential for all protective schemes to be launched based on robust evidence which captures ground-level problems facing women in the country. We need to ensure that randomized controlled trials and experiment-based interventions are planned first before

roll-out of nation-wide protective schemes for women. Chapter 8 has discussed in detail the limitations of past interventions and the areas that need to be planned prudently for future pilot projects to secure positive outcomes for women's wellbeing before formal launch and upscale of protective policy.

The monitoring and accountability system for social policy must have measures for continuous evaluation of the projects and policies that are being implemented to ensure efficacy of implementation for desired results, timely reform of schemes when needed, and uninterrupted planning for additional protection to gain a comprehensive safety net. Results-based monitoring and evaluation is missing in Pakistan for most government programs, including the limited social protection that is functional. If we start monitoring and evaluating our policies and projects based on results and impact on women's wellbeing, and not just on how much has been invested and the number of women beneficiaries, it can help policy-makers and other stakeholders to plan and adjust policy according to the needs of women. Results-based monitoring and evaluation of women's protective policy also has benefits of (i) improving the cycle of knowledge building for women's issues and needs, (ii) preventing waste of investment and improving efficiency in use of resources, and (iii) providing effective care which builds confidence and trust with the system and improves support from multi-sectors and investors.

The Role of Religion in Sponsoring Social Policy for Women

Pakistan is a Muslim-dominated nation, with more than 95% of people following the Islamic faith. What is less considered is that the development of any policy in the country, inclusive of social policy and protection for women, is intwined deeply with the religious beliefs and religious values of the people (Jawad & Yakut-Cakar, 2010). Previous chapters have highlighted how religious values influence women's status and equalities, within the family unit and outside the home. Thus, it is safe to conclude that without the promotion and advocacy of religious leaders, family elders who hold clout, and community notables who uphold religious values, there is little chance of mobilizing protective policy for women or providing them with equal life opportunities. It is imperative that the different religious organizations and sectarian leaders in Pakistan collaborate to promote fundamental ethics in Islam, which propagate equality for women

and the role of men and state in becoming champions for women's protection. This involvement of religious institutions and leaders is not novel; in fact, Islamic institutes and religious leaders have been actively involved in social welfare provision for many years in Pakistan (Saunders & Sakai, 2012). Ultimately, the role of religious leaders and religious literature, which interpret religious theology, needs to be geared to develop a "culture of social policy protection for women" in the country.

Religion is a central aspect of human life in Pakistan and despite there being many sects of Islam in the country, there is overall consensus between the sects about the placement of women within the home and that protection for women must come from male family members. Thus, the mobilization of all Muslim sects in Pakistan is important so they can collectively become a socio-political force to champion women's protection and raise awareness for basic rights due to women through Quranic text and Islamic history. To date, in Pakistan, religious institutes have been limited to raising donations and providing relief in emergencies or disasters or providing support to destitute families. The focus of religious institutions, leaders, and notables now needs to shift to raising the status of women through use of religious text and Islamic history. There are several ways to incentivize religious leaders for promotion of social policy for women in Pakistan. First, there needs to be direct investment by the state and private sector in funding Islamic history books which promote women's equality and rights for social protection. Second, the religious councils of each sect can be communicated about the benefits of retaining and engaging youth followers in contemporary days through the promotion of equality and welfare for all groups of society including women. The latter has been the case with the rise of the Protestant faith, which gained popularity by sponsoring the modern welfare state in Western countries (Pavolini et al., 2017).

Curriculum inclusion in schools and regular religious sermons in the community settings must include examples in Islamic history about the strong patronage by Prophet Muhammad (peace be upon him) for female rights and status, and also the role of women in early Islam as leaders in health, education, politics, and community welfare (Stowasser, 1996, 2020). So far, such formal and hidden curriculum inclusion is absent in schools. Pakistan, and other Muslim countries, are not known to use Islamic history and women notables of Islam for the promotion of equal rights and protective policy for women and this needs to change. Notable Muslim women from Islamic history have been leaders in social welfare

and development of protective policy for women (Osman, 2014; Rizvi Jafree, 2020, 2021). Some of these prominent women include (i) Hazrat Khadija, who mobilized social welfare investment and poverty alleviation schemes to support women's empowerment; (ii) Hazrat Zainab, who pioneered women's collectivism for protection and conflict management when it was previously assumed that only men can be protectors and guardians; (iii) Hazrat Fatima, who introduced and normalized schooling and literacy for girls and women of all age groups at a time when it was not considered acceptable to encourage women to study; and (iii) Hazrat Rufaida, who was one of the leading health providers and administrators, managing mobile health units for the community and providing services to non-relative men in need of nursing and surgical attention.

It is also important to recognize that social protection promotion through religion can be promoted through non-religious actors. There is need for other important socializing agents in the country, who are known to transmit and enforce religious values, to be mobilized to promote social protection values in the country. This can include parents, teachers, employers, and community notables, and elders of the family. The role of these non-religious actors is immense in promoting social welfare ideology and ethics in Pakistan, and also in promoting practice for mandatory religious taxes in the country. Pakistan's religious tax system exists, but as mentioned in earlier parts of book, the collection is low and distribution flawed (Shaikh, 2015). An improvement in revenues raised by state through religious taxes and charities can become a major engine for social policy investment in the country (Riyadi et al., 2021). This includes revenue from (i) the mandatory religious tax, *Zakat*—a 2.5% annual tax on assets; (ii) the mandatory religious tax for the estimated 20% or more of the Shia Muslims in Pakistan, *Khums*—20% of total annual income; and (iii) the *Waqf* assets or religious institutes that have been gifted by society or state and can be used for social welfare, such as literacy, skill development, shelter, and food distribution.

Using Social Media for Promoting a Culture of Social Policy and Protection for Women

In contemporary times, the role of social media in primary and secondary socialization is immense. Social media has the potential to become a tool for social change and abandonment of regressive norms in a society. There are numerous and documented benefits of using social media to promote

social policy and protection for women. First, there is an immense volume of data and information that is shared by social media and people even from the most remote and conservative regions of Pakistan can access this information (Mahmood et al., 2021). Second, social media provides the opportunity for instant communication and simultaneous interaction, with the potential to capture the voices of hidden populations. Lastly, social media allows many voices and actors to come forward to promote social protection for women and create pressure for equality (Ceron & Negri, 2016). Actors that have used social media to raise awareness and bring policy change across the world include community notables; national celebrity figures—from the sports and movie industries; government officers; academicians and researchers; and independent social activists and environmental activists. Social media too, like in the previous section, needs to be effectively used to develop a "culture of social policy protection for women" in the country.

Pakistan needs to exploit the role of social media for the promotion and awareness of social policy protection schemes, through partnership with the state and other development bodies, and media regulation laws and formal memorandum of understandings (MOUs). As discussed in previous chapters, there is little awareness about what social policy is, which social protection schemes exist currently in the country, and how to access and utilize them if they are being served or are launched in the future. Service delivery to women and information about how to avail schemes need to be promoted and communicated through different media platforms such as TV, radio, text messages, and internet mediums like Facebook, WhatsApp, Instagram, and Twitter. The good news is that more than half of the women in Pakistan have access to a mobile phone (GSMA Report, 2021) and TV (Gallup Report, 2014), with the rate of usage expected to increase. However, for those women who do not have access, the government needs to launch technology grants and free laptop, smartphone, and Wi-Fi USB schemes so all women groups have access to social media and communication.

Technology and social media are also known to alter the communication and involvement between the government and citizens (Linders, 2012). Not only do women members of the society become more aware of state-level policies and schemes for development, but technology and digitization can also support women to communicate information back to the state about policy effectiveness and challenges in utilization (Shockley et al., 2020). This is essential for Pakistan, and as mentioned above,

women in the country need online portal support for communicating their grievances regarding local issues related to protection and barriers in availing existing policies. Social media access and utilization for promotion of social policy and receiving feedback for prudent reforms is also critical for developing a culture that social protection is here to stay and is a fundamental right for all population groups. Different mediums of social media can also become a valuable instrument to enforce government accountability for social policy mobilization for women and efficiency in policy execution in the country.

Interestingly, recent local intervention-based studies have shown that social media is an effective and successful tool for securing social welfare for women and improving health outcomes. In one study, WhatsApp has been successfully used to promote awareness and literacy for patient safety practices in nurses (Jafree et al., 2022). Furthermore, the same study used Skype for a cascade-based approach to training, with principal investigators training intervention facilitators, who in turn were able to efficiently train the nurse supervisors for the project. In another study, a combination of WhatsApp, Zoom, and Skype have been used to communicate social literacy, referral to specialist healthcare providers, and awareness for preventive health-seeking behaviors in poor women in underserved areas (Jafree et al., 2021). Overall, we can agree that (i) social media must play a role in facilitating social protection for women in Pakistan, and (ii) state regulation of and agreements with social media agents and barons are needed to systematically plan agendas and programs for the promotion of social policy in the country.

Financing Social Policy for Women in Pakistan Without External Debt

Pakistan has the lowest budget allocation for social sector spending compared to most countries of the world. However, increasing budget allocation alone must be coupled with extended financial policy management and plans for sustainable financing for social policy. Social protection systems are primarily known to be financed through a combination of tax-financed non-contributory schemes and social insurance schemes funded by employees and employers in partnership. Though social policy is expected to be funded through both contributory and non-contributory schemes, until poverty is reduced, and employability is improved for women in Pakistan, there is a need for planning to increase

non-contributory schemes significantly. Another major concern is that Pakistan must plan to create fiscal space through domestic resources and not rely on external sources. This will help sustainability, overall national development, and self-sufficiency of Pakistan. The areas discussed below, all include efforts for social policy financing that are sustainable and would not compromise economic stability or national sovereignty of the country.

Documenting the Informal Economy and Broadening the Tax Base

There is need to record and regulate the informal economy so that it can start contributing to the tax net of Pakistan. Documenting the formal sector will help to expand social security coverage and contributory revenues, which is urgently needed. Pakistan has been known to generate its tax revenue through indirect taxation. Building a fair and inclusive social protection system for all women groups in the country requires mandatory collection from direct taxation, including real property tax, personal property tax, and taxes on assets and land. A fixed allocation of all the tax revenue must be kept for social policy services for women in the country and other vulnerable groups. Pakistan lags behind in taxing the elite businessmen and feudal lords in the country (Kamal, 2019). There is also negligible tax revenue from private sector corporate profits, agricultural produce, property, inheritance, import and exports, and natural resources. This tax base needs to be strengthened through an efficient and transparent collection system, with full compliance and strict penalization against evaders. There is also need to eliminate illicit financial flows in Pakistan, such as money-laundering, bribery, tax evasion, trade mispricing, and other financial crimes that prevent the state from collecting revenue for social policy financing (I. Gul, 2017; Lain et al., 2017).

The role of the private sector in broadening the tax base and becoming a partner with the government for social sector spending is also a means to generate internal revenue. Encouraging private enterprises to invest and expand their businesses and invest in fixed capital formation can contribute to an increase in the gross domestic product (GDP) and also add to the tax revenue (Ding & Knight, 2011). One advantage of Pakistan being a mixed economy, and having a large private sector, is that the private sector can emerge as a dependable partner for building a social protection plan for women and contribute to strengthening vital social sectors through quality service provision. Many private institutes in the country

already play significant roles in delivering services for women's health (Qureshi & Shaikh, 2007), female education (Memon, 2007), and women's skill development (Kemal, 2005). The government now needs to prudently develop a regulatory framework to ensure private enterprises are paying taxes which are directed to social spending and that they partner in delivering efficient services for social protection of women in the country.

Reallocating Budget Headings for Improved Social Sector Spending

There is a complex interaction in public financing and budget creation. The need to invest in social sector and social protection of women means that the government must reallocate government budget and make judicious decisions to improve fiscal space through generating state revenue and gaining foreign grants. A sensible fiscal policy for Pakistan would include economic stability and growth, inclusive of poverty reduction schemes, with extreme care that macroeconomic problems like inflation and low purchasing power parity do not crowd out women's agency and life quality. Sufficient generation of government revenue needs to be followed up with sensible distribution of budget heads. A major burden of the annual budget in Pakistan is spent on interest payments for previous debts (Akram et al., 2007), and we need to look into plans for either getting interest rates forgiven in loan repayment or getting interest rates reduced significantly. Loan instalment return concessions may also be possible after getting Pakistan reclassified as a low-income country, rather than a middle-income country (Gamarra et al., 2009). It is strongly recommended that Pakistan must not take loans for investment in social protection. Instead, the internal reallocation of state budget must be achieved to invest in new social protection schemes for women.

Some of the major budget allocations in Pakistan are directed to the military and defense services and salaries of civil servants (Frederiksen & Looney, 1994; Idrees et al., 2013). These budget heads now need to be channeled towards women's protection and social policy development. Improved national security and peacebuilding efforts can help to reduce defense costs in the country. Similarly, improving governance and reducing corruption can reduce the cost of civil servants in the country. Additionally, improving and securing equal quotas for women in the military and civil service, which provide adequate social security, would help in providing better protection for women. Currently, there are a negligible

number of women found in both these sectors. Furthermore, there are many innovative means of improving efficiencies in the market which need to be investigated carefully to reallocate budget headings and reduce long-term government spending (Cubi-Molla et al., 2021). In context to Pakistan, short-term investment in areas such as pre-disaster management, environmental protection, and preventive health can help in the long run to reduce state budget expenses for emergencies and pandemics, managing waste and degradation, and health costs overall.

Exploiting Profits from State-Owned Industries and Corporate Social Responsibility

State-owned industries contribute nearly as much as the agricultural sector in Pakistan and are responsible for 20.7% of the country's GDP (Implementation and Economic Reforms Unit, 2014). At the moment, many state-run enterprises are not being run as efficiently as they could be, and there is need first to run them effectively and competently, and second, to allocate a fixed percentage of annual profit from each industry for social policy (Tonurist & Karo, 2016). We have failed to recognize that there are prominent state industries that have great potential in remaining state-owned and contributing to social policy investment in the country. Some of these industries include, but are not limited to Pakistan International Airlines, Pakistan Steel Mills, Pakistan Railway, State Life, Pakistan Water and Power Development Authority, National Highway Authority, Pakistan Petroleum Limited, Pakistan State Oil, National Bank of Pakistan, Pakistan Oil & Gas Development Company, National Transmission & Despatch Company, Sui Northern Gas Pipelines Limited, The Zarai Taraqiati Bank Limited, formerly known as Agricultural Development Bank of Pakistan, National Industrial Parks Development and Management Company, Pakistan Gems and Jewellery Development Company, and Pakistan Hunting and Sporting Arms Development Company.

Instead of Pakistan moving toward privatization of state-owned industries (Munir & Naqvi, 2017), it is recommended to attempt to run these organizations efficiently and for investment of social policy through alternative reforms such as management contracts, performance contracts, and greater exposure to competition (Smith & Trebilcock, 2001). Pakistan has such a large population that any state industry that is run efficiently, for example, the national airline or railway, has undisputable capacity to deliver large profits and become a channel for investment in social policy. Taxation

of the private sector has been mentioned above, but there is also another means of generating revenue for social policy. Once the government has clear social protection policies for women in the country, they can mandate corporate social responsibility contracts to take assistance from the private sector (Epstein, 1987). This can include policies such as: (i) fixed quotas for hiring women workers and having representation across all designations, (ii) improving female labor policies and employment benefits, (iii) funding the literacy and skill development of impoverished women in a village, and (iv) supporting women literacy and awareness interventions for health and hygiene. However, it is important that women be included in a committee to help finalize the details of the corporate social responsibility contracts so that women gain opportunities according to their preference and skills (McCarthy, 2017).

Using Fiscal Reserves, Savings Certificates, Municipal Bonds, and Foreign Remittances

Though Pakistan currently does not have a large reserve of fiscal savings and other state revenues stored in special funds or excess foreign exchange reserves in the central bank, this is something we need to build so it can be used in the future for social policy investment. Pakistan has some fiscal reserves in the form of pensions and defense savings certificates, which people in the country have great trust in. Most working and retired populations buy savings and pension certificates from the government of Pakistan, National Savings Center, and we need to plan to use these fiscal reserves for investment in social policy for women. Pakistan State Bank must also plan to issue municipal bonds to finance social policy. Pakistan has a large middle class and a large aging population, who must be incentivized to invest in state-issued savings and pension certificates. Obviously, stable governments and satisfactory interest rates play a large role in encouraging the public to invest in national savings certificates and municipal bonds. In addition, public awareness that investment is being legitimately used for the protection of marginalized groups, including women, would help in people's choice and preference to place their funds in national schemes.

Pakistan receives a significant amount of foreign remittances each year, and in fact is one of the top ten recipients in the world (Arshad et al., 2022). Though remittances directly help families and households, nations have the benefit of taxing foreign remittances for generating state revenue

and social sector spending (Desai et al., 2004). In fact, there is high possibility that the politically charged and patriotic Pakistani migrants living in foreign countries (Erdal, 2016) would start sending more remittances if they are aware that the tax deductions are being used for social protection of vulnerable women groups. Similarly, Pakistani migrants must also be encouraged to invest their funds in state national savings certificates and municipal bonds to add to the fiscal reserves and create another stream of revenue for social policy financing. Interestingly, local literature confirms that foreign remittances are already being used by recipient families for social welfare spending and charity, such as feeding the poor, sponsoring poor relatives for health, and educating orphans (S. Gul et al., 2021). Thus, making Pakistani migrants aware that the tax on their remittances and investment in national savings certificates and municipal bonds is being used for social protection has the potential to expand fiscal reserves in the country significantly.

Planning for Economic Stability Overall

Eventually Pakistan must develop into an economy which increases both social policy coverage and contribution rates over the long run and must try to reach the average social sector spending of countries in the Global North. We find from the historical development in the Global North that sustaining social protection schemes is highly dependent on levels of per capita income and overall stability of the economy. Prudent planning for economic stability in Pakistan needs to give attention to the rising inflation rates and low purchasing power parity in the country, which are significant barriers to per capita income and GDP growth in the country (Mkandawire & Unies, 2001). In addition, Pakistan needs to develop a participatory approach through which the state and individuals contribute to social security, so that social spending and protection for women becomes a joint effort and investment. In fact, the participatory approach is the most realistic model for sustainability of social policy for vulnerable groups (Beresford & Carr, 2018). To develop a contributory approach for social security in the future, Pakistan must secure the literacy of women and employability of women in the formal sector or in work which provides employment benefits (Neubourg, 2009).

Positive GDP growth is an obvious means to generate finances for social sector spending, and Pakistan has experienced some growth over the years, though the curve has been erratic (Shabbir et al., 2021). However,

Pakistan needs to carefully improve planning for revenue expenditure and allocate greater revenue for social sector spending for women's equality. So far there are serious gaps in the ability of different Pakistani governments to use revenue, especially during cycles of economic growth, for social wellbeing of its populations. This is also one of the reasons why Pakistan declines into slumps and economic growth has not shown steady growth or a linear path in the country's history. State policy for economic growth must be examined carefully with respect to international geopolitics and foreign trade alliances, so that fiscal policy and economic growth are not compromised in the long run. For example, there is great fear that economic gains from partnership with China, and reliance on the China–Pakistan Economic Corridor trade agreements, may actually crowd out foreign direct investment and grants from other countries, reduce Pakistan's exports overtime, and reduce domestic control of resources (Hadi et al., 2018; Tehsin et al., 2017). The previous chapter has discussed how a trade alliance in South Asia led by women needs to be built on a framework of mutual benefits and mutual advancement, rather than one-sided gains.

Engaging the IFIs and Foreign Investors to Invest in Social Policy

We live in the age of Global Social Policy, which includes mechanisms and procedures used by intergovernmental and international organizations to both influence and guide national social policy (Deacon, 2007). Global Social Policy brings strength for developing countries with respect to creating pressure and providing assistance in social redistribution, regulation, and provision of rights for marginalized groups across the world. However, to date, Global Social Policy has remained minimalistic and neoliberal in its efforts and failed to organize its efforts for significant impact on nations from the Global South (Wood & Gough, 2006). The major issue remains that international organizations advocate for social policy and provide detailed advice, but there is very little investment by them in individual and developing nations for social policy financing.

Pakistan and other developing countries are in need of interest-free and unconditional grants for investment in social policy and meeting gender equality goals defined by SDGs through the help of International Financial Institutes (IFIs). The International Labor Organization, the International Monetary Fund, and the World Bank need to be engaged for investment in social policy, based on grants and not loans (Durán Valverde et al.,

2020). In addition, foreign stakeholders and trade partners who are currently investing in Pakistan need to be mobilized through formal contracts to also partner for social policy investment in the country. Currently, the following countries are main trade partners and investors in Pakistan: China, the USA, the UK, Germany, United Arab Emirates, and Iran. Canada is a country that has made efforts to go beyond trade partnership to invest in developing countries for social welfare and peace and security (Navarrete, 2006). For Pakistan, the partnership with neighboring South Asian countries to invest and collaborate for social policy is integral and has been discussed in the previous chapter, as mentioned above.

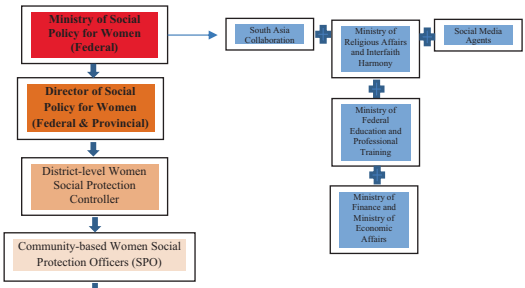
A Separate Governance Structure and a Social Policy Workforce to Implement Social Policy for Women

A Ministry of Social Policy for Women

The key challenge in relation to social policy for Pakistan is not just planning a basic framework and principles for social policy or for financial sustainability, but rather the issue of managing governance and monitoring needs and implementation (Daly, 2003; Lodge & Wegrich, 2014). The political representatives of Pakistan have not shown any interest in investing in social policy governance and infrastructure and the patriarchal culture prevents prioritization for women's development offices in public or private sector (Shirin Gul, 2021). Pakistan is burdened with a large population and rapid urbanization which makes bureaucratic execution of any policy extremely cumbersome and complicated (Gazdar, 2014). Only a separate governance structure and organogram for social policy implementation will be able to deal with execution of policy efficiently. Since women face issues related to illiteracy, lack of agency, lack of mobility, and safety, the governance structure for social policy must comprise of women administrative centers and women officers in Pakistan. This will solve issues of access and equal distribution of resources and information for women.

Figure 11.1 proposes a governance structure for social policy implementation in Pakistan.

We need a Ministry of Social Policy for Women, which is responsible for the overall planning and execution of social policy for women in the



WOMAN PROTECTION OFFICE IN EACH COMMUNITY									
SPO-Family Officer	SPO-Housing Officer	SPO-Food Security & Nutrition Officer	SPO-Environment & Disaster Protection Officer	SPO-Adult Literacy & Skill Development Officer	SPO-Employment & Formal Sector Inclusion Officer	SPO-Health Officer	SPO-Finance Officer	SPO-School Officer	SPO-Community Awareness & Literacy Officer
Citizenship identification	Possession of property documents and deeds	Food rations and subsidies	Separate identity card & cash subsidies	Enrolment, attendance & retention	Women employment quotas & equal representation	Partner with BHU team for quality services	Basic income for girl child	Curriculum inclusion for environmental & disaster management	Women's health needs, inheritance rights & autonomy
Tax credit	Housing ownership, rentals, adequacy and transition	Retail tax on basic food items & utility shop access	Equal access to resources	Special needs institutes & inclusive education	Subsidized public transport	Health cards and vouchers	Income tax and retail tax exemptions	Quality of school resources, administration, staff, & teacher	Housing loans & maintenance and information-seeking
Day-care centers	- Housing loans/taxes & instalment returns	Multivitamin provision	Shelters for homeless & transition to permanent housing	Conditional cash transfers & private school subsidy	Employment benefits & income tax concession	Preventive health & other health needs	Loan and interest rate information & management	Curriculum inclusion for social literacy, life skills, & health literacy	Nutritional needs & dietary diversity
Cash transfers and care centers for dependents	Neighbourhood program to improve security	Nutritious meals at school	Primary healthcare access	Hygiene and safety on school premises	Trade unions and social organizations	Telehealth services & mobile health units	All relevant cash transfers	Technological access to students	Environmental protection, disaster response, & safety laws
Referral to Family Courts for legal matters	Group sessions to improve housing adequacy and sanitation	Crop investment & subsidies	Disaster management communication Apps	Skill development centers	Technological access to home-based workers	Access to all age groups	Savings and health insurance schemes	Safety at school premises & during transit	Benefits of schooling & paid work

Fig. 11.1 A proposed governance structure to implement social policy for women

country and for the coordination and supervision of Women Directors of Social Policy at federal and provincial levels. Major immediate tasks of the Ministry of Social Policy for Women must include collaboration and coordination with (i) South Asian neighbors for the development of a research consortium and committee which meets regularly to plan joint efforts for social policy development; (ii) the Ministry of Religious Affairs and Interfaith Harmony for role and efforts of religious leaders within communities to promote women's equality in all spheres of life; (iii) the Ministry of Federal Education and Professional Training for school subsidies, retention, quality services, safety, and curriculum development support for females, as well as skill development and adult literacy centers for

women; and (iv) social media agents and barons for awareness and promotion of social policy and the diverse needs and services that are a human right for all women in the country.

Women Protection Directors, Controllers, and Officers

Apart from one federal Woman Director of Social Policy, each province and district must have its own Provincial Director of Social Policy and District Social Protection Controller, respectively. Each of these leaders will be responsible for monitoring, coordinating, and supervising social policy execution through their subordinates and also advocating for needs and reform with their supervising authorities at federal level. We also need mandatory Women Protection Offices to be established across all communities of Pakistan. These Women Protection Offices must have women officers who would be stationed at the offices, but also pay door-to-door visits to women who do not leave the home much or are restricted due to health, pregnancy, or family permission issues. The most central Women Protection Office in each district must also house a District-level Women Social Protection Controller, who would be the main supervisor for the individual Women Social Protection Officers, to be discussed below, and liaise back and report to the Provincial Director of Social Policy. It will save costs not to have a separate office for the District-level Women Social Protection Controller, and to house them in one of the Women Social Protection Offices of the community, which will allow them to interact with women in the community and understand ground-level barriers and facilitators.

There are almost no jobs for Social Workers, Social Welfare Officers, Social Protection Officers in the country, though some may be found as tokens in large cities. There is dire need for job creation and quota increase under these vocations in order to comprehensively support social welfare and social work. Women Social Protection Officers would be able to efficiently provide and coordinate services for other women in the community, in key areas, already discussed in this book, such as education, healthcare, community services, disaster protection, poverty relief, literacy and awareness, and family-level and housing support. Experts recommend that the country needs to create at least 1.3 million jobs per year to prevent rising poverty and related problems for women (UNDP, 2017). It is hoped this research will build momentum for professional licensing and professional status for social work, social welfare, and social protection

officer jobs and increases job quotas for women under each of these professional groups across the provinces and rural areas of Pakistan.

The integration of Women Social Protection Officers across structures of society will serve as an important resource for women to (i) access information, (ii) seek consultancy from, (iii) gain referral from, (iv) gain support for accompaniment to relevant office or officers when needed, (v) gain support for advocacy and information collection, and (vi) gain comprehensive services for diverse needs. Integration and utilization of women social protection officers (SPOs) will also help to promote political and social order and assist in positive cultural change in supporting women's work as agents of welfare. Women SPOs can be expected to show better coordination and teamwork with women clients, women stakeholders, women government officers, and related women providers in the community, such as the existing lady health workers (LHWs) and women social workers. This coordination and teamwork will help to provide feedback about loopholes, limitations, the need for policy reform, and overall help to develop a comprehensive social protection net for women. Among the major tasks of women SPOs should also be (i) database record maintenance of women's social protection data and (ii) annual satisfaction surveys.

As Pakistan has Basic Health Units (BHU) which currently serve 60–70% of the population, it would be prudent to open the Women Protection Offices next to existing BHUs and integrate plans for such offices with the future plans for BHU upscale across the country. The Women Protection Office should be a one-window office for different needs related to social protection and must house the following ten women Social Protection Officers (SPOs): (1) SPO-Family Officer; (2) SPO-Housing Officer; (3) SPO-Food Security & Nutrition Officer; (4) SPO-Environment & Disaster Protection Officer; (5) SPO-Adult Literacy & Skill Development Officer; (6) SPO-Employment & Formal Sector Inclusion Officer; (7) SPO-Health Officer; (8) SPO-Finance Officer; (9) SPO-School Officer; and (10) SPO-Community Awareness & Literacy Officer. It is sensible and rational to partner Women Protection Offices with BHUs, as mentioned above, and to partner women SPOs with LHWs for client portfolio information and access. This will help in the initial launch of work and coordinated care and support plans for women in the community.

Currently, each BHU is known to serve up to 12,500 female clients in the community and one LHW is serving up to 1500 women clients, which

are much higher than internationally recommended ratios for primary care provision. We have already discussed in Chap. 7 the problems related to excessive work burden of LHWs and the low-quality services. It is thus recommended that the women SPOs to women client ratio does not exceed 1:100 ratio at launch of program, to maintain quality services and show positive impact on the lives of women clients. Later, the SPO to women client ratios can be improved. The individual jobs and responsibilities that each woman SPO must provide to women in the community is summarized in Fig. 11.1 and also described below. The task allocation for each woman SPO links back to the problems and needs identified in each chapter of this book and thus is relevant and region-specific. There is no doubt that each woman SPO will face overlapping issues and must keep a client data record for systematic client care mapping and have regular meetings with each other, their supervisors (District-level Women Social Protection Controller), and other providers in the community to holistically support women. It must be noted that the organogram in Fig. 11.1 is simplistic and that the roles and responsibilities limited to an initial framework that would need to be developed and expanded over time.

1. SPO-Family Officer

The Social Protection Officer for Family would be responsible for coordinating, organizing, monitoring, and/or providing information or liaison for (i) citizenship identification and birth certificate registration of females; (ii) tax credit for families with daughter(s); (iii) day-care centers for children, with adequate and nutritious diet and academic tutoring; (iv) cash transfers and care centers for other dependents, aging parents, chronically ill, and special needs family members; and (v) referral to family courts for legal matters and assistance to women for visitation, and awareness for legal matters and rights.

2. SPO-Housing Officer

The Social Protection Officer for Housing would be responsible for coordinating, organizing, monitoring, and/or providing information or liaison for (i) possession of property documents and deeds; (ii) housing ownership, rentals, housing adequacy, and transition from emergency shelters to permanent accommodations; (iii) housing loans and instalment returns, and house and land tax; (iv) group loan schemes for women's

home ownership and maintenance; and (v) neighborhood programs to improve support for women's security and improvement in housing adequacy and sanitation.

3. SPO-Food Security and Nutrition Officer

The Social Protection Officer for Food Security and Nutrition would be responsible for coordinating, organizing, monitoring, and/or providing information or liaison for (i) food rations and subsidies; (ii) removal of retail tax on basic food items for poor women; (iii) availability of subsidized basic food items across local utility shops and counters of community retail shops; (iv) coordination with BHU team for free multivitamin provision, especially for females who are pregnant, lactating, anemic, aging, and/or underweight; (v) free nutritious meal provision for females in educational institutes and meal subsidies and take-home lunch for females; and (vi) crop production investment and subsidy provision for women farmers.

4. SPO-Environment and Disaster Protection Officer

The Social Protection Officer for Environment and Disaster Protection would be responsible for coordinating, organizing, monitoring, and/or providing information or liaison for (i) separate identity card for females affected by environmental challenges and disaster; (ii) cash subsidies and vouchers for females affected by environmental challenges and disaster; (iii) equal access to females for resources, information, and supplies for recovery; (iv) shelters for homeless females and gradual transfer to permanent housing; (v) primary healthcare access to females affected by disasters, climate change and environmental challenges, and coordination of visits from BHU team/LHW; and (v) disaster management communication apps for information and communication.

5. SPO-Adult Literacy and Skill Development Officer

The Social Protection Officer for Adult Literacy and Skill Development would be responsible for coordinating, organizing, monitoring, and/or providing information or liaison for (i) enrolment, attendance, and retention of females in school, and enrolment in skill development centers for

women who need this support; (ii) neighborhood watch schemes for attendance and retention of females; (iii) special needs institutes and inclusive education for special needs females; (iv) conditional cash transfers to parents by states for all school-related costs; (v) per-student enrolment cash transfer to private schools; (vi) hygiene and safety on school premises; and (vii) safe transport for female with women drivers and security guards, and overseeing safety for female students at educational institutes.

6. SPO-Employment and Formal Sector Inclusion Officer

The Social Protection Officer for Employment and Formal Sector Inclusion would be responsible for coordinating, organizing, monitoring, and/or providing information or liaison for (i) women employment quotas in the public and private sector; (ii) equal representation across different designations, professions, and labor councils; (iii) subsidization of public transport for women workers traveling to and from work; (iv) employment benefits for all women workers, informal sector and formal sector, and implementation of revised minimum pay adjusted for inflation; (v) income tax concessions for women workers; (vi) involvement of women workers in trade unions and social organizations; (vii) mandatory laptop and Wi-Fi provision for all women home-based workers, women agricultural workers, and other women groups bereft of technology.

7. SPO-Health Officer

The Social Protection Officer for Health would be responsible for coordinating, organizing, monitoring, and/or providing information or liaison for (i) partnership to assess program quality and continuum of care at primary level with BHU staff and LHWs; (ii) health cards and vouchers, which can be availed from both private and public sector facilities; (iii) coverage of preventive health services and other health needs in women, including chronic diseases, infectious diseases, maternal health, and mental health; (iv) availability of telehealth services and online referral for consultation and counseling; (v) availability of mobile health units and women ambulances for doorstep access; and (vi) access to all age groups, below and above reproductive ages, especially females under 18 years and aging women above 60 years, who are not provided services by LHWs.

8. SPO-Finance Officer

The Social Protection Officer for Finance would also be coordinating with other women SPOs, who are providing support for and monitoring of education and health vouchers. The Social Protection Officer for Finance would be responsible for coordinating, organizing, monitoring, and/or providing information or liaison for (i) basic income allocation for nutrition and education for girl child; (ii) income tax and retail tax exemptions; (iii) loan and interest rate information and adherence to capping of instalment returns by providers; (iv) support for timely returns and loan management; (v) cash transfers for poverty relief, housing, disaster relief, health, education, and nutrition; (vi) information and support for participation in savings and health insurance schemes; and (vii) accompanying women clients to visit finance institutes, such as banks, loan offices, and voucher disbursement offices, at least the first time and when women encounter problems in access and completion of eligibility forms.

9. SPO-School Officer

The Social Protection Officer for School would also be coordinating with other women SPOs, who are providing support for literacy and skill development and employment options for graduating women. The Social Protection Officer for School would be responsible for visiting schools in the community regularly and must request for a desk/office space so that parents and students know when and where to approach them for specific assistance. The Social Protection Officer for School would be responsible for coordinating, organizing, monitoring, and/or providing information or liaison for (i) school curriculum inclusion for environmental protection and disaster response and recovery; (ii) school resources, administration, staff, and teacher quality; (iii) curriculum inclusion for social literacy, life skills, and health literacy; (iv) technological access, including smartphone, laptop, Wi-Fi, and online schooling options for female students; and (v) safety for females at school premises and safety during transit to and from school.

10. SPO-Community Awareness and Literacy Officer

The Social Protection Officer for Community Awareness and Literacy would also be coordinating with other women SPOs, for example, for

joint awareness delivery for environmental protection, hygiene and sanitation, and necessity of schooling and paid employment. The Social Protection Officer for Community Awareness and Literacy would be responsible for organizing individual, family-level, or community-level awareness sessions for (i) women's health needs and the benefits of trained providers; (ii) inheritance rights for women and possession of ownership; (iii) autonomy of women for decision-making and information-seeking behavior; (iv) housing loan schemes and housing maintenance; (v) use of the internet to access information for schooling, business, and healthcare; (vi) nutritional adequacy and dietary diversity; (vii) egalitarian food distribution, breastfeeding for girls, and family spacing; (viii) environmental protection, and disaster response and recovery; (ix) awareness about laws for workplace safety, public safety, corporal punishment, and harassment; (x) benefits of school enrolment and retention till graduation for females; and (xi) benefits of independent income of women and paid work participation.

Women District Councils and Multi-sector Collaboration

It is critically important that there is collaborative governance between different offices and social structures of the community and economy for effective social policy delivery. We need for all programs, old and new, to coordinate and streamline operations, increase transparency, and improve inclusion and outreach. Accountability and beneficiary impact assessment must be done annually by an independent body. Data systems and databases must be integrated at all levels, federal and provincial, so that updated information is available about delivery and service across all sectors. This data should also be made available to independent researchers for assessment and feedback.

There is need to reduce the fragmentation and duplication of social protection services and programs across provinces and to share information transparently to synchronize efforts for all women groups across the country. At the moment, some women receive services, whereas others are bereft, for example, urban women and women from Punjab gain more access to existing protective services and interventions. This is why one central body must make the decisions and monitor implementation and use provincial and district bodies for coordination rather than give them complete autonomy. Currently, in Pakistan, the federal and provincial roles in the design and implementation of social protection programs are

not clear. The strengths and limitations of the Benazir Income Support Program and Ehsaas Program can be used as a model to develop better solutions for clearly defining roles, implementation of responsibilities, and development of accountability processes. Their limitations have been discussed in detail in Chap. 1.

Table 11.1 summarizes the importance of collaborative governance and shows the linkage between social policy, legal acts, district councils, and the Social Protection Officers. Within each community, where the BHU currently is, and the Women Protection Office is proposed, it is recommended that there must also be District-level Women Councils. These councils must house the following six sub-councils: (1) Women Housing Council; (2) Women Council for Food Security & Nutritional Adequacy; (3) Women Council for Environmental and Disaster Protection; (4) Women's Council for Literacy and Skill development; (5) Women Labor Council; and (6) Women Health Council. Each council would report to the Provincial Director of Social Policy and District Social Protection Controller and must include women members from different socio-demographic backgrounds, based on religious belief, ethnicity, age group, special needs, type of work (formal and informal), and chronic disease burden. In this way, equal representation would be secured and information about the needs of different women groups would reach the Woman Protection Offices in the community and move up the information chain to the Ministry of Social Policy for Women. These sub-councils would serve to act as mediators and partner with the Social Protection Offices and give feedback about the service quality of the women SPOs. Furthermore, the sub-councils would be responsible for liaising with other legal and relevant bodies. For example, the Women Housing Council would be monitoring services of the family courts and referring women based on needs and legal clauses and the Women Labor Councils would be working with women trade unions and monitoring union leader efforts for equality, amongst other tasks.

In this way, we will have a governance structure which does not just have one branch (Women Protection Office) but rests on a dual structure (Women Protection Office and District level Sub-councils). Both branches will benefit from (i) supporting each other and developing joint plans for improved protection of women and follow-up; (ii) serving as reinforcement for women clients; (iii) supporting cross-sector accountability, assessment, and feedback; and (iv) partnering to create more pressure for advocacy of needs to the center and supervisory bodies, for example, the

Table 11.1 Collaborative governance between social policy, legal acts, district councils, and the social protection officers

		SOCIAL POLICY					
		Family & housing policy	*Food Security & nutritional adequacy policy*	*Environmental and disaster protection policy*	*Education and skill development policy*	*Employment and formal sector inclusion policy*	*Health policy*
COORDINATED GOVERNANCE	**Legal acts**	Reformation of family laws & a separate Fair Housing Act for women	A separate Food Security and Nutrition Act for women	A separate Environmental and Disaster Protection Act for Women	A separate Education and Skill Development Act for Women	A separate Employment and Formal Sector Inclusion Act for Women	A separate Health Policy Act for Women
	District level sub-councils	Women Housing Councils	Women Councils for Food Security & Nutritional Adequacy	Women's Council for Environmental and Disaster Protection	Women's Council for Literacy and Skill development	Women Labor Councils	Women Health Councils
	Social protection officers	SPO-Family Officer + SPO-Housing Officer + SPO-Finance Officer + SPO-Community Awareness & Literacy Officer	SPO-Food Security & Nutrition Officer + SPO-Finance Officer + SPO-Community Awareness & Literacy Officer	SPO-Environment & Disaster Protection Officer + SPO-Finance Officer + SPO-Community Awareness & Literacy Officer	SPO-Adult Literacy & Skill Development Officer + SPO-School Officer + SPO-Finance Officer + SPO-Community Awareness & Literacy Officer	SPO-Employment & Formal Sector Inclusion Officer + SPO-Finance Officer + SPO-Community Awareness & Literacy Officer	SPO-Health Officer + SPO-Finance Officer + SPO-Community Awareness & Literacy Officer

District-level Women Social Protection Controller and the Director of Social Policy for Women. The sub-councils would primarily be responsible for planning and developing robust policy for a comprehensive social safety net for women in the community. To begin with each sub-council could start working on the introduction or reform of needed legal acts, which are summarized in the top row of Table 11.1 and include (i) reformation of family and marriage laws, (ii) a separate Food Security and Nutrition Policy for women, (iii) a separate Environmental and Disaster Protection Act for Women, (iv) a separate Education and Skill Development Act for Women, (v) an Employment and Formal Sector Inclusion Act for Women, and (vi) a separate Health Policy Act for Women.

Table 11.2 attempts to reinforce the importance of multi-sector collaboration in Pakistan for the efficacy and successful implementation of social policy in the country. All the policy areas recommended in the different chapters of this book are mapped below next to the sectors they are dependent on for effective implementation.Family and Housing Policy

The Family and Housing Policy for women in Pakistan depends on the following structures:

1. The finance sector for (i) effective poverty alleviation strategies and development of formal sector employment opportunities for women; (ii) planning and financial management for subsidization and loan schemes for housing shelter, housing adequacy, and long-term support for permanent housing. 2. The economic sector for (i) improving quotas and representation of women lawyers for family cases and female judges for family courts; (ii) mandatory quotas for women builders, property agents, women officers at all relevant offices for housing, land acquisition, and loans. 3. The health sector for (i) counselling services and women support groups and (ii) mandating weekly primary health services for women living in unstable housing conditions. 4. The education sector for curriculum inclusion about inheritance rights for females. 5. The legal and security sector for implementation of laws related to family (marriage, dowry, etc.), inheritance, and housing.

Food Security and Nutritional Adequacy Policy

The Food Security and Nutritional Adequacy Policy for women in Pakistan depends on the following structures:

1. The finance sector for effective poverty alleviation programs. 2. The economic sector for (i) subsidization and crop investment for women farmers and (ii) formal sector employability for food security. 3. The health

Table 11.2 Coordination between social policy and different social sectors of society

		SOCIAL SECTOR				
		Finance sector	*Economic sector*	*Health sector*	*Education sector*	*Legal & Security Sector*
POLICY AREA	**Family & Housing Policy**	Poverty alleviation and formal sector employability for income-earning ability Subsidization and loan schemes for housing shelter, housing adequacy, and long-term support for permanent housing	Improve quotas and representation of women lawyers for family cases and female judges for Family Courts Mandatory quotas for women builders, property agents & women officers at all relevant offices for housing/land acquisition or loans	Counselling services and women support groups Mandate weekly primary health services for women living in unstable housing conditions	Curriculum inclusion about inheritance rights for females	Implementation of laws related to family (marriage, dowry, etc.), inheritance, and housing
	Food Security & nutritional Adequacy	Poverty alleviation	Subsidization and crop investment for women farmers Formal sector employability for food security	Clinical monitoring of nutritional adequacy, obesity and other undernutrition related diseases	Girl child nutritional intake at schools and curriculum inclusion for awareness of dietary diversity	Enforce agricultural subsidies and food vouchers for poor Implement trade laws and bans on harmful toxins in pesticides and other chemicals used in farming
	Environmental and Disaster Protection Policy	Poverty alleviation programs specifically for women facing environmental disasters and emergencies	Skill development and job placement for women post disasters and resettlement	Weekly door-to-door services by primary healthcare team Separate heath cards for affected women and families to access services from both private and public centers Counselling services for women affected by conflict and disasters	Introduce school-level curriculum inclusion for environmental protection and disaster response and recovery	Mandate women security officers patrolling displaced women and those residing in conflict zones or disaster zones Implement and enforce laws for air, water, and lead pollution & laws to restrict household utilities and energy which damage the environment.
	Education and Skill Development Policy	Conditional cash transfers to parents and private schools Female student meal subsidies and take-home lunch Generating revenue for universal pension	Coordination to match job opportunities with educational specializations Skill development and adult literacy centers across communities	Primary health workforce must monitor and collect medical data about reasons for low female school attendance and dropout		Strict fines and penalization against parents for not sending daughters to school and employers for employing female minors Separate transport with women drivers, security, and conductors for guarded transport Installation of CCTV cameras in all classes, corridors, and streets, with swift accountability
	Employment and Formal Sector Inclusion Policy	Revise minimum pay and income tax concessions for women workers		Weekly door-to-door visits by primary health team for home-based and agricultural workers Counselling services and women support groups for managing work home balance	Raising awareness and commitment in students for specialization and paid work participation of females	Strict regulation of laws for workplace safety, workplace discrimination, and employee rights Surveillance and safety for home-based and agricultural workers Enforce minimum pay and employment benefits for all female labor
	Health Policy	Universal health protection for all women	Mandatory health insurance for informal and formal sector working women		Provide school health services and screening for girls Mandate health literacy in curriculum from primary to tertiary level	Ensuring safety of both women clients at health centers and women healthcare providers from different cadres

sector for clinical monitoring of nutritional adequacy, obesity, and other diseases related to malnutrition. 4. The education sector for (i) girl child nutritional intake at schools and (ii) curriculum inclusion for awareness of dietary diversity. 5. The legal and security sector for (i) enforcing agricultural subsidies and food vouchers for poor women groups and (ii) implementing trade laws and bans on harmful toxins in pesticides and other chemicals used in farming.

Environmental and Disaster Protection Policy

The Environmental and Disaster Protection Policy for women in Pakistan depends on the following structures:

1. The finance sector for support in generating funds for poverty alleviation programs specifically for women facing environmental disasters and emergencies. 2. The economic sector for skill development and job placement for women post disasters and resettlement. 3. The health sector for (i) weekly door-to-door services by primary healthcare team; (ii) allocation of separate heath cards for affected women and families to access services from both private and public centers; and (iii) providing counselling services for women affected by conflict and disasters. 4. The education sector for curriculum inclusion for environmental protection and disaster response and recovery. 5. The legal and security sector for (i) deployment of women security officers for patrolling displaced women and those residing in conflict zones or disaster zones and (ii) implementing and enforcing laws for air and water pollution, and lead exposure.

Education and Skill Development Policy

The Education and Skill Development Policy for women in Pakistan depends on the following structures:

1. The Finance sector for generating revenue for (i) conditional cash transfers to parents and private schools; (ii) female student meal subsidies and take-home lunch; and (iii) generating revenue for universal pension for working and non-working women. 2. The economic sector for (i) matching job opportunities with educational specializations and coordinating with education sector each year about potential graduates and their specializations; and (ii) opening and managing skill development and adult literacy centers across communities. 3. The health sector for including clinical data collection by primary health workforce to monitor reasons

for low female school attendance and dropout. 4. The legal and security sector for (i) implementing strict fines and penalization against parents for not sending daughters to school and employers for employing female minors; (ii) arranging separate transport for females with women drivers, women security officers, and women conductors for safe and guarded transport; and (iii) installation of CCTV cameras in all public and school premises, including classes, corridors, and public streets, with swift accountability against perpetrators.

Employment and Formal Sector Inclusion Policy

The Employment and Formal Sector Inclusion Policy for women in Pakistan depends on the following structures:

1. The finance sector for (i) revision of minimum pay adjusted for inflation and (ii) income tax concessions for women workers. 2. The health sector for (i) weekly door-to-door visits by primary healthcare team for home-based women workers and women agricultural workers and (ii) counselling services and women support groups for managing the work-home balance. 3. The education sector for raising awareness and commitment in female students for graduate specialization and paid work participation. 4. The legal and security sector for (i) strict implementation of laws for workplace safety, workplace discrimination, and employee rights; (ii) surveillance and safety for home-based and agricultural workers; and (iii) regulation of minimum pay and employment benefits for all female labor.

Health Policy

The Health Policy for women in Pakistan depends on the following structures:

1. The finance sector for generating revenue for universal health protection for all women. 2. The economic sector for providing public and private sector solutions for mandatory health insurance for non-working women, and informal and formal sector working women. 3. The education sector for (i) providing school health services and screening for girls from primary to tertiary level and (ii) mandating health literacy and female health in the curriculum from primary to tertiary level. 4. The legal and security sector for ensuring safety of both women clients at health centers and women healthcare providers from different cadres, including women doctors, women nurses, and women community health workers.

Conclusion

There can be no magic formulae to create a comprehensive social policy plan for women in Pakistan or to make it successful overnight. The process of developing protective structures, building governance for social policy, and, perhaps more importantly, transforming to a culture that promotes women's protection will take time. This chapter has made an effort, however, to create a pathway for this development and identify the major areas where change needs to start. Sri Lanka has proved that women's health and literacy improvements are possible, without having large funds and instead through better assessment, planning, and service quality. Pakistan needs to focus on four major areas in the interim if it is to move forward to create a comprehensive social protection floor for all its women groups. This includes the use of (i) religious leaders and Islamic history to promote a culture for social protection for women; (ii) social media platforms to raise support and awareness for protective schemes for women, (iii) increasing internal revenues for social policy financing, and (iv) building a separate governance structure for social policy system management, led by women. Of great import is that no policy should be implemented unless it is delivered as a pilot project first, and then assessed by multi-party auditors through results-based evidence, which is a major limitation of existing and limited policies in Pakistan. Bilateral and multilateral support and collaboration from other sectors within the nation and neighboring South Asian nations is also imperative to develop and sustain social policy for women in the country.

Pakistan's 110 million women face historical, cultural, and religious barriers which prevent them from gaining equal opportunities for wellbeing and advancement. There is critical need for women in the country to be supported through well-designed social policy so they gain their basic human rights and Pakistan can benefit from inclusive development. The aim of this book has been first to discuss which social protection leakages exist in the country compromising the equality, wellbeing, and development of women, using a detailed literature review, secondary data from nationally representative surveys, and primary data collected by the author. Second, the book has presented evidence-based and detailed social policy recommendations to improve social protection for women in the country. The discussion in the book includes analysis of the history, culture, and political climate of Pakistan, and the chapters have made an attempt to go beyond the problem statement and make regionally appropriate social

policy recommendations for the following women's needs: family safety, housing adequacy, food security and nutritional adequacy, environment and disaster protection, educational development, employment and formal sector inclusion, and health security.

To secure sustainable and comprehensive social policy, the book argues that there is essential need for improved collaboration of South Asian countries and the use of experiment-based pilot tests before implementation of social policy programs. Crucial also is the role of religion and social media to mobilize community support and create, what is described in this book as, a "culture of social policy protection for women" in Pakistan. We also need short-term and sustainable financing solutions to manage a comprehensive social policy program for women, with the understanding that this investment will have positive returns in the future and will lead to economic growth. Much of the recommendations in this book, if not all, are dependent on the willingness and efficiency of the government. After 75 years of independence, Pakistan is in need of decisive actions from the state for the protection of women. Therefore, the book concludes that an effective governance model is needed, which is connected from the local level to the central government and with other role players and sectors to deliver comprehensive coverage and sustainable social policy for women.

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