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Pakistan Country Gender Assessment Bridging the Gender Gap: Opportunities and Challenges

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ACRONYMS AND ABBREVIATIONS

BHU	Basic Health Unit	NEP	National Education Policy
CGA	Country Gender Assessment	NER	Net Enrollment Rate
CSO	Civil Society Organization	NGO	Non-Governmental Organization
CSP	Community Support Program	NRB	National Reconstruction Bureau
DoH	Department of Health	NWFP	North West Frontier Province
DHQ	District Headquarter Hospital	PCO	Pakistan Census Organization
DMMA	Dissolution of Muslim Marriages Act	PDHS	Pakistan Demographic and Health Survey
EDO-H	Executive District Officer Health	PIHS	Pakistan Integrated Household Survey
EFA	Education for All	PRHFPs	Pakistan Reproductive Health and Family Planning Survey
EMIS	Education Management Information System	PRHS	Pakistan Rural Household Survey
EPI	Expanded Program on Immunization	PRSP	Poverty Reduction Strategy Paper
ESR	Education Sector Reform	PSU	Primary Sampling Unit
GER	Gross Enrollment Rate	RHC	Rural Health Center
ILO	International Labor Organization	RSP	Rural Support Program
LHRLA	Lawyers for Human Rights and Legal Aid	SACHET	Society for the Advancement of Community, Health, Education, and Training
LHS	Lady Health Supervisor	SAP	Social Assistance Program
LHW	Lady Health Worker	SES	Socio-Economic Survey
LHV	Lady Health Visitor	TBA	Trained Birth Attendant
MCH	Maternal and Child Health Center	TFR	Total Fertility Rate
MFLO	Muslim Family Law Ordinance	THQ	Tehsil Headquarters Hospital

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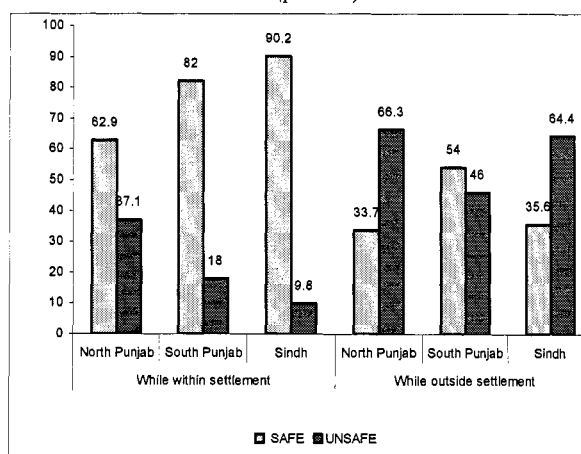
EXECUTIVE SUMMARY

1. The quality of life for women and girls in Pakistan has improved in recent decades. School enrollments have risen across all income categories. Child health indicators such as immunization rates and infant mortality have improved for girls and boys. Fertility rates are declining leading to better health for women. Women's participation in paid labor has increased, particularly in agriculture, and their involvement in the political process has risen thanks to a federal mandate in 2000 to reserve seats for women at selected levels of government.

2. In certain dimensions, however, large gender inequalities persist. Although more girls are in school, a substantial gender gap in enrollment remains and worsens significantly as girls transition from primary to middle school. Although gender differentials in child immunization have declined, considerable gender differentials persist in other aspects of health care. The use of reproductive health services is low, and maternal mortality ratios remain high. The cumulative effects of this pattern are evident in the high sex ratio of 108 males per 100 females. In the labor market, lower educational attainment coupled with social norms that restrict mobility confine women to a limited range of employment opportunities and low wages. The achievement of the Millennium Development Goals (MDGs) will require significant reductions in these gender gaps. Policy interventions directed specifically at gender inequality in these public domains would allow the government to move decisively toward achieving these goals.

3. This report examines the lack of economic opportunities in combination with cultural and social norms that determine outcomes for women to a significant degree. One manifestation of an enormously influential cultural norm is the restriction on women's mobility. According to multiple sources of data—including a nationally representative survey and more focused surveys of rural households in Punjab and Sindh (Figure 1A)—the safety of females in public spaces is a constant worry for urban and rural families alike. A mother may keep her daughter from attending school so that she does not have to walk alone. A woman who needs medical care for herself or her children cannot travel alone to a health center, particularly if it is outside her settlement. A common thread emerges in all dimensions, though their sources are numerous and varied, that traces gender gaps to restrictions on the physical mobility of females and their access to information: both undercut their ability to acquire key services and pursue life opportunities. Mobility restrictions directly undermine female access to medical care, education, opportunities for paid work, voting and other forms of political and community participation. The more women are secluded in households or settlements, the more they lack access to a broad range of information and are unaware of their legal rights, the importance of health maintenance, and the benefits of participating in the public sphere.

**Figure 1A: Evidence from Rural Sindh and Punjab:
Safety Concerns**
(percent)

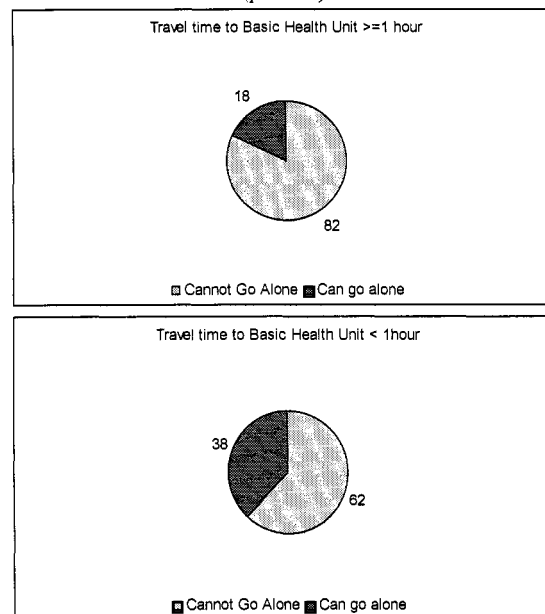


Note: These figures represent the percentage of currently married women aged 15-40 who reported feeling safe and unsafe within and outside the settlement.

Source: Pakistan Rural Household Survey, Round 2, 2004.

4. Easing these mobility constraints involves inherently gradual processes. Fundamental cultural shifts require changes in people's perceptions of their environment and, in particular, of the roles that men and women can assume. The current restrictions on women's movement outside the home arise from concerns about their security and reputation; as long as these concerns remain, so will the restrictions. By fostering a safer environment—improving women's access to justice, for instance—the government can activate a positive cycle of increased female participation in the world beyond the household. The perception of a marginally safer environment (both inside and outside the village) will encourage those individuals who most desire change to respond to government initiatives, and venture beyond traditional restrictions to attend school, earn income, or vote. Along with community awareness of this marginal change, and the realization that increased mobility does not automatically invoke retaliation, will come further marginal improvement. In this gradual way, the practice of increased mobility can diffuse to women in other communities ready to progress. A logical first step is to increase female enrollments in school, which is likely to unleash a process driven by women's demand for greater opportunities and involvement in the public sphere.

Figure 1B: Evidence from Rural Sindh and Punjab: Restricted Mobility
(percent)



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

Source: Pakistan Rural Household Survey, Round 1, 2001.

5. If Pakistan is to reduce gender gaps and achieve its development goals, policy interventions will require a dual focus on near-term and long-term outcomes. In the near term, females need access to basic services and opportunities. In the longer term the economic, cultural, and political environment must sustain improved circumstances for women in health, labor force participation, and other outcomes. Far deeper and more integrated initiatives are needed if long-standing trends in gender inequality are to be reversed. What role does public policy play? In many cases minor changes in laws and institutions can foster greater involvement by women in the public sphere to enable them to pursue activities that further enhance their autonomy and elevate their status. Through an iterative process, these incremental changes contribute to equalizing opportunities for women, altering society's long-standing perceptions, and easing associated constraints. Such changes may encourage parents to educate their daughters, for instance, which will enable future generations of women to make better health-related and economic decisions within the household, and to participate in political life where they can contribute to further social and legal change.

6. What is to be done in the meantime, as institutional reforms and economic growth may make limited and slow progress? Active policy measures to promote gender equality in the present are crucial. In particular, near-term approaches must work around existing constraints on women and girls, augmenting their access to basic services, paid work, and opportunities for decision-making in the public sphere. The analysis in this report has incorporated research and insights from scholars and civil society organizations in Pakistan in order to arrive at precisely these types of near-term approaches.

7. Fortunately, since the late 1990s, the Government of Pakistan has nurtured a climate that is conducive to achieving greater gender equality by launching programs designed to increase girls' school enrollments, enhance female access to health care, and facilitate women's participation in the public arena. Pakistan has ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). Specific policies to promote gender equity have been articulated in the National Plan for Development and Empowerment of Women (2002), National Plan of Action (1998) and the government's Poverty Reduction Strategy Paper (PRSP).¹ Prominent civil society organizations have stepped-up efforts to educate the public about the benefits of reducing gender inequalities; moreover, they are increasingly engaged in dialogue with government ministries about how to incorporate gender issues across all major areas of development policy. This report identifies policy levers (summarized below) that can augment the ongoing momentum to close gender gaps. It also reveals key obstacles common to gender gaps in all dimensions and points the way forward to enhancing women's opportunities and status in areas where no policy for gender equality currently exists. There are indeed definitive steps the government can take to advance gender equality, the promise implicit in its commitment to achieve the MDGs.

Key Themes and Policy Implications

8. The report focuses on women's disadvantages in family law and inheritance, education, health outcomes, and labor force participation. Brief attention also is given to women's involvement in other aspects of public life, such as political participation and community decisionmaking. The analysis uses a mix of quantitative and qualitative data to identify determinants of gender gaps in all these themes: quantitative sources include the Pakistan Integrated Household Survey (PIHS)—an urban-rural household survey representative of Balochistan, North West Frontier Province (NWFP), Punjab, and Sindh—and two rounds of the Pakistan Rural Household Survey, 2001 and 2004 (PRHS-I and PRHS II); qualitative data that comes from interviews with women from rural Punjab and Sindh offers more nuanced explanations of gender gaps' determinants. Background papers by Pakistani scholars and legal experts, commissioned for this report, offer further insights. Each theme thus involves a complex, multi-faceted analysis grounded in absorbable public policy recommendations.

Creating an Enabling Environment to Improve Women's Rights

9. To understand the condition of women in a society and their capacity for action, it is important to examine their status both within the domain of the family and within the larger cultural and sociopolitical context. One aspect of this is family law which, in Pakistan, is a mixture of codified law and customary practices. This report focuses on the rights of women as articulated within existing family law, and examines the extent to which such laws are enforced, or enforceable in practice, as well as the ways in which traditional institutions interact with family law. Since familial attachments and networks define many aspects of individual status and rights, the interaction between custom and law within the domain of the family essentially defines the *de facto* set of opportunities available to women, as well as the barriers they confront in fulfilling other basic needs such as education and health.

10. While some customary practices are often flagrant violations of state as well as official Islamic law, lacunae in laws can sometimes be filled by customary practices. In either case, the potential effect of custom on women's welfare is quite complex. In particular, practices which could easily be perceived as detrimental to women may actually enhance their welfare in the absence of enforceable legal institutions. Thus, understanding these institutions and their interaction with the law is an essential step toward identifying policy levers likely to create conditions for the desired outcomes to emerge.

¹ Government of Pakistan (2003).

11. The report focuses on two areas of family law with a substantial potential impact on the welfare of women. The first is the right to inherit family wealth. Although women in Pakistan have the legal right to inherit, most women with a clear understanding of their legal entitlement, and whose families have heritable wealth, “voluntarily” relinquish their right in favor of male relatives, typically a brother (Box 1). By far, the most important reason cited for this is the retention of natal family protection. Most women feel that giving up their legal right to natal family wealth maintains the natal family’s obligation to provide financial and physical security in the event of adverse circumstances. Clearly the presence of articulated laws, though necessary, may not be sufficient to change behavior. The absence of complementary formal institutions, in particular adequate safety nets and access to legal services, not only weakens the enforceability of such laws; it also reinforces exclusive dependence on family networks

Box 1: Rural Women’s Voices on Inheritance

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

—Woman from northern Punjab (Faisalabad), age 30

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

—Woman from Sindh (Mirpurkhas), age 24

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

—Woman from Sindh (Mirpurkhas), age 22

12. Women’s rights under marriage are another domain where numerous laws protecting women have been enacted, many in the earlier part of the twentieth century. Despite the fact that these laws have been in existence for over half a century, legal scholars and human rights organizations in Pakistan agree that girls and women continue to confront profound disadvantages in marriage and divorce. This report examines laws related to child marriage and legal provisions related to the marital contract. The latter includes the *Nikahnama* (marriage contract), dowry, the right to divorce, alimony and *Haq Meher*.

13. The report finds significant improvements in the enforcement of the law related to child marriage. Among rural households, data from Sindh and Punjab suggest that the median age of marriage is 17, and the mean age is 18. However, close to one-third of girls still marry before the legal minimum age of 16. Thus, there is significant scope for improving the enforcement of the child marriage act. Prominent civil society organizations, such as the Aurat Foundation, have stepped in to increase enforcement and have proposed the redrafting of laws to further increase the legal minimum age at marriage to 18 years.

14. The *Nikahnama* is the centerpiece of the *Muslim Family Law Ordinance* of 1961. By requiring the registration of a marriage contract the MFLO attempted to make marital practices more transparent and accountable to the law. Although the *Nikahnama* contains unprecedented protections for women, few of these provisions are actually enforced. The barriers to enforcement include both a lack of awareness of the existence of such laws and customary practices that actively restrict access to the provisions of the *Nikahnama*. For example, 75 percent of interviewed married women had no *Nikahnama*, and most also were not aware that one was required. Among those who had one, close to three-fourths had no idea what was in the document. Given, then, that only seven percent actually had a *Nikahnama* and knew what it

stipulates, the scope of its protection seems severely limited. Indeed, practically no woman who had a *Nikahnama* reported that it gave her the right of divorce. The same is true about *Haq Meher*, a severance clause whereby the husband agrees to pay a pre-specified cash amount to the wife in the event that he initiates divorce. Nominally, *Haq Meher* appears to be quite important but in the vast majority of cases, the amounts were far too small to actually provide any viable economic protection to women.

15. A complex array of cultural practices around marriage appears to substitute or compensate, at least in part, for poor enforcement of marital laws. Most women in rural Pakistan marry a close relative (over 78 percent), and the vast majority continue to reside in their natal village and have close daily contact with their natal families. In addition, practices like *watta satta* (where two different families trade their daughters for marriage) are surprisingly common. More than one in three married women in rural women is in a *watta satta* arrangement. While this practice has understandably been a cause for concern for women's rights advocates, since it clearly restricts women's options within marriage, it is not difficult to see why it continues to thrive. Simply put, the presence of the daughter's sister-in-law in her natal household dampens the potential for serious mistreatment of the daughter. Indeed, we find that women who are in a *watta satta* arrangement report lower levels of depression and domestic violence and are significantly less likely to experience marital estrangement. Examining customary practice of this sort is important because it suggests that unless complementary legal reforms are put in place and enforced, customary practices that afford informal protection are likely to persist and would be hard to eliminate.

16. A number of recommendations on modifications to Family Law from legal scholars in Pakistan resonate with the findings summarized above. Prominent advocates for women's rights in Pakistan have called for increased legal protections related to women's rights under marriage and divorce by amending current provisions in these areas, also recommending specific changes to the *Dissolution of Muslim Marriages Act* (DMMA) (1939) and to the *Nikahnama* form to ease restrictions on women's rights to divorce.

17. While modifications to family law constitute clear policy levers for improving the status of women in the family, equally important is the need to build enabling institutions that allow women to take advantage of available legal protections. Examples include, strict enforcement of record-keeping of family events such as marriage, divorce, birth and death which provides women with the crucial evidence needed to seek legal aid and protection; educating women about their rights through intensive outreach and information campaigns regarding child marriage, dowry, and divorce; and improving access to justice through channels such as free legal aid. Furthermore, to encourage women to actively pursue their rights they must be assured of their physical safety. In this domain, increased provision of safe houses, crisis centers, and responsive police protection is crucial. Equally, women who move against convention in pursuit of their rights must be assured minimum financial security through adequate formal safety nets.

Addressing Mobility Constraints to Enhance Schooling Outcomes

18. Only one of the eight MDGs explicitly promotes gender equality and the empowerment of women, but gender issues are germane to achieving all of them. Especially important is the achievement of universal education. Education enables women to be more productive both inside and outside the household. A mother's education also has a beneficial impact on family size, the well-being of her children, and her use of community services. Educated women are also more likely to participate in the political process; illiteracy is a major obstacle in accessing relevant information and dealing with electoral procedures and political issues.

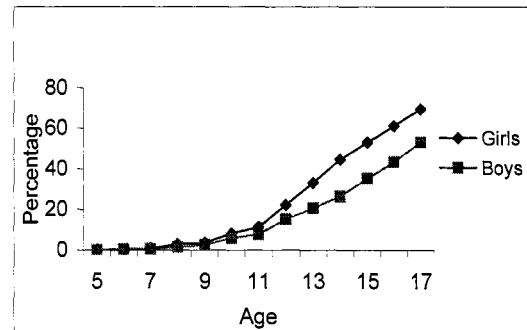
19. The report finds that only 58 percent of primary school-aged boys and 46 percent of same-aged girls were enrolled in primary school in 2001-02. This gap worsens substantially for girls who are 12 and older. Moreover, the rural-urban divide is striking. The gender gap is largely a *rural* phenomenon. In rural areas, girls are less likely to have ever enrolled in school and if they do enroll they are much more likely to drop out (Figure 2). This leaves little room for inaction if the gender equity goals set out in the PRSP are to be met.

20. Girls' education has been the subject of much debate and research in Pakistan, and a number of important demand- and supply-side factors which impact schooling decisions have already been identified. These include demand-side constraints such as family income, parental education, parental attitudes and differences in returns to schooling, as well as supply-side constraints related to school availability and quality. Recent policy initiatives have responded to these findings by introducing important new programs such as stipend schemes and school meal programs. The analysis in this report points to an additional constraint arising from restrictions on the mobility of girls and young women and argues that if this constraint is not accounted for it is likely to dampen the efficacy of the aforementioned policy interventions.

21. Analysis results suggest that the practice of restricted female mobility plays a large role in perpetuating gender gaps in school enrollments. School attendance for girls is very sensitive to school proximity. Girls are much less likely to attend school unless there is one available within the settlement they reside in. This sensitivity to school proximity worsens as girls grow into adolescence. Qualitative studies suggest that concerns over safety and norms of female seclusion are the primary factors behind the precipitous drop in enrollment beyond age 12. This concern is also evident in the rising expenditure on transportation to school reported for older girls.

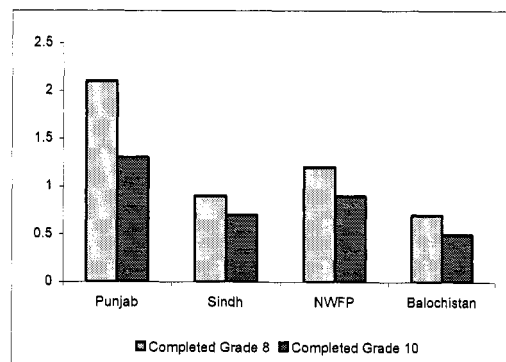
22. Decreasing the physical cost of attending school for girls thus is likely to pay big dividends. How can this be achieved? Since large parts of rural Pakistan are underserved or unserved by schools for girls, school construction will continue to be important. However, a more nuanced approach that addresses the needs of scattered rural population—where dedicated community-level schools are unfeasible—is also required. Even where feasible, however, the construction of schools is likely to face another important constraint: there simply are not enough educated women in many Pakistani villages to staff a school for girls (Figure 3). Government schools (and most private schools) for girls require female teachers, but significant barriers to female mobility prevent educated women from relocating or commuting to localities with teaching jobs. Hiring and retaining female teachers thus will continue to be a problem, and ironically this problem will be at its worst in precisely those areas that are poorly served at present.

Figure 2: Percentage of Children Who Dropped Out of School



Source: Based on World Bank staff tabulations using PIHS 2001-02 data on rural children.

Figure 3: Average Number of Qualified Women in Rural Communities



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

Source: PIHS 2001-02 household data.

23. Paradoxically, the construction of a middle or high school is not likely to be warranted in every community; however, the absence of such schools *sufficiently* close by will hinder the development of public primary schools, thereby discouraging private primary schools. Breaking this unfortunate cycle will require innovative interventions to ensure girls with access to middle and high schools without having to construct a middle or high school in every village. While cultural constraints on female mobility are not likely to yield to short-run policy levers, the creation of a *cohort* of educated women in every village may be a viable policy intervention on the supply side. Marriage, residence, and migration patterns suggest that educated girls frequently remain in the villages they come from, so this constitutes a potential pool of future teachers for the next generation.

24. Improving schooling outcomes requires a comprehensive strategy that can address the demand- and supply-side constraints noted above. First, given the poor distribution of schools, there is a clear need for new school construction to expand access to schools in areas that are currently unserved or underserved. In addition, the conversion of public primary boys' schools to coeducational institutions is likely to be quite effective in immediately improving primary school access for girls in areas where no primary girls' school exist. Analysis also shows that private primary schools locate only in areas with a sufficient pool of educated women who can be hired as teachers. Thus, public investments in middle and high schools are also likely to have very large payoffs for primary schooling, since they could very quickly produce a pool of qualified women who could not only staff existing public schools but also serve to pull in new private schools. In addition, it may be possible to immediately alleviate shortages of teachers by providing residential accommodation with some assured security, as has been attempted in rural Balochistan with some success. Where teacher quality is a concern, mobile teacher training units could also be considered. The success of this strategy relies, however, on ensuring that young girls who have primary schooling go on to complete middle and high school. This requires appropriate demand-side initiatives that are sensitive to the mobility constraints highlighted above.

25. Several demand-side initiatives such as the middle school stipend program and the school meal program (*Tawana Pakistan*) are already underway. Such schemes rely on the idea that low enrollments are primarily due to financial constraints. Without doubt such constraints are likely to be quite important for many rural households. Even where households are concerned about the safety of young girls, a stipend could allow them to purchase private secure transportation to and from school. Our analysis indicates, however, that safety concerns are not likely to be addressed completely by reliance on existing means of transportation available in most villages. A rigorous evaluation of the stipend program is therefore urgently needed to identify whether the stipend should be pegged to school distance as well as the extent to which uptake of the program is dampened by safety and mobility concerns. If stipends alone are found to be inadequate, several complementary initiatives could be considered to augment their effectiveness. For example, where a school exists within walking distance, trained and licensed chaperones could be used to escort young girls to and from school. Where schools are at a greater distance, as is the case with most middle and high schools, subsidized provision of secure school transport could also be considered. The feasibility of such complementary initiatives could be assessed as part of an evaluation though pilot schemes.

Increasing Access to Health Services to Improve Health Outcomes

26. Three major sets of factors interact to slow the improvement in health outcomes in Pakistan, as in other parts of South Asia. First, high rates of poverty make for poor nutrition and health conditions. This is aggravated by neglect of public health and environmental sanitation services, as a consequence of which people—and poor people in particular, given their living and working conditions—are prone to high levels of infection. Second, the coverage and quality of publicly provided health services is poor. Third, gender inequities place constraints on women's and girls' access to health information and

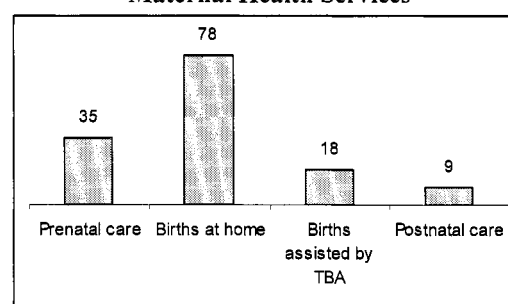
services. The first two issues are not distinct to women and have been analyzed elsewhere. We focus on the specific constraints to improving women's health outcomes.

27. As with education, mobility restrictions play a large role in perpetuating gender gaps in health outcomes. Further constraints faced by women in seeking health care include limitations on decisionmaking and access to information. If women feel that they or their children need health care, they have to persuade their husbands and/or elders of this need, obtain permission to seek care, and find someone to accompany them. They also must be able to access critical information on when to seek medical care and seek information on what health services are supposed to be available to them—not easy when they have limited interaction with the outside world. Women thus face a series of daunting hurdles to seeking timely health care, even if a well-functioning facility is available nearby and the household can afford the treatment.

28. What can the government of Pakistan do to implement its commitment to meeting the MDGs, two of which focus on health and one specifically on maternal health? This will require significant effort and investment on multiple fronts. There have been encouraging trends in childhood immunization. Trends in other MDG indicators are less encouraging, however—in particular that of a three-quarters reduction in maternal mortality between 1990 and 2015: the maternal mortality ratio in 2000 was only six percent lower than the ratio in 1990.

29. The timeliness and quality of care during pregnancy and childbirth strongly influence maternal health, yet the proportion of women receiving health care during pregnancy and childbirth is low, and has risen slowly and only slightly since the 1980s (Figure 4). Only 35 percent of women in Pakistan reported receiving prenatal care during their most recent pregnancy, which represents only a 17-percent increase from the late 1980s. The figure for urban areas is 63 percent, but only 26 percent in rural areas. Nearly four out of five births during 1998-2001 took place at home. The proportion of institutional deliveries rose by only eight percent from the late 1980s. Levels of postnatal care are very low, even in urban areas. There are also large interprovincial differences in coverage of these maternal care services. Punjab is the best-served province, and Balochistan shows the lowest service coverage, followed closely by the NWFP.

Figure 4: Percentage of Women Receiving Maternal Health Services

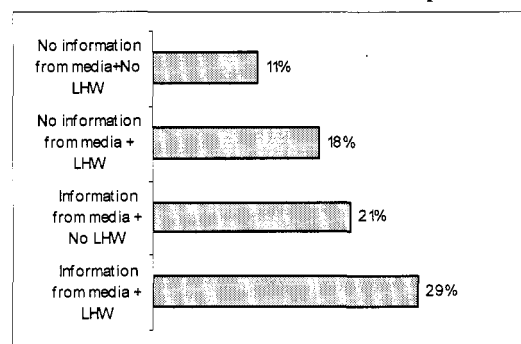


Note: Percentages based on cross-tabulations from the PIHS data. Data refer to use of maternal health services by pregnant women in the three years preceding the PIHS survey. Categories “births at home” and “births assisted by trained birth assistants” (TBAs) are not mutually exclusive.
Source: PIHS 2001-02 household survey data.

30. Gender inequities translate into low investment in the health of female children and adolescents. Women thus enter childbearing years carrying the burdens of deprivation during childhood and adolescence; their health reserves are further drained by repeated childbearing and inadequate care during maternity. The resultant cumulative depletion takes its toll in high rates of maternal morbidity and mortality and in poor health outcomes for their children.

31. Yet it is evident that these hurdles can be overcome well before a shift in cultural values regarding women's position in society. Providing active outreach services to people's doorsteps through the Lady Health Worker (LHW) program is effective at increasing the uptake of some services, such as contraceptive use and immunization. Our data confirm the well-established increase in use of health services if people have health facilities nearby, and also if women have some schooling. But we also find that information campaigns increase service utilization, *independent of* women's schooling, LHW presence, and distance to facility (Figure 5).

Figure 5: Percent of Women Using Contraceptives: Impact of Lady Health Worker Presence and Media Exposure



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

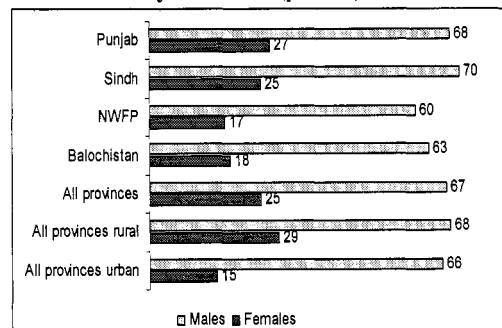
32. From this analysis emerge two sets of policy recommendations which can help reduce the gender-related constraints to improving health outcomes. First, it is critical to mount intensive information campaigns covering a wide range of health messages. This will help women access information directly within their homes; moreover, it can also help build community acceptance for paying more attention to women's health needs and thereby reduce the social barriers to women accessing health care independently. Second, the LHW program should be expanded and strengthened. Where such expansion is currently not possible, mobile service provision should be made available in such a way that people know when and where the services can be accessed. At the same time, some changes need to be made in the organization of the LHW program. We do not find evidence of hoped for synergies between the LHW program and the health facilities; the presence of a LHW does not seem to stimulate women to use the services of the health facilities. The report outlines a few simple measures which could help integrate LHWs more with the functioning of the health facilities and thereby create a more coordinated and effective network of health service delivery to rural households.

Drawing Women into the Workforce and Broader Public Arena

33. Women's participation in the labor force not only serves to augment household income and welfare; it also can provide a tremendous impetus to enhanced participation in public affairs. The National Policy for Development and Empowerment of Women 2002 places particular emphasis on increasing the economic empowerment of women through their increased participation in the workforce. Nationally representative data indicate that women participate in the labor force at substantially lower rates than men in both urban and rural regions. At the end of the 1990s, only one in four adult women (aged 10 and older) participated in the labor force, a far lower rate than the nearly 70 percent participation rate for men.

34. There are also some important sectoral and regional variations in female labor force participation worth noting (Figure 6). First, almost twice as many women report labor market activity in rural areas as compared to urban areas. Second, a much larger fraction of women report labor market activity in rural Sindh and Punjab, as compared to the North West Frontier Province and Balochistan. There is no such variation in male participation rates. Provincial differences in female participation rates are likely to reflect differential opportunities for agricultural employment. As we discuss below, women in rural areas work predominantly in agriculture, and Sindh and Punjab constitute the agricultural heartland of the country.

Figure 6: Labor Force Participation Rates by Province (percent)



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

35. Three additional aspects of female labor market participation are worth noting. First, women work in a much narrower set of occupations than men. Rural women tend to be concentrated in agriculture, while urban women tend to work predominantly in unskilled service jobs such as personal and household services. Second, the occupations in which women are predominantly engaged offer lower wages. Third, these occupations are much more likely to keep women close to or inside the home. Labor force participation by occupation shows that a much higher proportion of urban men than women are engaged in white-collar jobs and within occupations, suggesting further gender segregation by the type of white collar job. A recent report on the need for quotas for women in public sector jobs reports that, despite the existence of quotas across all cadres, women tend to be concentrated in the education and health departments. This may reflect, in part, a decision by women to remain within the domain of “socially acceptable” work. Beyond white-collar jobs of the type described above, women’s labor market participation in urban areas seems to be concentrated in home-based manufacturing work. One study estimates that since the 1980s, there has been a dramatic increase in the proportion of urban women engaged in informal home-based work, primarily crafts and related occupations. While Pakistani researchers and policymakers have increasingly focused on the plight of home-based informal workers, especially that of women home-based workers, initiatives in this area are hampered by a lack of data.

36. The analysis in this report shows that among all the possible determining factors, mobility restrictions are perhaps the most important constraint to women’s participation in the labor force. Social barriers to women’s mobility also shape the sectors and occupations they work in and their choice of location of work. In fact, the same cultural restrictions that limit female access to education and health facilities also constrain their opportunities to earn income.

37. As we have discussed above, women’s mobility may be limited due to concerns about their safety as well as norms of family honor and seclusion restrictions. The report shows that concerns about safety also discourage participation in paid work and confine women to jobs within their village or settlement. As Table 1 shows, women who feel unsafe walking within their own settlement are much less likely to work for pay. Analysis also shows that women whose husbands are educated and women who belong to higher-income households are less likely to work. Qualitative data suggests that this may be because there is a social stigma attached to women working outside the home.

Table 1: Effect of Safety and Participation on Paid Work

<i>Woman's concerns about safety</i>	<i>All paid work</i>	<i>Paid farm work</i>
Feels unsafe within settlement	Negative impact	Negative impact
Feels unsafe outside settlement	No impact	No impact

Source: Based on probit regression results reported in Table A5.3 and PRHS 2004.

38. The limited participation of women in wage labor is of particular concern not only because it limits the income-earning opportunities available to households, but also because participation in paid work has important implications for women's autonomy. Many studies have found that working women have greater voice in household decisions. This report identifies an additional aspect of empowerment through participation in labor markets. Women who work are significantly more likely to participate in community and political activity. Given the increasing role of local government under the decentralization process, and thus the increased role of communities in political decision-making, participation in work is perhaps one important avenue through which women's civic participation could be enhanced.

39. The report proposes several ways in which women's labor force participation can be stimulated. Raising women's skill levels, both through formal schooling as well as vocational training, will increase their ability to find employment. Investment in time-saving infrastructure is also important for encouraging women's participation in work activities. The restrictions on physical mobility and segmentation of the labor market will continue to circumscribe women's participation, however. Complementary strategies are needed to attract and retain women in the labor force. For example, micro-credit programs could enable women to establish small businesses, and better designed credit and agricultural extension program can benefit women engaged in agricultural work. Given that many women are engaged in home-based work, better regulation as well as the establishment of appropriate benefits is also likely to be important. Finally affirmative action programs such as quotas or the repealing of labor laws such as the *Factory Law* that discriminate against women are likely to be more effective if complemented by efforts to ease mobility constraints and concerns about safety.

Conclusion

40. This report identifies two dimensions in which policy must address gender gaps in order to meet Pakistan's development goals. First, because cultural constraints undermine women's access to education, health services, and prospects for earning income, policy requires near-term initiatives that work around these constraints, increasing female acquisition of basic services and opportunities. Near-term initiatives include augmenting funding of government programs (such as LHWs and stipend programs to increase girls' attendance) that have been successful in increasing access on a small scale; modifying legislation to further empower women—by expanding their income earning-opportunities and their marital rights, for example; and enforcing these modified as well as existing laws so that women actually will take advantage of their legal rights.

41. Second, improvements in gender equality will endure only to the degree that formal institutions reinforce them and society accepts them. Policy therefore must incorporate long-term measures to create an environment that enables the reduction of gender gaps. As discussed earlier, the gradual process of social change means that many iterations of change across multiple generations have to occur before conditions improve for women on a wide scale. This slow nature of widespread improvement does not imply that government can be complacent and wait for a fundamental shift to occur, however. On the contrary, activating and sustaining the virtuous cycle of improvements requires strategies that reinforce near-term measures. Increasing girls' school enrollments builds future cohorts of local female teachers and health care providers, but to accomplish this, girls first must feel safe enough to attend schools outside their communities when there are no schools nearby, and women must feel secure enough to work outside their homes, even when this is not the norm. By creating a public arena that is more welcoming to women, policies that initiate improvements in female human development will achieve the desired results. Once women perceive that there is an arena in which they can apply their greater development, their own demand for improved access to services and life opportunities will act as the most effective momentum for fundamental change. The shortest route to improving gender equality is that which fuels demand for change and accelerates a virtuous cycle of improvements.

1. IMPROVING GENDER EQUALITY IN PAKISTAN

Small Steps to Date, Large Strides Ahead

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

—Amartya Sen²

1.1. South Asia stands out among all the regions of the world as a region with a high degree of gender inequality—in opportunities, resources, and rewards enjoyed by men and women. Within South Asia, gender disparities in Pakistan are also pronounced: they cut across all classes, sectors, and regions of the country. Although the issues of gender inequality in Pakistan are well documented, less is known about what drives these gender differences and what policy levers are at hand to effect change. This Gender Assessment describes the multiple dimensions of tackling these gender inequalities and identifies implementable policies that will most effectively alleviate gender gaps. Achieving this objective requires in-depth understanding of both economic and non-economic issues. Because existing data provide only a partial grasp of factors driving gender inequalities, the Gender Assessment has combined data analysis with information on legal, political, and socio-cultural environments. It is vital to include the influence of socio-cultural norms on families' reactions to policies and programs, or we risk creating initiatives that are unsuccessful, even if they provide all the right economic incentives.

1.2. The recent Policy Research Report on Gender (2001)³ extensively analyzed gender issues across the developing world and provided evidence of the types of reforms and policies that can promote gender equality. It also stressed that one-size-fits-all policies for promoting gender equality will not work. This Country Gender Assessment (CGA) examines what policies would succeed or fail in the Pakistani context. The CGA builds on Pakistan's Poverty Assessment (2002), which showed that steady economic growth throughout the 1980s and 1990s was not accompanied by commensurate social improvements. With a gross national income (GNI) per capita of \$470 (2003) and 32.6 percent of the national population below the poverty line, Pakistan remains classified as a low-income economy.⁴ At the end of the 1990s, its social indicators were below those of other developing countries with similar per capita incomes, and they improved more slowly than those of countries with similar growth rates.⁵ Levels of illiteracy are among the highest in the region, while school enrollment rates are the lowest. Figure 1.1 reveals large gender gaps in literacy and enrollment relative to the rest of South Asia and to lower-income countries in general.

² Based on the text of an inauguration lecture for the new Radcliffe Institute at Harvard University on April 24, 2001. A shortened version of this paper was published in *The New Republic* on September 17, 2001.

³ World Bank (2001).

⁴ World Bank (2004c).

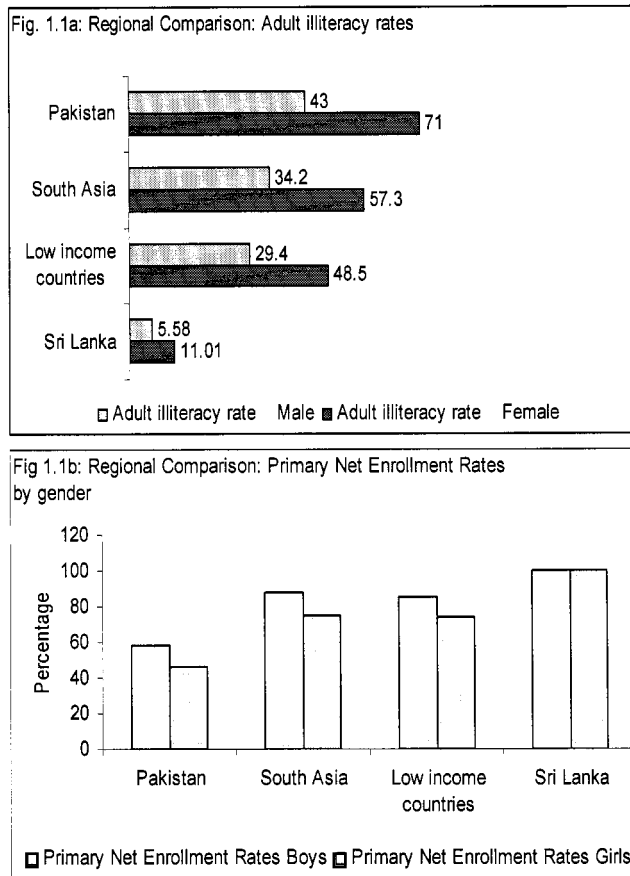
⁵ World Bank (2002).

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

1.4. All of these developments help create an environment conducive to reducing gender disparities, and policymakers have committed themselves to a number of gender specific goals in recent years. Pakistan has ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). Specific policies to promote gender equity have been articulated in the National Plan for Development and Empowerment of Women (2002), National Plan of Action (1998) and the government's Poverty Reduction Strategy Paper (PRSP).⁶ The PRSP is aligned with the Millennium Development Goals (MDGs) and identifies gender equality as an explicit goal (see Box 1.1).

1.5. While only one MDG explicitly cites the promotion of gender equality and the empowerment of women, gender issues are germane to achieving all eight MDGs. Various dimensions of the gender gap each have their own effect on the development trajectory, and their effects are also interactive. A primary indicator for eradicating gender disparities is *equality in educational opportunity*, as measured by school enrollments. A one-percent rise in female school enrollments boosts average GDP levels by 0.37 percent, whereas a one-percent increase in male education has no significant effect; conversely, gender disparity itself significantly lowers levels of per capita income.⁷ A cross-country study on the impact of missing the MDG target on gender equality estimates that countries such as Pakistan, which have not achieved the targeted equity in education by 2005, risk losing an average of 0.4 percentage points in annual economic growth between 2005 and 2015 if they remain off track.⁸ Potential negative social effects of failing to achieve universal education include between 0.1 and 0.6 more births per woman, 2.4 percentage points greater incidence of underweight children under age five, and up to 32 per 1,000 higher child mortality by 2015.

Figure 1.1: Regional Comparisons



Note: Illiteracy rates pertain to those 15 and older.

Source: Figures for Pakistan calculated using PIHS 2001. Figures for low-income countries, South Asia, and Sri Lanka are taken from Genderstats World Bank (2004).

⁶ Government of Pakistan (2003).

⁷ Klasen (1999) ; Knowles et al., (2002).

⁸ Abu-Ghaida and Klasen (2004).

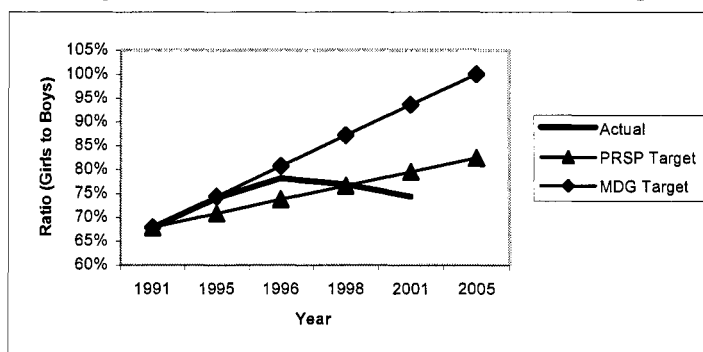
Box 1.1: Attaining the Millennium Development Goals in Pakistan: What Are the Gender Issues?

The government's pledge to achieve the MDGs by 2015 means it is prepared to assume responsibility for ameliorating gender disparities in social, economic, and political spheres. While only one of the eight MDGs promotes gender equality and the empowerment of women, gender issues are germane to achieving all eight MDGs. Gender gaps in a country's political, social, cultural, and economic dimensions are intertwined with the country's overall development trajectory. Especially important is the achievement of universal education; because increases in educational attainment are transmitted to subsequent generations, reductions in the gender gap for education are self-perpetuating. Female education also advances other development goals: women are more productive both inside and outside the household; and evidence overwhelmingly shows a mother's education to have a beneficial impact on family size, the well-being of her children, and her use of community services.⁹ Outside the home, women's education raises productivity in both wage employment and agriculture,¹⁰ and enables women to meaningfully participate in the political process.

A primary indicator for eradicating gender disparities is *equality in educational opportunity*, as measured by school enrollments. In Pakistan, allocations for basic education have increased, yet public expenditure on education as a percentage of GDP has remained low, comprising about 1.8 percent in 1998.¹¹ How has public expenditure affected gender gaps in schooling? Analysis of public spending¹² suggests a significant gender gap among the lower-income quintiles, where girls receive much less in government resources per capita than do boys at both the primary and secondary school levels. Extending this analysis to understand how girls' enrollment will respond to an increase in public education expenditure also reveals a gender gap among the lower-income quintiles—the *marginal impact of an increase in total spending is higher on boys' enrollment than on girls'*—indicating that boys tend to benefit more than girls from public expenditure on education at both the primary and secondary levels.¹³

If this pattern of public expenditures does not improve, Pakistan will be hard-pressed to attain its goal of gender equality in education by the year 2015 (Figure 1.2).¹⁴ Even though the ratio of the number of girls enrolled in primary school (regardless of age), relative to the number of boys enrolled, showed improvements in the first half of the 1990s, it has since taken a downward turn. In 2001, the ratio was 74 percent. Pakistan's PRSP aims to reach a ratio of 82 percent in primary enrollment by 2005, much lower than the MDG target of 100 percent. If the 1990's pattern of public expenditures on education persists, achieving any significant improvement in girls' enrollments seems unlikely in the short-term, or by the MDG target date of 2015.

Figure 1.2: Gender Ratio in Enrollments and MDG Target



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

⁹ Strauss and Thomas (1995).

¹⁰ Behrman and Deolalikar (1988) Quisumbing (1996).

¹¹ World Bank (2002). For comparison, note that in Sri Lanka education spending was 5.3 percent of the GDP.

¹² Benefit incidence analysis of the impact of public expenditure on education on school enrollments of girls and boys taken from note prepared for World Bank (2004d). The expenditures are for 2000-01, while data on school enrollments of girls and boys are from the 1998-99 Pakistan Integrated Household Survey.

¹³ Under the assumption that public expenditures are proportional to public school enrollments, this exercise of estimating marginal benefit incidence is an approximation of the actual dynamic impact of change in education expenditure on outcomes,

1.6. The social justice inherent in promoting gender equality makes its achievement an important aspect of human welfare, intrinsically worth pursuing. As an outcome of gender inequalities, gender inequities refer to differences not only in men's and women's opportunities, but also in what Amartya Sen refers to as their capabilities and freedoms (or power). Inequalities in freedoms reflect the fundamental differences between men and women in their ability to achieve their capabilities, "... the range of things that a person could do and be in her life."¹⁵ The pursuit of gender equality promotes the fair distribution of capabilities and freedoms, as well as offer potential economic benefits.

1.7. To reduce gender gaps and reverse long-standing trends in gender inequality will require interventions that promote women's voice and create an environment that fosters women's greater involvement in the public sphere. There have been a number of efforts in Pakistan to address gender inequality on the legal and political fronts. The reservation of seats for women in local government and provincial and national assemblies has brought about an unprecedented increase in women's political participation, creating space for women's voice. Government and civil society alike have led efforts to mitigate violence against women and other violations of the law. In 2004, Parliament passed a bill against honor killings. Discriminatory laws—prominent among them the Hudood Ordinances—have become the subject of increasing debate in recent years. The National Commission on the Status of Women (NCSW), charged with the mandate of reviewing existing laws suggesting reforms, has recommended that the Hudood Ordinances be repealed. The government currently is reviewing NCSW's recommendation on the Hudood Ordinances.

1.8. What is to be done in the meantime, as institutional reforms and economic growth slowly work to reduce gender inequities? Active policy measures to promote gender equality in the present are crucial. In particular, near-term approaches must work around existing constraints on women and girls, augmenting their access to basic services, paid work, and opportunities for decision-making in the public sphere. Key to this CGA is the finding that in each of the dimensions analyzed in this study, the persistence of gender gaps stems from both culturally-based and economic constraints. Restriction of women's mobility—which varies by region in Pakistan, and in the most conservative form results in female seclusion—is a particularly formidable obstacle to closing gender gaps. Policies that can work around such cultural constraints will both increase service delivery to females and encourage long-term cultural shifts that will reduce these constraints.

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

I. GENDER INEQUALITY IN PAKISTAN: AN OVERVIEW

1.10. With an area of 803,940 square kilometers, Pakistan borders India (in the east and southeast), Iran in the southwest, Afghanistan (in the north and northwest), and the Arabian Sea to the south. The country is made up of two territories (Islamabad Capital Territory and the Federally Administered Tribal Areas)

since it measures the impact of aggregate changes (e.g., change in total enrollment) on different groups (see Lanjouw and Ravallion 1999 for methodological details) using cross-sectional data at a certain time.

¹⁴ Actual gross enrollments are obtained from various rounds of the Pakistan Integrated Household Survey. The PRSP target is that indicated in Government of Pakistan (2003).

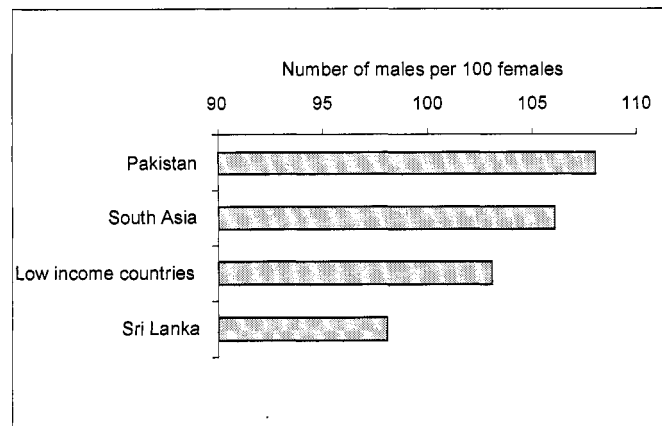
¹⁵ Sen (1989).

and four provinces (Balochistan, North West Frontier Province, Punjab, and Sindh). The most populous of these provinces is Punjab, which is home to roughly one-half the country's total population of 148.4 million (2003).¹⁶ Although Pakistan's official language is Urdu, a host of other languages—including Baluchi, English, Pashto, Punjabi, Saraiki and Sindhi—reflect the ethnic diversity of the population. The largest of these groups is Punjabi; Pashto, Sindhi, and Saraiki each account for between 10-15 percent of the population; and Urdu, Baluchis, and Afghans make up less than 10 percent each. Because the population is predominantly rural (about 68 percent), nearly one-half the labor force is involved in agriculture, forestry, fishing and hunting.

Health

1.11. According to the 1998 Population Census, the sex ratio (the ratio of men to women in the population) is 108 males per 100 females.¹⁷ The sex ratio frequently is used as an indicator of gender inequality in a society because it reflects gender differentials in mortality.¹⁸ A high sex ratio indicates premature death of females, the source of which could include poor female access to health inputs or social factors resulting in sheer neglect. Pakistan's sex ratio of 108 males per 100 females indicates excessive female mortality and surpasses even South Asia's already high ratio of 106 (Figure 1.3). Even compared to other low-income countries, Pakistan's sex ratio is high.

Figure 1.3: Sex Ratio Imbalance in Pakistan: Too Few Girls



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

1.12. Amartya Sen brought attention to this simple but powerful sex ratio statistic to calculate the phenomenon he called “missing women.”¹⁹ In a world with no excessive female mortality the sex ratio would be 95 to 98 males per 100 females.²⁰ The difference between this benchmark and the actual ratio translates to the number of missing women—that is, women who could have lived but did not because of premature death. Taking 95 as the benchmark, Pakistan's sex ratio of 108 implies almost 8 million missing women. Sen calculated that more than 100 million women were missing due to the surfeit of female mortality in parts of the developing world, most notably South Asia, China, West Africa and parts of North Africa. Other social scientists have more conservatively estimated the range of missing women to be between 60 and 90 million.²¹ All of these estimates confirm the enormous toll that excess female mortality is exacting on women in these regions of the world.

¹⁶ World Bank (2004c).

¹⁷ The *sex ratio* is defined as the ratio of the number of males to females in the population, and it is calculated as the number of males per 100 females (a ratio of 95 is considered normal) from census data. Census data is the most appropriate data source to use for calculating the sex ratio, as the Census is designed to produce a count of the entire population of the country. However, sex ratio in the population also is frequently estimated using household survey data, which can be problematic because the selection of households in the survey can affect the sex ratio estimated. See Deaton (1998) for a discussion.

¹⁸ The sex ratio also can be influenced by sex ratio at birth, migration, and under-enumeration of females.

¹⁹ Sen (1990).

²⁰ Sen (1990), Coale (1991), Klasen and Wink (2002). Biologically, women tend to have lower death rates than men, so female death rates ideally should be lower than male death rates.

²¹ Sen (1989), Sen (1990), Coale (1991), Klasen (1994)

1.13. Because there is little evidence of prenatal sex selection in Pakistan, the prevailing sex ratio reflects relatively poor treatment of girls after birth, rather than female infanticide. This phenomenon has been called “extended infanticide,” where girls have an elevated mortality rate in childhood because they may be denied inputs like food, nutrition, and health care.²²

1.14. Indeed, female child mortality exceeds male child mortality in Pakistan. Most recent estimates of childhood mortality show the female rate between ages 1 and 4 to be 24 per 1,000 births, while the male rate in this age group is only 15 per 1,000 births (Table 1.1). Among infants, male mortality rates exceed those for females, a pattern consistent with biologically expected sex-based differences in mortality rates. In Pakistan, mortality rates other than those for very young ages are largely unknown. Life expectancy at birth was about 59 years for both men and women in 1990 and rose to 63 years by the late 1990s. Prior to the 1980s, male life expectancy exceeded female life expectancy at birth.

Table 1.1: Early Age Mortality Rates						
	Infant Mortality		Child Mortality		Under 5 Mortality	
	Male	Female	Male	Female	Male	Female
1980 – 1990/91	102	86	22	37	122	119
1997–2000	99	71	15	24	112	93

Note: Rates per 1,000 live births.
Source: Pakistan DHS 1990-91; Pakistan Reproductive Health and Family Planning Survey, 2000-01.

1.15. Women in Pakistan begin bearing children at a young age. Births also tend to be spaced close together: about one out of three births occur less than two years apart. Until the beginning of the 1990s, the average total fertility rate (TFR) in Pakistan exceeded five births per woman.²³ The fertility rate has gradually declined since the early 1990s, and at the end of the decade it was just under five births per woman.²⁴ This high fertility—along with low age at first birth and closely-spaced births—worsens women’s health and intensifies gender differences in health status. While data on maternal mortality are not directly available, approximately one woman in 31 dies due to pregnancy-related outcomes.²⁵ Because most deliveries are not carried out by trained birth attendants or doctors, complications arising during delivery can lead to disabilities, an outcome that has not received adequate attention in research.²⁶

1.16. Studies from Pakistan consistently show a high incidence of malnutrition among children from birth to age 5.²⁷ A recent estimate of rural malnutrition rates (Table 1.2a) shows 65 percent of rural girls to be chronically malnourished (low height for age). A similar number of boys also are malnourished. Estimates of malnutrition rates through the 1990s display no evidence of gender gaps.²⁸ Anemia is more

²² Miller (1981).

²³ During the 1990s, Pakistan’s fertility rate began to decline. The total fertility rate (TFR) appears to have declined to about 4.46 by the late 1990s (1998-99 PIHS). This decline has been accompanied by an increase in contraceptive prevalence rates. According to the 1998-99 PIHS, the contraceptive prevalence rate was 17 percent, which, though higher than in previous years, is one of the lowest in the region.

²⁴ NIPS (2001).

²⁵ WHO, UNFPA, and UNICEF estimate (2004).

²⁶ Ashford (2002).

²⁷ Qureshi, Nazli, and Sumro (2001) provide an overview of results from different surveys over time. Among children aged 0-5 years, the incidence of stunting—which reflects chronic or long-term malnutrition—shows an increasing trend, from almost 43 percent in 1977 (Micro-nutrient Survey) to 50 percent in 1990 (Pakistan Demographic and Health Survey) and 60 percent in 1998-99 (Pakistan Socio-Economic Survey).

²⁸ The Pakistan Socio-Economic Survey (SES) for 1998-99 shows a higher incidence of malnutrition among boys than among girls (Qureshi, Nazli and Sumro, 2001). Most research on gender disparities in nutritional status based on anthropometric measures tends not to find any statistically significant gender differences. For example, preliminary results from the PRHS (2001) on the incidence of malnutrition do not show any differences by gender (World Bank 2002). Haddad (1999) outlines three possible reasons for the failure to observe gender differences. First, excessive female child mortality causes the most malnourished girls to drop out of the sample. Second, anthropometric standards are age sensitive, and a high incidence of age

prevalent among females than males in each age category (Table 1.2b). Particularly in the 15-24 and 25-44 age groups, there is a clear pattern of anemia among women. This high prevalence in childbearing ages is of particular concern, since anemia is one cause of low-birth-weight babies.

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

Education

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

1.19. Mirroring the literacy gap are gender gaps in school enrollments among children of school age: girls' enrollment rates are lower than boys' enrollment rates. The primary Gross Enrollment Rate (GER) for girls is 61 percent. If this rate is adjusted for whether enrollment is age appropriate, then only about 46 percent of primary school-aged girls are enrolled in primary school. Called the Net Enrollment Rate (NER), this rate is 46 percent for girls and is lower than the GER, suggesting delayed school entry and grade repetition among girls. These patterns are common among boys as well, for whom the GER is 82 percent and, adjusting for age, the NER is 58 percent. The enrollment in grades higher than primary are low for both boys and girls; however, here too there is a gender gap: the net enrollment rate in post-primary grades (grade 6 and beyond) is only 27 percent for girls and about 38 percent for boys.³⁰

Table 1.2: Malnutrition and Anemia

a. Malnutrition Among Children Under 5 (percent)				
		1990-94	1998-99	2001-02
		<i>Rural and Urban</i>	<i>Rural and Urban</i>	<i>Rural</i>
Underweight	Male	39.8	44.3	48
	Female	40.5	32	48
Stunted	Male	36	64.9	64
	Female	36.6	53.9	65
Wasted	Male	13.9	10.6	11
	Female	13.7	8.1	12

b. Prevalence of Anemia (percent)			
		<i>Urban</i>	<i>Rural</i>
5-14	Male	32.5	41.5
	Female	40	42.7
15-24	Male	15.3	24.6
	Female	33.1	37.5
25-44	Male	8.7	19.5
	Female	37.1	37.3

Note: Malnutrition
Underweight: Low weight for age (2 standard deviations below median weight for age of reference population)
Stunted: Low height for age (2 standard deviations below median height for age of reference population)
Wasted: Low weight for height (2 standard deviations below median weight for height of reference population)
Anemia: low hemoglobin content
Source: 1990-94: National Health Survey of Pakistan (1996), reported in Compendium of Gender Statistics Pakistan Socio-Economic Survey (1998-99). Malnutrition figures for 1998-99 from Pakistan Socio-Economic Survey. Malnutrition figures for 2001 from Pakistan Rural Household Survey, 2001.

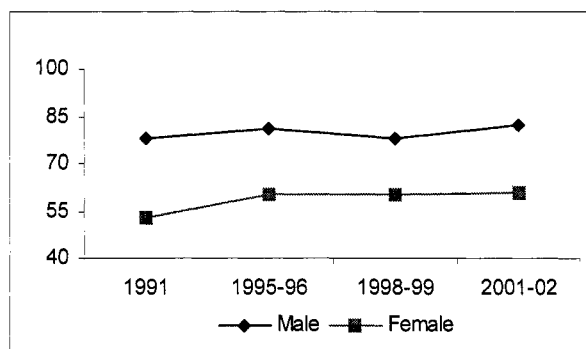
misreporting for females could result in a large proportion of females appearing to be less malnourished than they really are. Third, the anthropometric standards are not gender neutral, since standards differ for females and males.

²⁹ Literacy refers to the capability to read and write.

³⁰ Net enrollment rates calculated for children aged 11-16 comes from World Bank (2003).

1.20. The gender gap in primary school enrollments did not narrow appreciably during the 1990s (Figure 1.4). For most of the decade, the primary GER for girls remained approximately 20 percentage points below that for boys, except during the start of the 1990s, when the gender gap was slightly higher at 25 percentage points. A noteworthy and worrying trend is that in periods when the gender gap has narrowed, the decrease has been due to a decline in male enrollment rather than a rise in female enrollment. A similar trend is also observed if NERs are compared over time.³¹

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



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

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

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

Participation in the Labor Force

1.23. As in most developing countries, measuring the extent of female labor force participation is sensitive to the definition of work used and the duration (a week, month, or year) considered. Measurement of male participation in the labor force tends to be less affected by these issues. According to the Pakistan Integrated Household Survey, which measures work participation over a reference period that is longer than that used by the Labor Force Survey, 67 percent of males and 25 percent of females were participating in the labor force in 2001-02.³² This definition of labor force participation includes both paid and unpaid (family labor) work. Women who participate are much more likely to do so in unpaid work, while men are more likely to participate in paid work. Almost 60 percent of women involved in the labor force are unpaid workers. This is a very high rate compared to that of men; among those who participate in the labor force, only 19 percent of men are unpaid family workers.

³¹ World Bank (2002).

³² Labor force participation is measured for those aged 10 or older. In contrast, most other countries in South Asia calculate labor force participation rates for individuals 15 and older.

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

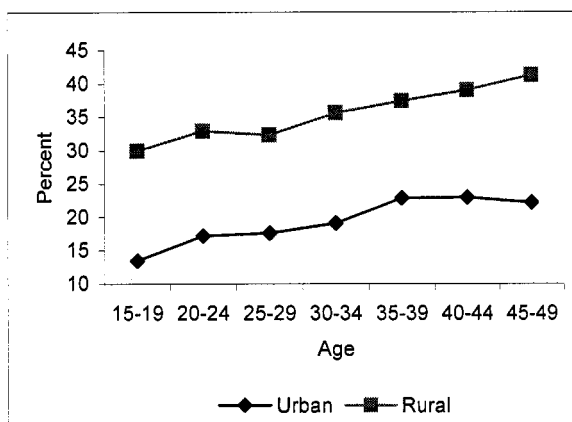
1.25. Female labor participation rates also exhibit considerable variation across provinces (Figure 1.6). Women in rural Punjab have the highest participation rates, while women in Balochistan have some of the lowest participation rates in both rural and urban areas.

1.26. In addition to participating in work activities, whether paid or unpaid, it is important to look at female ownership of productive assets to better understand women's economic roles. Female ownership of an important rural asset, land, appears to be limited in Pakistan. Data on ownership of assets such as land or access to credit by gender are not readily available from existing data sources. The Pakistan Rural Household Survey (PRHS) in 2001 has found that women owned only 2.8 percent of plots, despite the fact that 67 percent of villages surveyed reported that women maintained the right to inherit land. A 1994 survey in rural Punjab found that of the 1,000 households surveyed, only 36 women owned land in their own names.³³

Political Participation

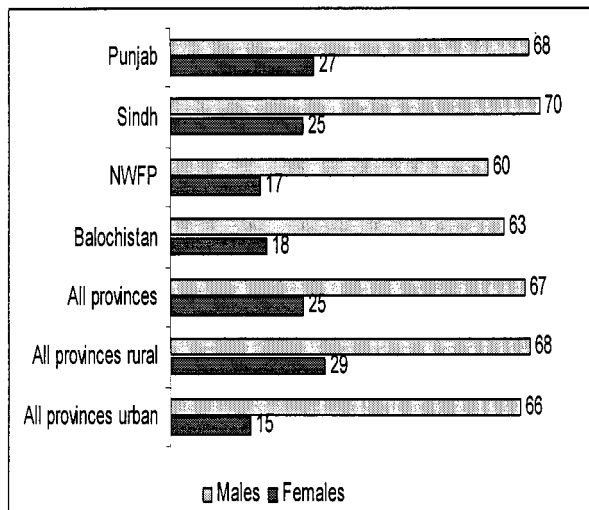
1.27. Recent legislation mandating reservation of seats for women in local governments, as well as in provincial and national assemblies, has substantially increased women's political representation. As a result of adopting the 33-percent quota mandated by the Local Government Ordinance (2001), women competed not only for the reserved and open seats on the union, subdistrict (tehsil) and district councils, but also for the posts of Nazims and Naib Nazims. Out of a total of 40,009 seats reserved for women,

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



Source: World Bank staff calculations using data from the PIHS 2001-02.

Figure 1.6: Labor Force Participation Rates by Province



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

³³ Kazi (1999).

36,187 women were elected to various government bodies during the local elections of 2001 (Islam 2002). A similar reservation/quota system for women's representation exists in the Senate and in the national and provincial assemblies; about 17 percent of seats in the national assembly are reserved for women, and 18 percent of seats are reserved for women in provincial assemblies distributed across the four provinces

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

1.29. Although the first tenure of local government has been characterized by lack of proper resource allocation to local councils, which has impeded local governments' effectiveness, Pakistan can expect to see strong results from carving out a political space for women in the coming years. Studies from other countries such as India have shown that, over time, communities benefit significantly when women participate in local government.³⁴

II. GENDER ASSESSMENT METHODOLOGY

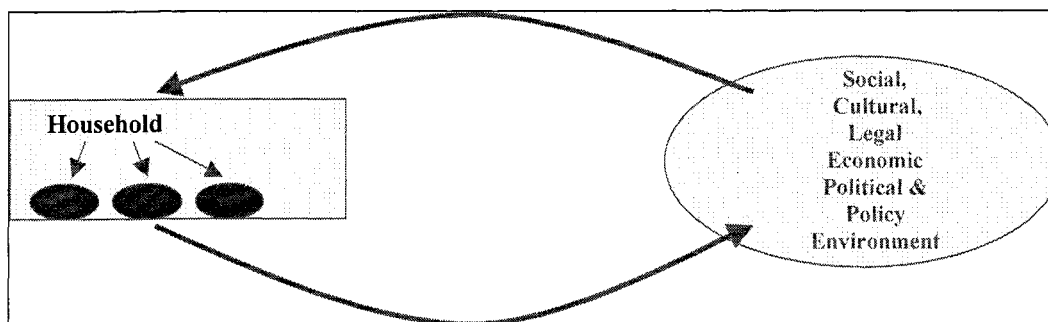
1.30. The Gender Assessment has two basic objectives. *First*, it draws attention to the emerging gender issues in Pakistan. There already exists a large body of work on Pakistan that seeks to comprehend the underpinnings of gender inequality. The Gender Assessment synthesizes this work and extends it further with a view to filling knowledge gaps and recommend suitable policy options. The analytical work reported here involved consultation with relevant government institutions and research on a number of important issues—most notably those relating to customary practices and legal matters—by Pakistani experts. This process has yielded a set of policy recommendations that enable Pakistan to move closer to its stated policy objectives on gender. *Second*, the Gender Assessment aims to expand the Bank's understanding of gender gaps in Pakistan and to provide a framework for enhancing the effectiveness of the Bank's efforts to encourage gender mainstreaming in the country.

The Analytical Framework

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

³⁴ Chattopadhyay and Duflo (2001).

Figure 1.7: Framework of Analysis



1.32. The conceptual framework recognizes the importance of factors both inside and outside the family in determining how gender disparities in outcomes arise and are perpetuated. While household socioeconomic status affects gender disparities, gender gaps in outcomes are muted somewhat in higher income households but they persist even in wealthier parts of Pakistan and in wealthier households. This is because gender disparities are intimately related to and driven by customs, social norms, and formal structures such as laws and regulations. The gender structures embedded in social and legal institutions affect gender relations and gender outcomes, and thus the scope for policy and action. For example, practices such as *purdah* (see Box 1.2 for details) or customs that limit female mobility have an impact on women's access to schools, medical advice and even income-earning opportunities. Male household members, on the other hand, face fewer restrictions on their movement outside the household. These cultural institutions thus establish the incentives, opportunities, and constraints that determine peoples' choices and actions, and they shape power relations within the family and society.

1.33. There are great benefits to using such a framework. By placing the household—and specifically decision-making within the family—at the heart of the framework, the Gender Assessment can “unpack” the process of household decision-making for the policymaker. This enables policymakers to select programs and program designs available from national and international experience that are most appropriate for Pakistan, given its current conditions and circumstances, as well as its goals for the future. This framework allows the policymaker to better contemplate and address the following issues:

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

Box 1.2: Customs that Influence Women's Freedom of Movement Outside the Household

Norms restricting women's mobility are closely linked to issues of *purdah* and *izzat* (honor). As reviewed in Mumtaz and Salway (2005), the ideal form of restricted mobility is seclusion of women inside the household. While this is an extreme practice, a more common form is requiring women to seek permission to leave the household and to be accompanied, preferably by a male household member, or at minimum a group of other women or children. Typically understood to be an Islamic injunction, mobility restrictions are observed in many regions and religions, as documented by Mandelbaum (1986) and Jejeebhoy and Sathar (2001). The practice is inextricably linked to issues of honor in the society and communities observing it. "Protecting" a woman in this way safeguards her honor and, more importantly, preserves the honor of her family and community.

The relationship between the practice of *purdah* and mobility is a highly complex. *Purdah* requires women to thoroughly cover themselves with clothing, although the strictness of practice fluctuates widely throughout Pakistan and across South Asia. The most austere form uses the *burqa*, a black dress combined with a headcover, which completely veils the face and body. A less strict version of the dress code requires a scarf to cover the head in public. In addition to defining customs of dress, *purdah* has the potential to constrain women's mobility, such as in rural areas, where it can interfere with a woman's ability to perform manual labor. In some cases, however, *purdah* can even enhance female mobility. According to one woman, age 45, in northern Punjab:

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

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

Table 1.3: Practice of Purdah Among Rural Women: Percent Practicing

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

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

Sources of Data and Information

1.34. Existing survey data has provided much information about gender gaps in outcomes, but more information is necessary to unpack the underlying factors that inhibit efforts to reduce these gaps. Because so many factors originate from socio-cultural contexts, understanding them requires more nuanced and detailed data sources than pre-existing data can accommodate, which has required additional qualitative and quantitative data acquisition and analysis. The analysis also has benefited substantially from insights in papers by Pakistani specialists on topics ranging from gender issues in the water sector to gender issues in political participation, family law, and access to justice.

1.35. The method of combining qualitative and quantitative information to learn more about potential implementable policy design was applied in the areas of education and health. Development studies are increasingly adopting this "qual-quant" approach as an analytical tool.³⁵ The qual-quant approach is

³⁵ This approach has been adopted in research on poverty where qualitative participatory poverty analysis is combined with data from household surveys. See proceedings from a workshop on qualitative and quantitative poverty appraisal, (Cornell University 2001) and Kanbur's discussion therein.

particularly useful in gender analysis because data on social and cultural characteristics—for instance, those reflected in marriage customs—are difficult to measure from quantitative household surveys and to some degree are region specific. Qualitative data on marriage practices have helped improve our understanding of them, including details on how property rights are ascribed and enforced under different region-based norms.

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

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

1.38. To offset the shortcomings of qualitative studies based on a set of case studies on specific villages or communities, which weakens the credibility and general applicability of inferences drawn from them, the qualitative study selected sites from a sampling frame for a representative rural household survey (see Box 1.3). In so doing, the qualitative study insights based on a few households in a community can be combined with quantitative data on all the households in that community. The qualitative study also brought to light questions that could be included in the quantitative household surveys seeking to analyze gender dimensions. The qualitative study was intended to shed light on key gender issues that are difficult to tease out of quantitative data such as women’s participation in community mobilization activities, the interaction of social and customary practices as reflected in notions of female honor, restricted mobility, the practice of purdah, public and private violence against women, inheritance and marriage practices. The study also sought to understand constraints on girls’ schooling and women’s participation in political decision-making. Policymakers need such insights to understand how programs can be better designed and how women can be better engaged in community decision-making since the devolution reforms and increased political representation of women in local government.

1.39. *Papers from Pakistani experts.* In a series of background papers, Pakistani experts have facilitated understanding of gender inequality with regards to customary practices and legal issues, access to water, and capacity-building of women representatives. The Gender Assessment derives important lessons from these papers, including the positive and negative effects of customary practices and formal laws on women. Women in Pakistan are vulnerable, since avenues for obtaining justice are very limited. In many areas, including family law, women have limited legal protection. Even where laws exist, women’s access to the legal system is severely limited by cultural norms that prohibit women’s access to public spaces and a general ignorance of rights and procedures in the justice system. The legal system is not supportive of females seeking redress for violations of their rights. High costs and delays in obtaining justice further discourage women from trying to avail themselves of legal means to protect their rights. For victims of violence or those fleeing honor killing (the practice of killing a female family member perceived to have tarnished the family’s honor), few legal remedies are available. There also is a lack of

safe houses for these women and reliable mediation mechanisms. A number of civil society organizations as well as the government have taken steps to alleviate women's unequal access to justice. Given the magnitude of the problem, it is important to find ways to provide legal aid to women.

Box 1.3: Qualitative Study on Gender

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

The study selected sites where both a Rural Support Program (RSP) and a nongovernmental organization (NGO) engaged in community mobilization of men and women were active. RSPs invest in the social mobilization of women and men and have formed women's organizations across 80 districts in Pakistan. The site selection enabled the study to assess constraints and benefits associated with women's membership in community organizations set up by the RSPs.

Methodology

The interview team selected three types of female respondents for the study: married women, Union Councilors representing the Union Council to which the selected site belonged, and the Social Organizer responsible for the RSP's community organization at the site (an employee of the RSP). In all, 60 women from households, 5 female councilors, and 5 female Social Organizers (SO) were interviewed between May and August 2004.

A village-level census already had been conducted in the five sites as part of a larger quantitative survey of rural households in Sindh and Punjab, enabling the qualitative study to randomly select 12 married women between the ages of 20 and 45 in each site (6 women were members of community organizations and 6 were not members). The selection process also ensured that at each site, equal numbers of women were selected from the main (or central) village and the settlement. Following the site selection, the team identified and contacted a female councilor representing the Union Council for that site, as well as the female Social Organizer responsible for that site's community organization, interviewing one of each per site.

Almost all interviews were taped unless respondents were uncomfortable with taping. Interviewers ensured that respondents interviewed separately and that the interview was conducted in the local language. Interview transcripts subsequently were translated into Urdu and English, and then coded with the qualitative data analysis software, NU*DIST, for further analysis. The interviews combined a semi-structured format with open-ended questions, allowing respondents to discuss their views related to the interview topics

Variation across sites

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

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

III. ADDRESSING KEY GENDER GAPS

1.41. The following chapters offer in-depth findings on gender gaps in the areas of education, health, and in income-earning activities. Chapter 2 contextualizes the analysis of constraints faced by women and girls with a discussion of women's legal entitlements in family law (inheritance, marriage, and divorce). The chapter examines legal entitlements in relation to customary practices revealed by quantitative data in the PRHS-II. This is a useful starting point for the CGA, since gender disparities are shaped by customs, social norms and laws and regulations. This chapter sheds light on the many ways legal and customary institutions impinge upon women's status in the household and in society. It also examines the complex role of customary practices in the lives of Pakistani women. While many such practices clearly violate legal provisions and are detrimental to women's welfare, on occasion they compensate for the lacunae in laws or their unenforceability and in so doing provide protection to women. Explaining these legal lacunae and related customary practices provides a foundation for understanding constraints on women's access to opportunities in schooling, health care, labor force participation, and involvement in the public sphere discussed in subsequent chapters. The chapter also discusses policy recommendations made by Pakistani experts on gender issues in areas such as legal provisions, access to justice, and political participation.

1.42. Chapter 3 investigates the gender gap in school enrollment, and identifies constraints that impede both school attendance for girls and female teacher availability. The chapter argues for complementary strategies that can augment ongoing interventions and programs, and address both supply and demand issues. The supply-side strategy emphasizes school proximity and ways to augment the availability of female teachers. The demand-side strategy considers initiatives to improve girls' ability to access schools through non-financial incentives along the lines of programs currently being implemented in Punjab and Sindh.

1.43. Chapter 4 explores ways to enhance the impact of policies and programs for improving women's and girls' health. The chapter investigates the determinants of female health, including the proximity to facilities, outreach programs such as the Lady Health Worker program, and access to health-related information. The effect of recent policies and programs are examined in depth and further

recommendations are made that will likely reduce impediments to women and girls' access to health services.

1.44. Chapter 5 discusses constraints to women's participation in activities in the public sphere. The chapter focuses on factors that shape women's participation in income-earning activities. An understanding of these factors then frames the discussion of how women's participation in community life can be enhanced. This chapter also analyzes the links between women's participation in income-earning activities, their autonomy, and their visibility in the public sphere that enhances their voice in the community and in political decisionmaking.

1.45. Each of the chapters highlights policy recommendations that can be implemented in the near term, with the objective of effectively narrowing gender gaps. The report stresses the importance of learning from existing interventions through rigorous evaluations before scaling up the intervention or introducing new ones. Evaluations can provide information to policymakers to judge which projects should be expanded and guide the scaling-up process. Evaluations also inform policymakers about which aspects of program design are effective, and which are superfluous. Indeed, each of the policy recommendations in the areas of education and health suggest small-scale pilot trials to assess the impact of the interventions. This experience will help assess the applicability of the recommendations on a larger scale.

2. FAMILY LAW AND CUSTOM IN PAKISTAN

The Gender Gap between Policy and Practice

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

2.1 To understand the condition of women in a society, it is important to examine their status both within the domain of the family as well as within the larger cultural and sociopolitical context, which structures their opportunities and defines their capacity for action.

2.2 This chapter examines ways in which the rights of women are articulated in law and the manner in which customary practices interact with such legal provisions. A major focus of the chapter is on family law, since familial attachments and networks define many aspects of individual status and rights in much of Pakistan and the interaction between custom and law within the domain of the family essentially defines the *de facto* set of opportunities available to women as well as the barriers they confront in fulfilling even basic needs such as education and health. An important message of this chapter is that customary practices in Pakistan play a complex and not entirely detrimental role in the lives of women, so understanding these institutions and their interaction with the law is an essential first step to improving the status of women in Pakistan.

2.2. In the context of family law, the chapter examines legal rights around marriage and the intergenerational transmission of wealth to women. Even when laws are modified and passed by government, perceptions about these legal arrangements and their enforceability are likely to significantly impact the welfare of women and can tell us much about their options and choices in other spheres. It is also precisely in these areas that customary practices exert tremendous force. Many practices are flagrant violations of state as well as official Islamic law and are clearly detrimental to women's welfare. However, some cultural practices protect women in an environment where legal protections are either absent or unenforceable. This is well known in many other contexts where traditional institutions "step into the breach" left vacant by absent or unenforceable legal protections. We examine practices that appear to play this role in rural Pakistan. This is not to suggest that such customary practices yield optimal outcomes for women, but that given the lacunae in written laws and enforcement capacity some customary practices may actually enhance women's welfare.

2.3. The chapter is organized as follows. Section I reviews women's legal entitlements in family property and examines patterns of inheritance in the quantitative data and reviews alternative explanations for the patterns observed. Section II describes important customs in Pakistan's marital practices, providing an overview of women's rights in marriage and divorce. Both sections also review relevant developments in family law. Section III presents recommendations regarding legal reform and enforcement of legal provisions that have been suggested by civil society organizations (CSOs) and legal scholars in Pakistan and contextualizes these recommendations in terms of the chapter's broader themes.

2.4. The chapter relies on three broad sources of information: for law, publications of Pakistani experts, some of whom have written background papers for this Assessment; new survey data³⁶; and a qualitative study (described in Box 1.3) in five villages in rural Sindh and Punjab.³⁷ The survey includes

³⁶ The data used here are from the second round of the Pakistan Rural Household Survey (PRHS II), 2004. The survey covers 94 villages in Punjab and Sindh (the sample is broadly representative of the provinces) and was designed by Hanan Jacoby and Ghazala Mansuri of the World Bank's Development Research Group (DECRG). The Pakistan Institute of Development Economics, Islamabad collected the data, collaborating with DECRG. The chapter uses early results from Jacoby and Mansuri's ongoing work.

³⁷ The qualitative study was done as a collaborative piece of work with another ongoing study, an evaluation of a Community Driven Development Project in Rural Pakistan.

detailed modules on both marriage and inheritance customs, providing a novel view of cultural practices from a large, representative survey. Survey data on such topics—especially that with any claim to representativeness—have rarely, if ever, been collected in Pakistan. For the purposes of this chapter, the sample is divided into three regions: northern Punjab (districts Attock, Faisalabad, and Hafizabad), southern Punjab (districts Bahawalpur, Muzaffargarh, and Vehari), and Sindh (districts Badin, Larkana, Mirpurkhas, and Nawabshah). Southern Punjab is generally viewed as culturally and economically closer to Sindh, northern Punjab being on average richer and more developed. As will become apparent, there are striking contrasts in customary practices across these regions.

2.5. Legal scholars in Pakistan have frequently noted the lacunae in family law as it pertains to the rights of females and their position in the family.³⁸ These lacunae, often mistakenly attributed to the tenets of Islam, result in part from South Asia's history of neglecting to codify official personal law (Islamic and otherwise), a history with origins in British colonial rule as well as regional variations in customary practice. These scholars note that comprehensive legal reform has repeatedly and intentionally overlooked family law, allowing the entrenchment of ancient, region-specific tribal practices to avoid offending local interests. This precedent was set in 1772, when the Warren Hastings Plan established a British-style hierarchy of civil and criminal courts across South Asia, until then governed by Muslim law. In matters regarding family law (such as marriage and inheritance), however, the Hastings Plan adopted indigenous customary norms, an approach that scholars agree was designed to minimize the risk of local rebellion against British rule.

2.6. The British reapplied this approach to family law in the 19th century, simply compiling the local customs of South Asia's various regions rather than uniformly codifying family law for the entire subcontinent. Traditional practice was to hold sway in each region, effectively reinforcing the gap between local custom and official law regarding the rights of women and girls. Even courts were barred from applying formal statutes unless local custom lacked any rule in a particular case or situation. Some of the time, customary practices prevailed in ways that were deleterious to females, who tended to be defined solely by their family role in a patriarchal society—i.e., by their need to be protected and to remain in the private sphere. Though this gap has narrowed since partition (in 1947) with new legislation since then, the discrepancy between family law and customary practices has persisted to some degree, most obviously in the areas of inheritance and marriage law. In spite of legislation designed to codify and clarify females' liberties in Pakistan, cultural norms and religious beliefs routinely override statutory laws, often interfering with women's rights to family inheritance and to protection in marriage and divorce. According to Dr. Shaheen Sardar Ali, "Family law in Pakistan is a mixture of codified law and customary practices based on religious norms and administered in a secular, procedural framework of a modern day dispute resolution forum—the judiciary.... Cultural norms and religious rules are just as potent a force, if not more, as legislative enactments."³⁹

³⁸ Ali (2000); Awan (2005); Mehdi (2002); Razvi (2004).

³⁹ Ali (2000: 139). Dr. Ali is former Minister for Health, Population, Welfare and Women's Development for the Government of Pakistan and Former Chairperson of Pakistan's National Commission on the Status of Women. She currently is Professor of Law at the University of Warwick, in the United Kingdom.

I. INHERITANCE

Women's Legal Entitlements to Inheritance

2.7. Women in Pakistan have the legal right to inherit family wealth, yet they rarely exercise this right. Rubya Mehdi, scholar of gender and property law in Pakistan, points out that although Islamic (*Shariah*) law and Pakistani state law both entitle women to inherit immovable and movable property (see Annex 1), under colonialism and independence alike, the rule in practice has been to deny women's control over their inheritance—of land in particular—and often their entire claim to it.⁴⁰ This is especially true in rural Pakistan, where the tribal nature of social organization undermines female inheritance rights. Rather than emphasizing the Islamic concept of immediate family, inheritance practices emphasize the importance of keeping property within the larger (tribal) family, which is always headed by men. Another explanation for the low incidence of female land inheritance is families' routine equation of dowry (money or property brought by a bride to her husband at marriage) with a share of inheritance, though this is not legal and has been decried by government officials, activists, and civil society organizations in Pakistan.⁴¹ Because few estates in rural Pakistan include any property other than land, and virtually none consist solely of non-land assets, only the intergenerational transmission of land is considered in the following review of inheritance law and subsequent discussion of analysis results.

2.8. To grasp the complexity of inheritance practices involving Pakistani women, one must be aware of the legally pluralistic nature of family law in Pakistan, as well as distinctions between Islamic (*Shariah*) law, customary law, and state law. Non-Islamic law will not be discussed in this chapter, as laws specifically targeting Hindus, Christians, and other non-Muslim minorities in Pakistan typically have fallen outside the scope of family law since independence.⁴² State law that has codified inheritance rules is based on *Shariah* law. Due to the powerful force of customary practice in the country, however, the inheritance rules most often followed are those based on custom, which can differ substantially by region and include those practiced by Muslims and non-Muslims. Because they typically supersede codified state law, these rules are accepted as 'customary law' on inheritance, according to Pakistani scholars of gender and Islamic law. Customary law tends to give much less recognition to women's rights than does state law, which in some cases tends to be less generous to women than does formal interpretation of *Shariah* law.⁴³

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

⁴⁰ Mehdi (2002: 25-41). See Annex 1 for a discussion on changes in state law on Muslim inheritance.

⁴¹ *The Dowry and Bridal Gifts (Restriction) Act* of 1976 was the Government of Pakistan's first attempt to constrain the practice of dowry, which is discussed further in Section 3 of this chapter. Please see Annex 2 for more information on civil society organization's efforts to restrict the practice of dowry.

⁴² Non-Muslims have no representation on Pakistan's Commission on Marriage and Family Laws, which thus tends not to make recommendations for modifying family law regarding non-Muslims, and dispute settlements typically rely on cultural and religious norms specific to the minority group—similar to the tradition of customary law practiced among Muslims. For more discussion on this topic, please see Government of Pakistan (1997: 20-21).

⁴³ Ali (2000); Mehdi (2002).

2.10. State and *Shariah* laws' clear designation of female inheritance rights notwithstanding, Pakistani women rarely receive their shares in immovable property, especially in rural areas.⁴⁴ This occurs in spite of high courts' attempts to give special consideration to women's interests when hearing disputes over land inheritance, often with the objective of relieving women from the sense of obligation to relinquish inheritance to male family members. In several contemporary cases, courts also have emphasized the duty of brothers to provide their unmarried sister with maintenance, whether she has never been married, widowed or divorced, *in addition* to any inheritance that is her due—*not* in exchange for it, as is the common practice.⁴⁵ According to experts, however, these cases are the rare exceptions: "...because of the barriers to women inheriting immovable property in traditionally patrilineal communities...[R]elatively a small number of cases come to the courts and moreover...the superior courts decisions and attitudes are very different from that of the lower courts, which are more flexible and compromising toward the customary normative orders."⁴⁶

Results from Quantitative Analysis

2.11. Analysis of the PRHS-II survey data corroborates findings from previous studies of inheritance patterns in Pakistan: when women do inherit property, it typically is controlled by male heirs due to general powers of attorney, gift deeds, or voluntary relinquishment of the property by the female to the male heirs.⁴⁷ Land remains controlled by male members regardless of family wealth. Although in principle the family is likely to recognize female members' *right* to inherit property, it is rarely the case that the female inheritor retains—that is, inherits and keeps or sells—the property. Women's tendency to retain family property does not vary by family wealth, moreover. The analysis of regional variation in inheritance patterns suggest that women in Punjab are three to four times more likely than women in Sindh to retain inherited land.

2.12. To ascertain general patterns of landholding in Pakistan, PRHS-II asked all ever married women age 15 and older a set of questions concerning inheritance from their father, mother, and/or husband, as applicable. Around 45 percent of women whose fathers had already died reported that their fathers had land or other significant property at time of death, whereas the deceased mothers of only 5 percent of women had left an estate. Given the paucity of maternal inheritance, we focus here on transfers from the paternal side. Even so, the sample of potential female heirs is rather selective, though more so in Sindh, with 36 percent of father's having heritable wealth, than in southern Punjab (45 percent) and the wealthier northern Punjab (58 percent). The median landholding amount of fathers at death is about eight acres in both Sindh and northern Punjab, but less than one-half this amount in southern Punjab. Since few estates in rural Pakistan include any property other than land and virtually none consist solely of non-land assets, only the intergenerational transmission of land is considered in what follows.

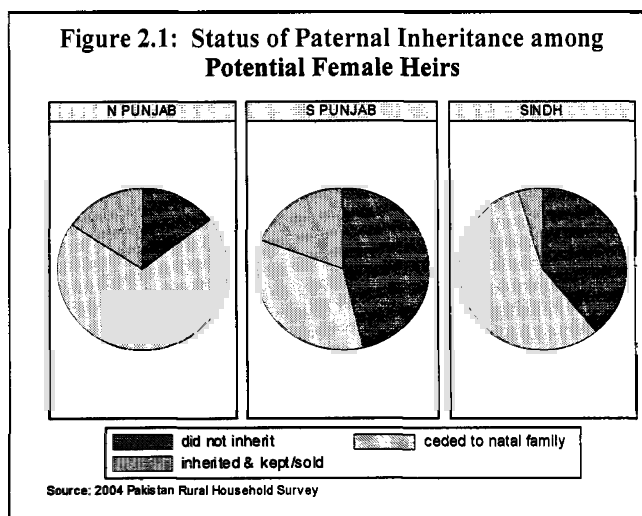
⁴⁴ Mehdi (2002) <http://pakistan.lead.org/media/report4jan04.htm>.

⁴⁵ A detailed description of the precedent-setting case of Ghulam Ali v. Ghulam Sarwar Naqvi and related cases can be found in Mehdi (2002: 34-40).

⁴⁶ Mehdi (2002: 40).

⁴⁷ Ali (2000); Mehdi (2002) <http://pakistan.lead.org/media/report4jan04.htm>.

2.13. Figure 2.1 divides potential female heirs into three categories: (1) those who had no recognized inheritance rights; (2) those who had inheritance rights but relinquished them (in the vast majority of cases to a brother), or retained them but later returned the land to their natal family; and (3) those who inherited and either kept the land or sold it. On one level, there is little conceptual difference between categories (1) and (2); a woman may nominally have the right to inherit a share of her father's land, but given her standing with regard to her brothers, she is under inexorable pressure to cede her rights to them or to other natal relatives. Looking, then, at category (3), there is a big difference across regions. Inherited land was retained by 16 and 19 percent of women in northern and southern Punjab, respectively, but by fewer than 5 percent of women in Sindh.



2.14. Multivariate regression analysis shows that the likelihood of inheriting and retaining land does not depend on the size of the father's estate.⁴⁸ The same result holds if we consider the share of heritable land received by the woman (which equals zero in most cases). These findings indicate that inheritance practices in rural Pakistan are invariant to family wealth.

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

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

Explanations for the Gap between Policy and Practice in Female Inheritance

2.17. Why is land, by far the most important heritable asset in rural Pakistan, generally not transferred to women at the time of the father's (or husband's) death? One explanation, of course, is discrimination. Parents favor sons over daughters for many reasons, most of them culturally based. The practice of favoring sons over daughters when bequeathing land is rooted in patriarchal tribal traditions, which in the past did have a practical function; agricultural land was withheld from daughters to be "kept in the family," using the broader definition of family to signify the tribe or caste.⁴⁹ The high incidence of endogamous marriages—in which men and women from the same village are married, discussed later in this chapter—in contemporary Pakistan does not appear to daunt customary practices designed to keep

⁴⁸ Multivariate regression analysis also shows that while women's education has no significant effect, older women are more likely to inherit and subsequently retain land. Older women may be more likely to inherit because the property more often comes up for inheritance for women of higher ages than for younger women, whose fathers are more likely to still be living.

⁴⁹ Ali (2000: 114); Mehdi (2002: 35).

property under tribal control, preventing the possibility that female family members take land with them when they marry and must move into their in-laws' homes. Even though daughters are likely to remain in the village (and caste) when they marry, parents prefer sons over daughters because of deeply-ingrained beliefs that a son provides resources to family households, whereas a daughter absconds with them.

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

Insights from the Qualitative Data

2.19. Interviews conducted in rural Pakistan (data is described in Box 1.3) indicate some proximate causes for Pakistani women not claiming their inheritance. A great majority of the 60 women interviewed expressed concerns that claiming their inheritance would violate custom and incur animosity from the natal family. They also tended to lack information about the exact share of heritable land to which the law entitles them.⁵⁰ Even those who had this information almost invariably gave—or said they would give—their share over to male family members (typically brothers) either because they felt they were abiding by a worthwhile cultural tradition, or because they feared the natal family's (especially brothers') reprisal if they took control of the share entitled them. None of the 60 women interviewed from the five sites in Sindh and Punjab (one of the three in Punjab, Lodhran, lies in southern Punjab) had claimed and retained the land that was their right to inherit. Only four women (6.7 percent) said they would claim it if they could, but these women either were unable to inherit land (two of the four were from families with no landholdings) or felt unable to actually obtain the property due to resistance from the natal family.

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

⁵⁰ http://sachet.org.pk/home/news_updates/news_14.asp

Table 2.1: Rural Women's Knowledge and Perceptions of Their Inheritance Entitlements by Region
(percent)

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

Note: Statistics are percent of those interviewed; frequencies are in parentheses.

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

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

—Woman from northern Punjab (Faisalabad), Age 30

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

—Woman from Sindh (Mirpur Khas), Age 24

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

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

–Woman from Sindh (Mirpur Khas), Age 22

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

–Woman from Sindh (Mirpur Khas), Age 40

II. MARRIAGE

2.22. Despite landmark laws enacted in the twentieth century to protect women's rights in marriage⁵¹ legal scholars and human rights organizations in Pakistan agree that girls and women continue to confront profound disadvantages in marriage and divorce.⁵² As with inheritance practices, cultural constraints on women's rights in marriage and divorce are grounded not so much in Islamic law itself as in region-based customs and/or idiosyncratic interpretations of Islamic law, according to these scholars. Customary practices that discriminate against women have thus been allowed to distort or overlook Muslim and state law on marriage and divorce. As this section will show, however, not all institutions of marriage currently practiced in Pakistan are necessarily harmful to women, let alone illegal.

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

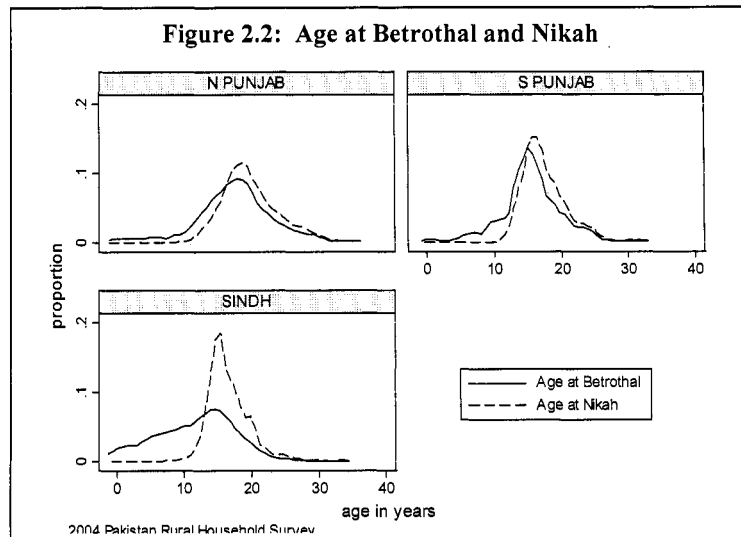
Age at Marriage

2.24. Since 1961, contracting marriage for any female under age 16 has been illegal in Pakistan. The problems associated with child marriage are well known to human development experts and human rights advocates in Pakistan (see Annex 2.2). A minimum age of 16 was established as part of a set of legal initiatives—collectively known as *The Muslim Family Law Ordinance* (MFLO) of 1961—to improve the status of women in Pakistan (please see Annex 2 for elaboration). The 16-year age minimum was higher than the previous age minimum of 14 for females and 16 for males, set in 1929 under the *Child Marriages Restraint Act* (CRMA), before which there had been no minimum age for marriage. The MFLO also requires the consent of both male and female parties before the marriage can occur, an attempt to offset traditional practices that promote early marrying-off of daughters by natal families. Of course, the definition of “consent” remains open to interpretation.

⁵¹ Please see Annex 2.2 for a list of laws cited in literature on family law and women's rights in Pakistan.

⁵² Ali (2000); Mehdi (2002).

2.25. Data from the PRHS-II are ideally suited to analyze issues of age at marriage and consent. Women were asked both for the age at which they were betrothed and the age at which the marriage ceremony, the *nikah*, took place. The overall the average age at *nikah* of 18 (median 17), and betrothal at age 14 (median 15) conceals considerable regional variation. In Sindh (see Figure 2.2), the average interval between betrothal and *nikah* is nearly five years (median three years), whereas in both northern and southern Punjab the average interval is about two years (median 1 year). By the time they reach age ten, nearly 40 percent of girls in Sindh have already been promised in marriage, while the comparative figure in Punjab is just over 10 percent and varies little between north and south. Moreover, a considerable proportion of girls in Sindh (about 5 percent) appear to have been promised in marriage at or before birth.



2.26. Focusing strictly on prima facie violations of the MFLO, one finds that 31 percent of rural women were married before age 16 (10 percent in northern Punjab, 26 percent in southern Punjab, and 43 percent in Sindh). The proportion of women who were promised in marriage before age 16, however, is much higher—overall 57 percent (32 percent in northern Punjab, 50 percent in southern Punjab, and 73 percent in Sindh). Evidently, the law does not explicitly address child betrothals, since the girl presumably still lives in her natal home while she awaits marriage. As long as the marriage is ultimately “consensual,” the law is silent.

2.27. This brings us to the issue of consent. Practically no woman chooses her own husband in rural Pakistan. More precisely, 97 percent of women report that their parents or other members of their extended family choose for them, although the woman’s opinion was solicited in 12 percent of these cases. Here again we see a sharp regional contrast, in that the percentage of woman having had at least some input into the choice of husband is 27 percent in northern Punjab, 12 percent in southern Punjab, and only 8 percent in Sindh. Women who have a say in the matter tend to be older at the time of betrothal than those who have no say at all, with a median age of 17 versus 14. Interestingly, the small minority of women whose opinions were solicited at the time of their marriage tended to approve of their families’ choice of husband. There are practically no cases of outright disapproval, and most cases of lukewarm approval or no expressed preference occur when the husband is a blood relative (and thus presumably well-known to the bride in advance of marriage). Even so, just because a woman approved of her husband does not mean she necessarily wanted to get married.

2.28. More generally, consent is a slippery concept. Minimally, it requires that the woman express “no objection” to the identity of her husband and perhaps the timing and conditions of the marriage. In practice, however, there may be no alternative for a girl but to accept the marriage arranged by her parents; it is a “take-it-or-leave-it” offer in which leaving-it is simply unthinkable as she has few other

options. Thus, while the state can, at least in principle, ensure that minimum age requirements for marriage are met, consent is far more difficult, if not impossible, to verify and enforce.⁵³

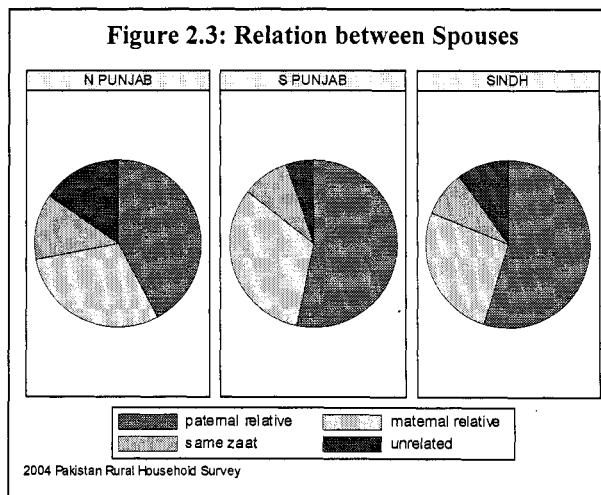
2.29. In sum, legal protections regarding girls' marriages appear to have limited scope and effectiveness: girls and sometimes their families are ignorant of legal restrictions on child marriage; moreover, when their families do know of these legal restrictions, they can afford to flout them because enforcement is absent. Prominent civil society organizations, such as the Aurat Foundation, have in some cases pursued enforcement. Since its inception in 1986, the Aurat Foundation's Legislative Watch Programme has redrafted several Muslim laws to make them more sensitive to gender issues. Reiterating several recommendations made by the Commission on Marriage and Family Laws, the Legislative Watch Programme has suggested additions and amendments that would make the *Child Marriage Restraints Act* more effective.⁵⁴ Some of the more important suggestions include changing the definition of "child" to anyone under age 18 and effectively raising girls' marriage age minimum to 18 years; and increasing punishments for adult males who marry children, as well as for guardians who knowingly allow their children to marry. Of course, the key issue will remain the enforcement of these restrictions on the ground.

Types of Marriage

2.30. As has just been noted, marriages in rural Pakistan are almost universally arranged by parents and other relatives with little input from the bride.⁵⁵ Under these circumstances, the interests of the family take center stage in the formation of unions. Examining the types of customary marriage that exist in rural Pakistan may reveal something of the nature of these familial interests.

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

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



⁵³ In fact, there appears to be little enforcement of MFLO of any kind. Often family members simply will falsify a girl's age on her marriage certificate to avoid any questions from authorities, who typically will not attempt to ensure the veracity of the information reported (Ali 2000).

⁵⁴ "Suggested Additions/Amendments in Muslim Family Laws: The Child Marriage Restraints Act, 1929 (XIX of 1929)." Aurat Foundation (various years).

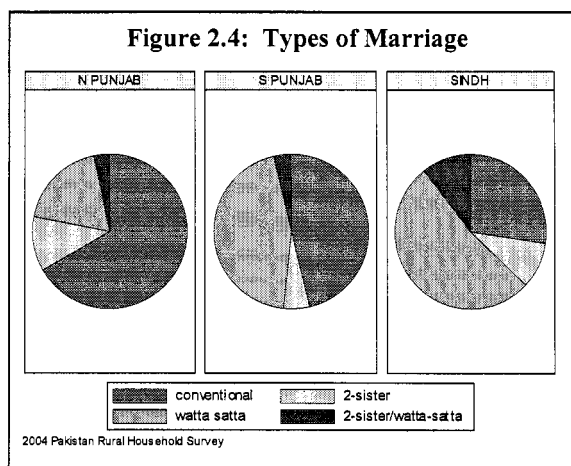
⁵⁵ What little input there could be in choice of spouse is constrained by restrictions on girls' mobility and, above all, on her association with members of the opposite sex. Please see Annex 2 for details.

relatives. Marriages between relatives thus are arranged further in advance of the wedding date than those between nonrelatives.

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

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

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



2.36. Two unusual forms of marriage in rural Pakistan are, in order of prominence, *watta satta* (*adlo badlo* in Sindhi) and two-sister marriage. *Watta satta* is an exchange marriage whereby a woman and her brother (or some other male relative) from one family wed a sister and brother from another family, usually around the same time. The second form involves two sisters marrying two brothers (or other male relatives) from another household. Often (in Sindh at least) these two forms overlap (Figure 2.4). Remarkably, only 31 percent of Sindhi marriages take the "conventional" form, compared to 51 percent of marriages in southern Punjab and 68 percent in northern Punjab. The majority of *watta satta* marriages occur between brother-sister pairs, though somewhat less so in Sindh (65 percent) than in southern and northern Punjab (73 and 80 percent, respectively). The second most popular *watta satta* arrangement, but

still much less prevalent than brother-sister (16 percent of *wattas* overall), is when at least one of the counterpart couples are uncle and niece. Various other combinations occur as well, but none is very common.

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

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

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

2.40. Are women in *watta satta* or two-sister marriages really better off than women in conventional marriages? This is a complicated question, both because of the difficulty in measuring women's welfare within marriage (see below) and due to the potential selection of women into these types of marriage. To the extent that women from poor families, or who are otherwise of low status, are more likely to enter into such arrangements, they may appear to be worse off; but this might just be a selection bias. The PRHS-II (2004) asks women several questions about the "quality" of their marriage, which can be used to construct an index of marriage quality.⁵⁶ Regression analysis shows no significant difference in quality of marriage across *watta satta*, two-sister, and conventional marriages after controlling for the women's age,

⁵⁶ The questions are: (1) "Does your husband usually spend his free time with you?" (2) "Does your husband show affection toward you?" (3) "Does your husband respect you and your wishes?" (4) "How happy are you with your overall relationship with your husband?" Questions (1)-(3) can be answered "frequently", "sometimes", or "never". Question (4) can be answered on a five-point scale.

schooling, region of residence, and husband's land ownership. While this analysis does not necessarily fully surmount the measurement and selection problems just mentioned, it does, at the very least, suggest that women in these exotic forms of marriage are not treated *worse* than those in conventional marriage, as some Pakistani commentators have implied.

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

The Marriage Contract (*Nikahnama*)

2.42. The institution of marriage (*nikah*) is central to Muslim family law. Scholars agree that the Islamic essence of marriage is a contract in which all parties involved are to honor multiple requisites that serve and protect the various parties.⁵⁷ In light of marital practices that were particularly harmful to females during colonial rule (occurring even in the face of subcontinentwide legislation to protect the rights of females in marriage), the Government of Pakistan has taken pains to incorporate protections for women and girls into marriage law (see Annex 2) by emphasizing the importance of the marriage contract (*nikahnama*) and abiding by its requirements. While these laws have absorbed the sanctity of the marriage contract emphasized by *Shariah*, many are applicable to all citizens of Pakistan, and not just specific communities or religious groups.⁵⁸

2.43. The *nikahnama* is the centerpiece of the *Muslim Family Law Ordinance* of 1961. By requiring the registration of a marriage contract and that it contain specific protections for both male and female parties, the MFLO attempted to make marital practices more transparent and accountable to the law. The specific protections of women's rights to be incorporated into the *nikahnama* are detailed in Annex to Chapter 2.

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

2.45. In accordance with recommendations by the Commission on the Marriage and Family Laws, The Aurat Foundation's Legislative Watch Program has released several documents recommending changes

⁵⁷ Ali (2000); Mannan (1995).

⁵⁸ Government of Pakistan (1997, 19).

to marital laws and to the *nikahnama* form as originally conceived in 1961.⁵⁹ Many recommendations involve easing the requirements for a woman to rightfully seek a divorce.⁶⁰ Justice Majida Razvi, who chairs Pakistan's National Commission on Women, also has urged that divorce law "...provide that a husband must intimate pronouncement of divorce to the competent authority within a limited period e.g., within a week from the date of pronouncement and violation must entail severe punishment than what is provided in law or a wife should be entitled to give the notice of *talaq* [divorce] where a husband fails to do so" because, so far, regarding divorce, "no period has been prescribed within which a husband must inform the competent authority that he has given divorce to his wife..."⁶¹

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

...the *Nikahnama* should have some additional clauses indicating if the bridegroom is already married, has never married or a widower or if marriage has been terminated through divorce in any form the same should be specified. Further if there is any existing wife that should also be mentioned. In such a case the particulars of the existing wife, the name and address should also be mentioned in the *Nikahnama*. Further in such cases if the bridegroom has taken permission from the first wife or the competent authority and a duly attested document to that effect be produced. Further if there are any children from the previous marriage, detailed information in regard to the said children and as to in whose custody children are and who is responsible to maintain them. The same particulars can be mentioned or asked about the wife also.⁶²

2.47. The Legislative Watch Programme also urges a looser definition of lack of "equitable treatment" in the DMMA's clause granting women the right to divorce polygamous husbands; the original provision allows divorce only if the husband, who "has more wives than one, does not treat her equitably in accordance with the injunctions of the Qur'an."⁶³ It is important to note that polygamy is rare in rural Pakistan. Data from the PRHS-I 2001-02 indicates that fewer than 3 percent of rural households nationwide contain polygamous marriages, although these figures do not account for men who may have other wives living in different households.

2.48. The PRHS-II is a rich source of information on marital contracts. According to these data, three-quarters of married women do not have a *nikahnama* (or are not aware that they have one). There is, once again, a striking regional contrast: 69 percent of northern Punjabi women have a *nikahnama* and 25 percent of those in southern Punjab, but only 4 percent of Sindhis. In addition, 72 percent of those who report having a *nikahnama* have never read it or have never had it read to them. Given, then, that only 7 percent actually have a *nikahnama* and know what it stipulates, the scope of its protection seems severely limited. Indeed, practically no woman who had a *nikahnama* reports that it gives her the right of divorce, though nearly one-third do not have any idea one way or the other.

2.49. Who obtains a *nikahnama*? Multiple regression analysis shows that, aside from region, the only significant determinant of having a *nikahnama* is the woman's education level (controlling for education

⁵⁹"Suggested Additions/Amendments in Muslim Family Laws: Nikahnama Form"; "Suggested Additions/Amendments in Muslim Family Laws: The Dissolution of Muslim Marriages Act, 1939 (VIII of 1939)"; Aurat Foundation, (various years).

⁶⁰ The Aurat Publication's recommendations for looser grounds—compared to the DMMA's (1939) originally-specified grounds for female-initiated divorce—are discussed in Annex 3.

⁶¹ Razvi (2004: 6).

⁶² Ibid., p. 7.

⁶³ "Suggested Additions/Amendments in Muslim Family Laws: The Dissolution of Muslim Marriages Act, 1939 (VIII of 1939)," Legislative Watch Programme, Aurat Publication and Information Service Foundation, Islamabad.

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

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

2.51. Nominally, *haq meher* appears to be quite important in Sindh, where 53 percent of women report an amount according to the PRHS-II. This compares to 18 percent of women in northern Punjab and only 6 percent of women in southern Punjab. The amount of the *haq meher*, however, is often so low—500 rupees or less in 30 percent of cases—to render it a largely symbolic gesture. If we consider only *haq meher* in excess of the more respectable figure of 2,500 rupees, these regional differences are attenuated. Only about 20 percent of Sindhi women have been promised such a generous *haq meher*, compared to 9 percent in northern and 3 percent in southern Punjab. Nevertheless, these regional patterns seem to indicate that the *nikahnama* and *haq meher* may, to some extent, serve as substitutes for the law in protecting women's interests.

Dowry and other Marital Transfers

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

The custom of a dowry puts a premium on the bride. Demands for a substantial dowry are often made before the marriage. Subsequently, the bride is often humiliated or tortured [by the in-laws] for not bringing the expected amount. At times the bride is subjected to extreme violence. The violence takes many forms like burning, hanging the woman or killing her.⁶⁴

2.53. Despite the absence of precise figures on the extent of dowry violence in Pakistan, views such as these have led to the enactment of the *Dowry and Bridal Gifts (Restriction) Act* (1976), the *Dowry and Bridal Gifts (Restriction) Rules* (1976), and the *Dowry and Bridal Gifts (Restriction) Amendment Ordinance* (1980). The objective of these statutes is to restrict dowry and other marriage expenditures, even though such laws are practically impossible to enforce.⁶⁵

⁶⁴ Government of Pakistan (1997: 39).

⁶⁵ For a description of The *Dowry and Bridal Gifts (Restriction) Act*, 1976, please see Annex 2 of this chapter.

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

Bequeathing wealth to daughters in the form of land creates a disincentive for virilocal sons to maintain and improve the land. According to the theory, a daughter's dowry should largely be in the form of cash or other assets (e.g., gold, clothes, utensils) whose value does not depend on the work effort of her brothers. In fact, the only productive asset to feature prominently in dowries is livestock. About 25 percent of dowries include livestock (buffaloes, most commonly), and they constitute about 9 percent of dowry value on average. But this exception actually proves the rule, as livestock production in rural Pakistan is principally the responsibility of women. Consequently, bequeathing wealth to women in the form of livestock has no negative incentive effects.

2.55. Given the generally high level of female control over dowry (and bari) assets just reported, how much wealth transfer to daughters does the typical dowry represent? PRHS-II data indicate the median dowry to have a total value of about 10,000 Rs. (Table 2.4)—almost twice as large as median bari. Dowry and bari values are both much higher in wealthier northern Punjab than in southern Punjab and Sindh. The comparison between the value of the woman's dowry and that of her brothers' inheritance (calculated by dividing the father's landholdings, valued at median land prices per acre, by the number of brothers) is revealing. Among women whose fathers had land, the median dowry is worth 15,000 Rps., whereas the median value of brothers' inheritance is worth 100,000 Rps., or more than six times as much.

Table 2.2: Extent of Wife's Control Over Dowry

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

Table 2.3: Extent of Wife's Control Over Bari

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

Taken along with the low incidence of direct inheritance by women, these figures indicate that women from landed households are strongly discriminated against in favor of their brothers when it comes to the disposition of the patrimony. The situation is different, however, for women whose fathers do not own land. In this case, while the median dowry is only worth 7,500 Rps., the brothers are not getting any inheritance (although they may be getting *inter vivos*⁶⁶ transfers in one form or another that are not captured in the data).

Table 2.4: Size of Marital Transfers			
Region	Median value (Rupees)		
	Dowry	Bari	Total
N. Punjab	31,250	16,000	49,500
S. Punjab	12,000	5,000	18,500
Sindh	6,350	3,650	11,900
All	10,,200	5,400	17,950

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

2.57. Regarding marriage type, dowries are not significantly different across *watta satta* marriages and non-*watta satta* marriages.⁶⁷ Bari expenditures, on the other hand, are substantially lower in *watta satta* marriages, but given the typical size of bari this difference does not seem to provide a compelling explanation for the high incidence of exchange marriage in rural Pakistan.

2.58. Finally, there is the question of whether demands for dowry or other postmarital transfers are the source of violence against women. Recent evidence from India (Bloch and Rao 2002) suggests that husbands may use domestic abuse as a way to extort greater dowries from wives' natal families. According to PRHS-II data, however, only about 15 percent of women in rural Pakistan say that their natal families ever provided support to their husband's household. Far and away the most important occasion for such support was to assist in health expenditures, which could have been for the wife herself (with house construction or major repair a distant second). Moreover, only a small minority of respondents, less than 9 percent, report feeling even the mildest pressure to obtain financial support from their natal families. Virtually none said this pressure was intense. Given this evidence, and the high level of control women say they have over dowry assets, there does not appear to be wide scope for dowry-related violence in rural Pakistan.

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

⁶⁶ Between living persons

⁶⁷ Only *watta satta* marriages in which both counterpart couples are already married are included, since these cases are more likely to be motivated by a reduction in dowry or bari expenses.

that have arisen in India. In particular, dowry inflation is minimal and ex-post demands for financial assistance from the natal household are modest. Thus, stamping out high dowries will not obviously lead to better treatment of women.

Women's Welfare and Autonomy within Marriage

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

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

2.62. When asked whether they had ever temporarily returned to live in their natal home due to an estrangement from their husband, 21 percent of women answered affirmatively. Perhaps not surprisingly, this percentage is nearly twice as high in Punjab, both north and south, than it is in Sindh. These stays are typically quite short, though, with the modal period being less than a month, and thus probably reflect short-term marital upheavals rather than long-term breaches (divorce and separation are exceedingly rare in rural Pakistan, with just over 1 percent of women reporting themselves as such). It would appear, then, that the natal family, both in expectation and in reality, is a safe haven from the tribulations of married life.

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

Table 2.5: Extent to Which Wife's Opinion is Taken into Account in Family Decisions

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

2.64. Ordered probit regressions of the determinants of household decisionmaking authority show that the wife's education matters, but only above the primary level. Women with some education below the secondary level are no more likely to have their opinion taken into consideration in any of the five decisions in Table 4 than women with no education at all. The 7 percent of women with secondary-level schooling or above, on the other hand, have a significantly greater decisionmaking voice than do unschooled women in all five cases. Once again, however, one must be cautious about interpreting schooling effects in this context. Parents who treat their daughters better in general may provide them with both more education and a more considerate husband.

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

III. DISCUSSION OF RESULTS AND IMPLICATIONS FOR POLICY INTERVENTIONS

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

Recommended Modifications of Family Law

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

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

In Section 4 of the Family Laws Ordinance, wherein an appeal is lying before the Shariat Appellate Bench of the Supreme Court, if the same is accepted, then amendment in the law will be needed to make it compulsory for every citizen to make a will in regard to his assets specifically where the issue of propositus children exists to provide for such children which is allowed under the Islamic laws. In different Islamic countries this mode has been adopted to overcome and solve the problems in regard to children of a propositus son/daughter. Such will, will not be subjected the limitations which exist under the inheritance law.⁶⁸

⁶⁸ Razvi (2004).

2.69. The empowerment of females in other family dynamics—such as choice in marriage, age of marriage, control over dowry, and household decisionmaking—also can be bolstered by targeted modifications of marriage law. These modifications (many of which have been discussed above) primarily address the three marital customs determined to impinge most on the welfare of women and girls in Pakistan: child marriage, polygamy, and overly stringent requirements for females to initiate the dissolution of a marriage. Justice Majida Razvi, The Aurat Foundation’s Legislative Watch Programme, and other prominent advocates for women’s rights in Pakistan have called for increased legal protections on women’s rights in marriage and divorce by amending provisions regarding marriage and divorce in particular family laws. Suggested amendments that would make the *Child Marriage Restraints Act* more effective include: changing the definition of “child” or “minor” to anyone who is under 18 years of age, thus raising the minimum marriage age for girls to 18; increasing the punishment for adult males (18 years and over) who marry a child from a maximum of one months’ imprisonment and/or a fine of 1,000 rupees (1929 provision) to a maximum of three years’ imprisonment and/or a fine of 15,000 rupees if the bride is between 16 and 18 years of age, and a maximum of five years’ imprisonment and/or fine of 25,000 rupees if the bride is under age 16; and increasing the punishment for guardians involved in a child marriage and for whomever knowingly conducts, performs, or directs any child marriage from the 1929 maximum (one month’s imprisonment and/or 1,000 rupees) to the recommended punishment for adult males who marry the child (above).⁶⁹

2.70. Other Aurat Publications have suggested specific changes to the DMMA (1939) and to the *nikahnama* form as originally conceived in 1961 in order to ease restrictions on women’s rights to divorce. The recommendations primarily involve broadening the grounds on which a woman can rightfully seek and obtain a divorce. The specific recommendations can be found in Annex 3 of this chapter. Finally, the collective changes recommended by the Legislative Watch Programme and Justice Majida Razvi (2004) to improve legal clauses pertain to polygamy—though it is atypical of rural Pakistan—and include changes to the *nikahnama* form as well as to DMMA provisions (please see Annex 2.3).

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

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

Enforce Strict Record-keeping

2.72. Better record-keeping of family events such as marriage, divorce, birth and death is crucial to helping women seek legal aid and protection. State enforcement therefore must underscore legal recommendations for better record-keeping, such as Razvi’s suggestion that “Sub-Section 3 of Section 5 of the *Muslim Family Law Ordinance* must be amended to provide that a marriage not solemnized by the Nikah Registrar shall be reported by the person who has solemnized such marriage within specified time.”⁷⁰

2.73. Legal activist Zia Ahmed Awan, of the Lawyers for Human Rights and Legal Aid (LHRLA), emphasizes the importance of enforcing legal protections for women at all levels, remarking that the

⁶⁹ “Suggested Additions/Amendments in Muslim Family Laws: The Child Marriage Restraints Act, 1929 (XIX of 1929)”; “Suggested Additions/Amendments in Muslim Family Laws: Nikahnama Form”; “Suggested Additions/Amendments in Muslim Family Laws: The Dissolution of Muslim Marriages Act, 1939 (VIII of 1939)”; Aurat Foundation (various years).

⁷⁰ Razvi (2004).

“...law ministry should review the pending assignments of law commission and take immediate action on those that are linked with the protection and promotion of human rights in the country” and that the government should create mechanisms for strict implementation of United Nations/International/Regional Protocols & Conventions being ratified by the country. Pakistan’s Supreme Court, as well, “should take up the issue of women protection and monitor [the] government’s action in this regard.... A Lady Ombudsman should be appointed to check the violence against women and redress their problems with independent judicial powers.” At the police level, the police department “should establish monitoring cells at city and provincial level to check the reported cases of violence against women... [T]he process of the investigation of cases has become outdated and the police department should take measures to adopt latest trends of investigation and develop a separate team to investigate the matter relating with the crime against women and children.” Regarding record-keeping, Awan suggests, “Police should collect national statistics to create a profile of the women victims of violence and also the perpetrators.”⁷¹

Educate Women about Their Rights and Protections

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

⁷¹ Awan (2005: 20).

Box 2.1: Exposure to Media Information on Women's Legal Rights Makes a Difference

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

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

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

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

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

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

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

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

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

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

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

~Female CO member, Age: 23; Lodhran

2.75. In order to continue progress made with public education initiatives, Zia recommends further action by CSOs, such as launching awareness campaigns—particularly in rural areas—on laws that protect women, addressing gender-based discrimination at grass roots levels, and moving “from a paradigm of reintegration and rehabilitation to an approach that protects and promotes the human rights of women in the country.”⁷²

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

2.76. A major recommendation of women's rights advocates is that the government address the lack of means by which females can access legal support and safety when they boldly go against convention—and often their families—to claim these rights. Zia recommends that a substantial amount of the budget “be allocated for the development of women,” which would include increasing their access to information and providing free legal aid at the district level for cases regarding the rights of women and girls.⁷³ It also includes granting judicial powers and allocating sufficient resources to Pakistan's National Commission on the Status of Women. Law enforcement officials also need to be trained about the sensitivities of gender issues in law, which would be most effective if there were a greater number of female police

⁷² Awan (2005: 22).

⁷³ Awan (2005: 21).

officers: “Proper and trained women staff should be appointed at all women police stations to provide community friendly services. Women police station staff should undergo regular sensitization training to deal with the victims as well as general public. The number of female police staff should be increased.”⁷⁴

2.77. Once women utilize information about their rights and free legal aid, they need to be assured protection against retaliation, such as physical and/or mental abuse by disgruntled husbands, in-laws, or natal family members. According to Awan, “There is a dire need of support systems for women victims of violence and government should immediately establish crisis centers/shelters for them.”⁷⁵ Government also should help CSOs develop “unconventional shelters.” CSOs also should engage in “strong networking with all service-providing GOs [government organizations] and NGOs [non-government organizations] to help the victims and survivors of violence” and, to further ensure adequate protection of rights, “CSOs should form watch groups to monitor the role of police and judiciary, especially cases pertinent to violence against women.”⁷⁶ With increased availability of safe houses, crisis centers, and more responsive police protection, women no doubt will feel more assured that pursuing their rights is worth the potential risks.

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

⁷⁴ Awan (2005: 21).

⁷⁵ Ibid.

⁷⁶ Awan (2005: 22).

3. IMPROVING GIRLS' SCHOOLING

Seek knowledge from the cradle to the grave.

— Prophet Mohammed

3.1. At the end of the 1990s, one out of every two children between the ages of 6 and 10 was enrolled in primary school and one out of every three children 11 years old and older was enrolled in middle or high school. The enrollment figures for girls, and specifically girls in rural areas, are much lower. Less than one out of two girls was enrolled in primary school and just over one out of four girls was enrolled in middle or high school. These numbers are low in both an absolute sense and when compared to other countries at similar income levels in South Asia.

3.2. Low educational attainment among women has far-reaching consequences. Education makes women more productive both inside and outside the household.⁷⁷ An educated mother can plan the size of her family, ensure the well-being of her children, and make better use of community services.⁷⁸ Outside the home, women's education is associated with higher productivity in wage employment and in agriculture.⁷⁹ Educated women are also more likely to participate in the political process; illiteracy is a major obstacle in accessing relevant information and dealing with electoral procedures and political issues.⁸⁰

3.3. The experience of the 1990s is far from desirable, but some trends provide evidence for cautious optimism. Although overall enrollment levels did not improve, enrollment rates among rural girls rose in both the lowest and the highest expenditure deciles.⁸¹

3.4. Will this pattern of enrollment growth hold in the coming decade, particularly for rural girls? This chapter examines the experience of the past two decades and identifies growth levers that have pushed the process this far. Then, looking at the potential of these levers to get us to the next stage, we identify key constraints that are likely to emerge over the coming decade, along with an innovative and multi-pronged strategy to obviate them. Ultimately, further improvements in enrollment and retention will rest on successfully pulling in poorer and spatially more isolated children.

3.5. The analysis identified two constraints. First, proximity to schools is a serious constraint to the enrollment of girls. Decreasing the physical cost of attending school for girls is likely to pay big dividends. How can this be achieved? School construction will continue to be important, but a more nuanced approach that addresses the needs of scattered rural population — where dedicated community-level schools are unfeasible — is also required. Second, even where feasible, the construction of schools is likely to face another important constraint: there simply are too few educated women in many Pakistani villages to staff a school for girls. Government schools (and most private schools) for girls require female teachers, but significant barriers to female mobility prevent educated women from relocating or commuting to where the jobs are. Hiring and retaining female teachers thus will continue to be a problem, and ironically this problem will be at its worst in precisely those areas which are poorly served at present.

3.6. This is a potential **Catch-22 situation**. The construction of a middle or high school is not likely to be warranted in every community; however, the absence of such schools *sufficiently* close by will hinder the development of primary schools, and—as we show below—discourage private primary schools. Breaking this unfortunate cycle will require innovative interventions to ensure girls have access to middle and high

⁷⁷ Summers (1992), Schultz (1989).

⁷⁸ Strauss and Thomas (1995).

⁷⁹ Behrman and Deolalikar (1988), Quisumbing (1996).

⁸⁰ Zia and Bari (1999)

⁸¹ According to the PIHS 1991, only 40 percent of girls in rural areas age 6-10 were enrolled in a primary school, and only 17 percent of these girls age 11-17 were enrolled in a middle or high school (table 3.1)

schools without having to construct a middle or high school in every village. While cultural constraints on female mobility are not likely to yield to short-run policy levers, the creation of a *cohort* of educated women in every village may be a viable policy intervention. Marriage, residence, and migration patterns suggest that educated girls frequently remain in the villages they come from, so this constitutes a potential pool of future teachers for the next generation.

3.7. Of course, other factors such as income, parental education, parental attitudes and differences in returns to schooling between parents and children also matter.⁸² These factors also influence the differential schooling choices of parents for their male and female children. Some of these factors, although well understood in the literature, are unlikely to be amenable to short-run policy levers. Others, particularly financial constraints, are already being addressed by several ongoing income transfer programs via stipends, school meal programs, school books, and uniforms. Our objective is to identify non-economic constraints that impede both school attendance for girls and female teacher availability. We thus argue for *complementary* interventions to augment the efficacy and uptake of other ongoing interventions.

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

3.9. The remainder of this chapter is structured as follows. Section I discusses the institutional arrangements for delivering education services in the country and reviews a number of the initiatives currently underway to improve schooling outcomes, with particular attention to education outcomes for girls. Section II examines the gender gap in education. Section III examines the impact of school proximity on school outcomes. Section IV builds on the analysis of section III by examining potential constraints on supply-side initiatives that focus on school construction, private or public, arguing that mobility constraints on women are likely to generate female teacher shortages, which will be more acute in currently underserved areas. Section V examines potential policy alternatives. The data used come from a number of household data sources, the main one being the Pakistan Integrated Household Survey (PIHS) of 2001-02 and 1991. It also relies on early results from ongoing work.⁸³ Preliminary results from the Pakistan Social and Living Standard Measurement Survey (PSLM)/ Core Welfare Indicator Questionnaire (CWIQ) (2004-05) indicate significant improvements in enrollment and literacy rates. Analysis of this data is not included in this report as we do not yet have access to the household-level data.

I. SERVICE DELIVERY IN EDUCATION: THE INSTITUTIONAL SETUP

3.10. The achievement of universal primary education, with a particular emphasis on promoting girls' schooling, has been a government priority since the early 1990s. The Education Sector Reform (ESR) action plan (2001-2005) reiterated this. It is also a core component of the PRSP education strategy.⁸⁴ Reflecting this priority, the number of boys' and girls' public primary schools increased throughout the

⁸² Kochar (2001a), Khan (1993), Sathar and Lloyd (1994), Lloyd, Mete and Sathar (2002), World Bank (2001), Pakistan Poverty Assessment (2002), Lokshin and Sawada, Holmes (1999), Irfan (1985), Sathar and Kazi (1987), Sathar and Lloyd (1994), Ray (2000).

⁸³ Jacoby and Mansuri (2005a) using PRHS-II and Andrabi, Das and Khwaja (2005). Both studies survey data collected by them. These have been appropriately referenced in the text.

⁸⁴ Government of Pakistan (2003).

1990s. By 2000-01, there were 127,709 public primary schools and 12,984 public middle schools in Pakistan.⁸⁵

3.11. A substantial expansion of private schools occurred during the 1990s. By 2000 there were about 32,000 private schools in the country.⁸⁶ According to data from the Private School Census these schools are playing an increasingly important role in primary education, both in absolute terms and relative to public schooling, especially in rural areas where the largest growth in private schools is taking place.⁸⁷ These for-profit institutions offer mainly co-educational schooling, in sharp contrast to the typical single-sex public school.

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

3.13. In the post-devolution period, responsibility for the delivery of education services has shifted to provincial and district governments, which have put in place several programs to improve the delivery of education.⁸⁸ The federal government continued to play an important role in setting policy priorities and anchoring federal education programs. The National Education Policy (NEP) emphasizes closing the gender gap in education and improving school quality. The NEP also recognizes the growing importance of private schools in education and encourages private sector participation. The ESR action plan outlines both short- and long-term strategies for achieving NEP goals, including the important “Education for All” (EFA) goal.

3.14. One focus area of the ESR and the Compulsory Primary Education Ordinance is the achievement of universal primary education. Universal primary education is to be achieved partly through a change in the mechanism for allocating new schools. Initially schools were allocated to communities on the basis of population,⁸⁹ but gender and need now also play a role in school placement decisions. Our analysis, discussed later in the chapter, shows that this new approach could be quite effective in improving school enrollment and retention rates for girls.

3.15. The ESR also includes initiatives for public-private partnerships to enhance access to better-quality schools. Some of the strategies being considered on this front are to transfer the management of under-utilized public schools to the private sector, to encourage school placement in under-served areas through the provision of grants and soft loans, and to implement the “adopt a school” program.⁹⁰

3.16. The implementation strategy for the ESR includes enrollment incentive packages in primary schools. One such innovative program, Tawana Pakistan, is a federally funded school-based meal program.⁹¹ This program is implemented through district governments working in close collaboration with provincial Education and Health Departments. About 500,000 primary school-age girls (5-9 years) are being targeted under this program for a three-year period (2002–2005). The program, which currently is being implemented in 20 high-poverty districts all over Pakistan, hopes to reduce the gender gap in school enrollment and improve school retention at the primary-school level. In a typical school, the program

⁸⁵ Pakistan Education and School Atlas, CRPRID, Planning Commission.

⁸⁶ Andrabi, Das and Khwaja (2002).

⁸⁷ Private schools continue to be more prevalent in urban areas.

⁸⁸ The World Bank is supporting provincial programs in Sindh and Punjab.

⁸⁹ Our analysis suggests that demand-related factors such as village wealth and average education levels also impact school placement, particularly in the case of girl’s schools.

⁹⁰ The World Bank-IMF Joint Staff Assessment of the PRSP noted that this public-private initiative needed to be better planned, including details on how this initiative could be applied elsewhere.

⁹¹ This project is sponsored by the Ministry of Women Development and Social Welfare (MoWD & SW) and is executed by Pakistan Bait-ul Maal (PBM) with technical assistance from Aga Khan University.

intends to provide food (one cooked meal a day), vitamins, iron, and de-worming medicine to 100 girls, of which almost two-thirds are not enrolled in school. The non-enrolled girls are invited to join the meal program and get enrolled in the school. The program is currently under implementation; no external evaluation of the program is yet available.

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

II. DIMENSIONS OF THE GENDER GAP IN EDUCATION

The Picture in 2001-02

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

3.19. The gender gap seems to arise from both lower initial enrollment and higher drop-out rate for girls. At every age, a higher percentage of girls in rural regions have never attended school. For boys the percentage never enrolled in school declines from 60 percent at age five to 20 percent by age eleven, suggesting that boys continue to enter school at older ages. For rural girls, the percentage never enrolled declines from age five to age nine, but remains stagnant at about 50 percent after age nine, implying that girls tend to enter school up to—but not after—age nine (Figure 3.2). Pakistan's education system is thus failing to attract girls, with a large percentage of rural teenage girls never having enrolled in school.

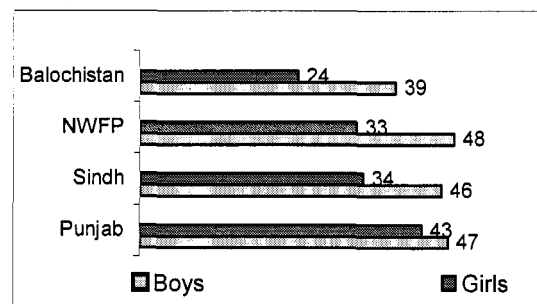
3.20. The dropout rate for girls is particularly high in rural areas. It is also high for older children and tends to accelerate after age 12, when girls drop out of school at a much higher rate than boys do (Figure 3.2). This is the age at which children are typically in middle school (classes 6-8). Accelerating dropout rates around adolescence suggests that cultural practices surrounding adolescence and attainment of puberty

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

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

Source: Pakistan Poverty Update (World Bank 2003).

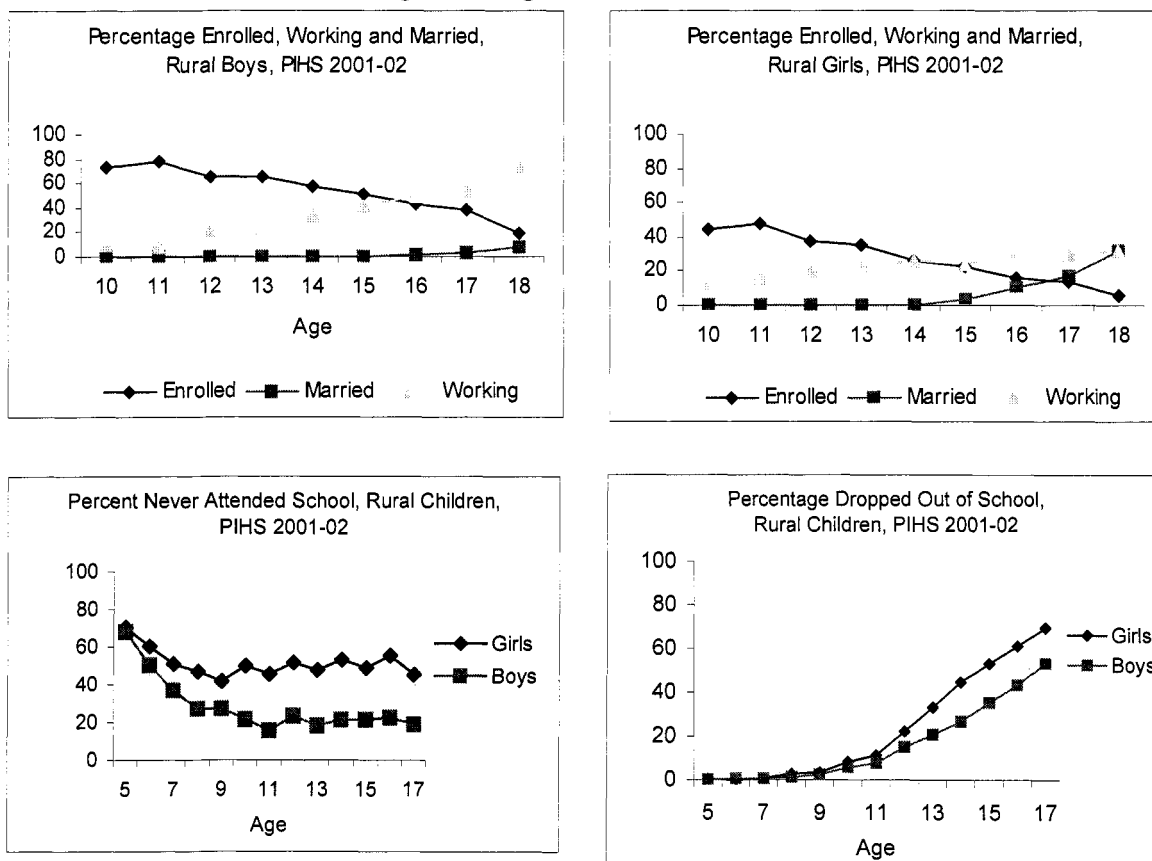
Figure 3.1: Net Enrollment by Province, 2001-02



Note: These net enrollment rates cover both rural and urban areas. Source: Taken from the World Bank (2003). This figure is based on Pakistan Integrated Household Survey

may make it difficult for girls to continue attending school upon reaching that age. In particular, the norms of *purdah* and restricted mobility of females would be more strictly observed after reaching menarche, rendering access to schools more difficult for girls. We show below that such concerns significantly reduce school attendance for older girls. In such a context, supply-side interventions, such as improvements in school quality, or demand side interventions, such as incentive schemes, are likely to be much more effective if they also explicitly address such concerns. We discuss this in more detail below.

Figure 3.2: Age Pattern of Enrollment



Source: Based on World Bank staff tabulations using PIHS 2001-02 data on rural children.

3.21. Household income remains an important determinant of school enrollment. Much higher enrollment rates occur among better-off households (Figure 3.3), but the data also reveal an interesting gender pattern: among rural households, the gap in enrollment persists across income (expenditure) groups. This pattern has also been documented in previous studies.⁹²

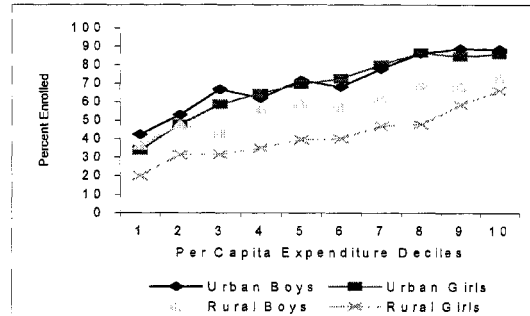
Experience during the 1990s

3.22. The snapshot in 2001-02 paints a dismal picture for female education, particularly in rural areas. But this average picture reveals little about *marginal* growth during the 1990s; namely, which expenditure deciles grew the fastest or growth in girls' schooling relative to growth in boys' schooling.

3.23. Figures 3.4a, 3.4b and 3.4c compare the PIHS round of 1990-91 and 2001-02. That is, we match the expenditure decile in 1990-91 to the same income expenditure decile in 2001-02 and compute the average increase in enrollment for this decile, repeating the exercise for each decile. The horizontal axis shows income deciles ranked in order of increasing income and the vertical axis shows the growth rate. We use two different concepts of the growth rate. Figure 3.4a shows growth in *percentage points* and Figure 3.4b shows growth in *percentages*. That is, if a decile grew from 10 to 20 percent in enrollment, it would show a 10-percentage point increase in enrollment, but a 100 percent increase. Finally, Figure 3.4c examines the relationship between enrollment growth and the gender gap. Instead of ranking the deciles by expenditure, we rank them by enrollment growth. Thus, the first decile is the expenditure decile that showed the smallest enrollment growth during the last decade.

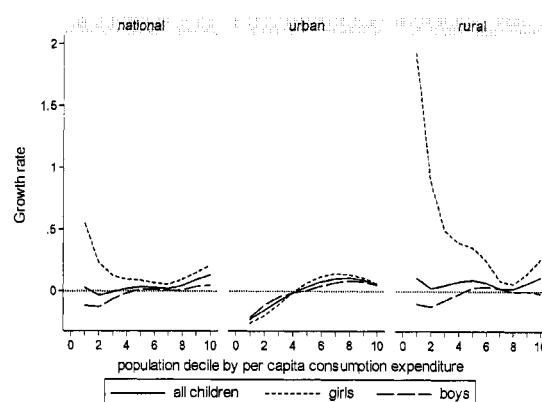
3.24. The percentage of children enrolled nationally has not changed noticeably. This is disturbing given the push for school construction over this same period. In fact, at 95-percent confidence intervals, we cannot reject the hypothesis that there has been *no change* during the last decade.⁹³ Further, the

Figure 3.3: Enrollment and household socioeconomic status



Source: Based on World Bank staff tabulations using PIHS 2001-02 data on rural and urban children.

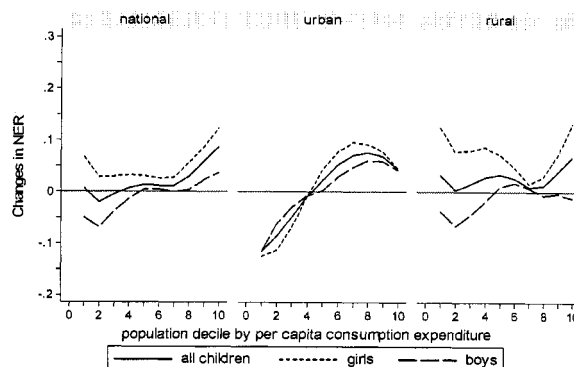
Figure 3.4a: Growth Incidence Curve of Primary School Enrollment Rates between 1990-91 and 2001-02



Note: Growth rates of primary school net enrollment rates between 1990-91 and 2001-02 are computed for each decile of per capita consumption expenditure distribution, and are then smoothed by a non-parametric method (LOWESS). Deciles are computed for each region separately.

Source: PIHS 1990-91 and 2001-02.

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



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

Source: PIHS 1990-91 and 2001-02.

⁹² Filmer, King and Pritchett (1998).

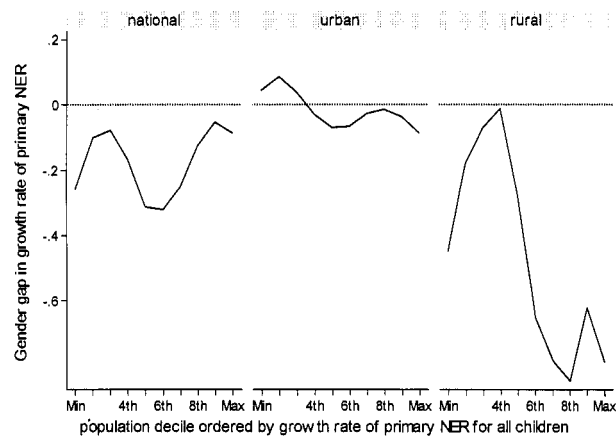
⁹³ Sampling errors are very large though.

small change over the last decade occurred in the richer groups, where enrollment was already high. But if we look closer we can see considerable regional and gender variation. For *urban* areas, the pattern of greater percentage-point increases for higher income groups is replicated across boys' and girls' groups. The differences are stark, with lower enrollment for almost all groups below the median.⁹⁴ For rural areas, there is a dramatic difference between boys and girls. For boys the patterns are similar to those in urban areas, but for girls there is *higher* percentage-point growth among the lower and the upper-income deciles.

3.25. Figure 3.4b shows how big this difference is. Since rural girls (particularly in the low-expenditure deciles) had very low initial enrollment rates a small change in percentage points can lead to large changes in percentages (moving from 2 percent to 3 percent is a 50-percent increase). The picture in urban areas in percentages is not very different from before; both boys and girls show similar trends, with lower-income deciles underperforming their higher-income counterparts. In rural villages enrollment for girls from low-income deciles grew close to 200 percent during the last decade; at an annualized rate of growth, this is close to eight percent. Over the same period, there is almost no growth for boys' enrollment in rural areas, and the relationship with income is almost flat.

3.26. As might be expected, Figure 3.4c shows a sharp decrease in the gender gap among groups with the greatest enrollment growth.

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



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

Source: PIHS 1990-91 and 2001-02.

School Placement Appears to Favor Wealthier and More Centrally Located Villages

3.27. The poor overall enrollment growth rate seems at least partly related to the poor distribution of schools. Earlier studies argue that the placement decision of public schools was largely independent of community characteristics. But the PIHS data show that public primary schools for girls appear to be overwhelmingly located in wealthier and better-located communities (see Table A3.6).⁹⁵ Since the placement of a primary school is unlikely to change village wealth in a few years, we can be reasonably certain that the chain of causality does not run in the opposite direction. For example Andrabi, Das, and Khwaja (2005) look at villages in Punjab *before* schools were placed in them between 1980 and 2000. They confirm, in *percentage terms*, some differences between communities that received girls' primary schools and those that received none, but that these very small differences do not extend to comparisons between villages receiving a primary school and villages that received both a primary and secondary school. In the villages that received both types of schools population size played a big role (Table 3.2). This is in line with the stated policies of school construction during the past two decades: villages had to fulfill two conditions for a school to be constructed: (1) they had to provide land for the school (4 *kanals*), and (2) they

⁹⁴ Caution: the poor in 2001-02 may be quite different from the poor in 1990-91, both due to income mobility and migration, and such mobility is likely to be more important in urban areas. For example, a lot of new migration to cities by the poor, would leave enrollment rates in the lowest deciles unchanged.

⁹⁵ Lloyd, Mete and Sathar (2002). Alderman, Orazem and Paterno (2001).

Table 3.2: Differences in Population Size between Villages in Punjab that Received a Public School, 1980-2000

<i>Village classification</i>	<i>Total Population in 1981</i>	<i>Total Population in 1998</i>
No girls' primary or secondary school in 2000	1,130	1,703
Received a girls primary school between 1980 and 2000	1,131	1,695
Received a girls' primary and secondary school between 1980 and 2000	1,973	2,954
Received a girls' secondary school between 1980 and 2000 (Primary pre-existing)	3,420	5,041
Pre-existing girls' primary and secondary school for girls	2,881	4,281
Pre-existing primary school for girls, no secondary school in 2000	1,676	2,431

Source: Andrabi, Das, and Khwaja (2005).

had to have a population higher than 500. This suggests that villages without schools (the *marginal villages*) are smaller, poorer, and probably a lot further from the road.

III. DISTANCE AND SCHOOL ENROLLMENT

3.28. This section examines the impact of school proximity on enrollment. Systematic evidence from a number of sources show that school enrollment for girls is highly sensitive to the distance of the household from the school. Clearly school distance increases the financial and physical costs of attendance by increasing transportation costs and commuting time. In the context of rural Pakistan, however, cultural restrictions on the mobility of adolescent girls are likely to pose an additional barrier to school enrollment.

Distribution of rural schools

3.29. According to the PIHS, at the end of 2001-02 about 67 percent of all rural communities or primary sampling units (PSUs)⁹⁶ had a girl's public primary school (compared to 85 percent for boys). This drops to 22 percent for girls' middle schools (26 percent for boys) (Table 3.3). Given the size of the average PSU (see footnote 21), it is difficult to assess school access at the village level using this data. Even a school "inside a PSU" may be several kilometers from any households resident in that PSU. Ongoing work using PRHS-II indicates much poorer school access for girls. Only 46 percent of sample villages in Sindh and Punjab had a girls' elementary school inside the village. In contrast, 87 percent had a boys' elementary school within the village.⁹⁷

⁹⁶ The PSU is the lowest strata in the PIHS. Sample households are randomly selected from each sample PSU. The typical PSU is several times larger than a typical revenue village-but PSU-level data is the only 'community' level data available in the PIHS.

⁹⁷ As part of the PRHS-II (2004-05) a complete census of all schools was conducted in sample villages across Punjab and Sindh considered broadly representative of these provinces.

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

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

Note: The table shows, on average, distance in kilometers from community to schools.

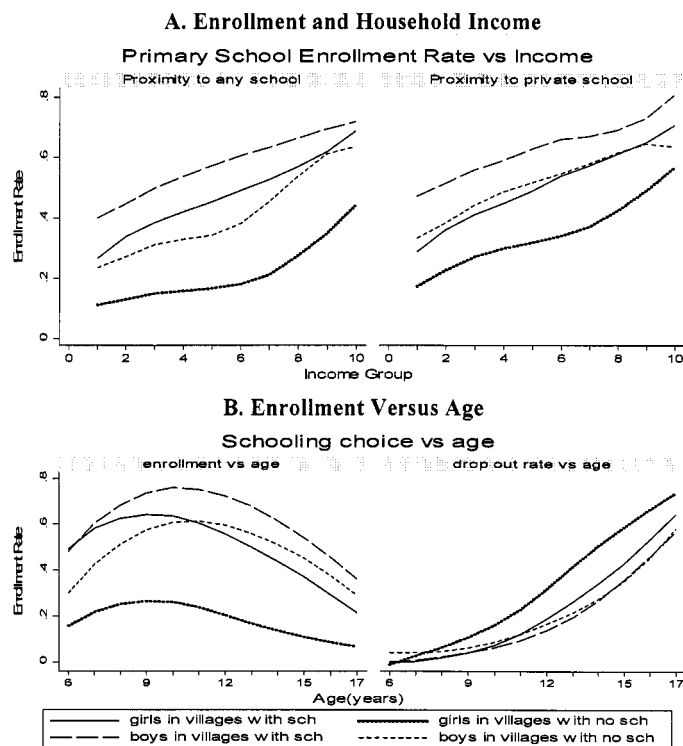
Source: World Bank staff calculations using the rural community survey from PIHS 2001-02

3.30. The 1990s also saw an explosion of private schools in rural areas. The PIHS data show that by 2000 28 percent of rural communities in the PIHS sample had a private school. The numbers were particularly high in rural Punjab (33 percent) and NWFP (37 percent, although this also picks up a large number of NGO and trust schools). Furthermore, private schools overwhelmingly locate in villages where there is *already* a pre-existing primary and/or secondary school. For instance, in the case of the PIHS communities, more than 85 percent of private schools were located in PSUs that had a girls' public primary school.

3.31. Further evidence that private schools locate only in regions where there are pre-existing public schools is provided by Andrabi and others (2005), who look at the census of villages in Punjab by matching data from the Pakistan Census Organization (PCO) with data from the Education Management Information Systems (EMIS). They find that 85 percent of all private schools in the Punjab were situated in villages that already have a boys' primary school; of these, 80 percent also have a girls' primary school. In all of Pakistan, enrollment in private schools as a share of total enrollment is high in certain districts. In central and north Punjab and the NWFP private school enrollments exceed 20 percent and often go up to 45 percent of all enrolled children. But in large swathes of southern Punjab as well as Sindh and Balochistan (with the exception of Quetta and Karachi), this share is between 0 and 10 percent.

3.32. What is clear is that for many rural children the nearest school is several kilometers away.⁹⁸ We examine the impact of this distance on school enrollment using PIHS 2001-02. Figure 3.5 looks at school enrollment for different income groups and across PSUs with and without a public school. Not having a public school in the PSU significantly decreases the probability that *any* child (boy or girl) is enrolled in school, but the effects are larger for girls compared to boys. Multivariate regression analysis shows that the enrollment probability for a girl in a village with a school is almost 18 percentage points higher than in a PSU without a school (Table A3.3 and A3.4). There is a similar (and statistically significant) rise for boys, but the size of the coefficient is smaller. Figure 3.5a shows that the protective effects of higher income do not extend to girl's schooling; the enrollment gap between villages with and without a school continues to hold even at high-income levels.

Figure 3.5: Enrollment and School Proximity



Note: Upper-left: children in each decile of per capita expenditure distribution are classified into four groups in terms of their gender and whether their villages have any school. Enrollment rates of each group are then computed. Upper-right: children in each decile of per capita expenditure distribution are classified into four groups in terms of their gender and whether their villages have a *private* school. Enrollment rates of each group are then computed. Bottom-left: children in each age group are classified into four groups according to gender and whether their villages have any primary/secondary school. Enrollment rates are then computed. Bottom-right: percentage of children who left school after enrolling is computed for the same four groups of children as above. Source: PIHS 2001-02.

⁹⁸ A typical revenue village is said to be between two to three square kilometers.

Box 3.1: Rural Household Decisions (Not) to Educate Daughters

Qualitative data on female education derived from recent interviews with adult females of rural households can be found in Box 1.3, Chapter 1. The purpose of the interview questions regarding female education was to explore factors undermining rates of girls' schooling in rural areas of Pakistan—specifically, what is influencing household decisions not to educate daughters.

Strong Support for the Idea of Female Education

All 60 adult females (97 percent) strongly supported the idea of female education in general, and of their daughters in particular; this was **in spite** of concerns that going to school might compromise the honor (30 percent) or physical safety (15 percent) of girls; or that educating girls had no material benefit because even educated girls could not work and contribute financial support to the household (10 percent). Only two women out of 60—3 percent—said they would not support educating daughters under any circumstances (Table 3.4). Both women happened to be from Sindh—one from Mirpur and one from Badeen.

Table 3.4: Percent of Rural Women who Support Female Education, by Region

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

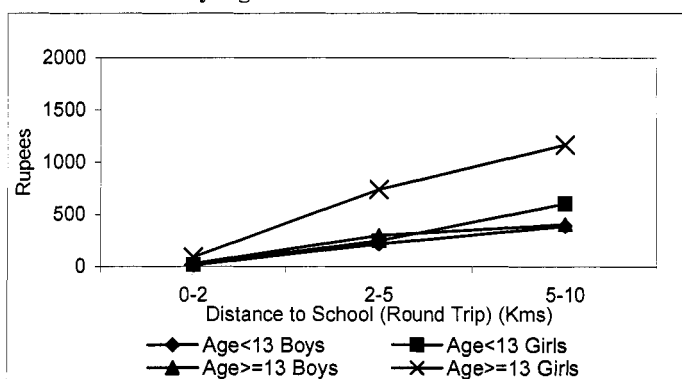
Note: Frequencies in parentheses.

Primary Constraint against Girls' Education is Distance to School

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

3.33. Figure 3.6 shows that families report much higher travel expenditures for girls who are 13 or older and probably enrolled in middle school and beyond—even after controlling for distance to school. As girls reach middle-school age, the direct cost of sending a girl to school seems to increase sharply. The rise in travel expenditures does not appear to occur for boys of middle-school age. Parents may pay higher transportation costs for middle or high school-age daughters since they want to ensure safe passage.

Figure 3.6: Annual Expenditure on Travel to School by Age and Distance to School



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

3.34. The analysis also suggests a gender difference in the way school proximity affects enrollment as the child approaches adolescence (Figure 3.5B and Table A3.2). The sensitivity of enrollment to school proximity increases sharply for girls age 13 and up. This effect is entirely absent for boys. Thus, both for primary and secondary education we see a large drop in enrollment in PSUs that do not have schools. The magnitude of this drop is larger for girls and particularly for older girls. In the PRHS 2001, the parents'

main reason for the child's non-enrollment was, for boys, economic ("school too expensive" cited by 43 percent of parents), but for girls, while economic motives were cited, the response was more often that they did not "approve" of their non-enrolled daughters going to school (30 percent) and that the rate of disapproval of schooling for non-enrolled sons was lower (7.5 percent). Moreover, this 'disapproval' for a girl increases sharply with her age. The qualitative study found similar results (see Box 3.1).

Social constraints on mobility may be important

3.35. Qualitative data from several studies suggests that the way school proximity affects enrollment may be the outcome of gender differences in adolescent girls' and boys' mobility (Box 3.2). Families clearly feel uncomfortable about sending their children to schools outside their own village—this discomfort is exacerbated in the case of girls once they cross the age of menarche. Traveling long distances to attend school clearly entail costs, both direct (such as transportation) and indirect (opportunity cost of time spent in school, concerns about girls security/reputation). These studies corroborate our own findings that mobility restrictions become a more important factor in parental decisions on schooling once girls reach puberty.⁹⁹

3.36. A recent survey of adolescents and young adults also documents the gendered nature of the transition from childhood to adolescence.¹⁰⁰ The study found that as girls transition into adolescence, their mobility and opportunities to interact with the outside world shrinks. For boys, on the other hand, transition to adolescence tends to signify an expansion of opportunities outside the home.

3.37. These quantitative and qualitative results may be suggestive of a school location effect on the enrollment of girls, but there are several problems with interpreting these results as the *causal* impact of distance on enrollment. First, If public schools are constructed only in villages with a demonstrated demand for schooling, it comes as no surprise that enrollment is higher in villages with such schools compared to those without. The analysis of school placement in Section II shows that wealthier and better-located villages are more likely to have girls' schools. Second, the size of the effect found using the PIHS data is likely to be an underestimate since it only indicates whether or not there is a school inside a PSU. But as footnote 21 notes, the average PSU is several times larger than a typical revenue village. The PRHS-II household data---specifically designed to address these issues--- gives us a cleaner and more nuanced picture regarding the impact of school placement on enrollment.

Impact of school location at the settlement or habitation level.

3.38. By and large, public schools are placed in villages on the basis of village population. A catchment area for a school should be defined by the population served. However, most villages in rural Pakistan are organized around distinct settlements or habitations, which are more organic communities. Typically, a settlement has a distinct name and boundary and is significantly more zaat/biradari (caste) homogeneous than a revenue village, which is a largely administrative construct. Thus, if culturally based mobility restrictions are important for girls, then crossing settlement boundaries—even inside a revenue village—should impact school enrollment. Specifically, girls in settlements that do not have a school should be less likely to enroll in school. We should not observe a similar impact for boys. Testing the potential for a "crossing boundaries" effect is the centerpiece of the empirical analysis using the PRHS-II data.¹⁰¹

⁹⁹ Sathar and others (2003); Mumtaz and Raouf (1996); Khan (2000), Khan (1998).

¹⁰⁰ Sathar, ul Haque, Faizunissa, Sultana, Lloyd, Diers and Grant (2003) also found this pattern to exist in the Adolescent and Youth Survey (2003) data.

¹⁰¹ This data collection effort included a complete census of all schools in the sample of villages. This included data on all schools inside a revenue village as well as all schools within a two-kilometer walk of the perimeter of each settlement. GPS coordinates are available for both households and schools, so the distance between each household and every local school can be calculated. The

Box 3.2: Puberty and Girls' Restricted Mobility May Constrain Their Schooling

Puberty is a physical marker of maturity. The onset of puberty brings with it distinctive gender-defined social trajectories for adolescents in Pakistan, as it does in many South Asian societies. As girls enter puberty they often experience increased enforcement of *purdah* norms and restrictions on their mobility and social interactions.¹⁰² The limits on mobility for young unmarried girls include restrictions on traveling unaccompanied and the need to obtain permission from a male member of the family to travel outside the home. The qualitative study on gender (Box 1.3) found that distance to school compounded the effects of cultural constraints.

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

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

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

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

Table 3.5: Percentages of Primary Reason for Not Educating Girls, by Region

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

Note: Frequencies in parentheses.

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

3.40. Since these children are beyond the primary school entrance age, the measure of school availability must account for whether or not there was a school at the right level and gender in the settlement at the time the child was the right age to enter school. Since the census collected data on the year of establishment of all schools, such a measure can be constructed; thus, for each child, the researchers construct a variable that

identity of the hamlet in which the household and the school are located is also known. Detailed school characteristics were also collected for each school identified in the census.

¹⁰² Sathar and others (2003); Mumtaz and Raouf (1996); Khan (1998); Khan (2000); Hennink, Rana and Iqbal (2004).

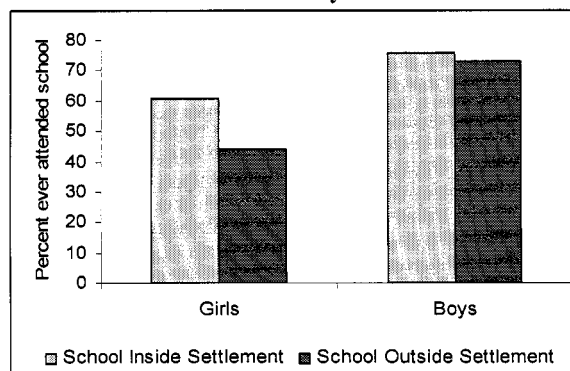
measures whether or not there was a primary school serving the right gender in the settlement in which the child resides when the child was age 11 or younger. A similar measure is created for whether or not there was a middle school serving each gender in the settlement in 2004. Results show that roughly one-half of all children in the sample had a primary school serving each gender in the settlement when they were of primary school age. Predictably, the ratio is lower for girls and higher for boys, at 50 percent and 58 percent, respectively.

3.41. Among the nearly 2,000 children aged 12 – 17 in the sample, 75 percent of boys and 52 percent of girls had ever attended school. These numbers are consistent with estimates from the PIHS as well as the earlier round of the PRHS.¹⁰³ A simple correlation with school availability shows that attendance matters significantly for girls but not for boys. School attendance for girls increases from 44 to 61 percent if there is a school inside the settlement, while the presence of a school inside the settlement has virtually no impact on school attendance for boys (see Figure 3.7)¹⁰⁴

3.42. To look at whether this school location effect survives when accounting for other child, household, and community characteristics (such as the child's age, distance to the nearest available school, parent's education, and household wealth), PRHS-II data was used to conduct a multivariate regression analysis. Since school attendance also can be affected by household preferences, a cleaner test of the school location effect is to compare school attendance for opposite sex siblings. This washes out the impact of all household characteristics, like wealth or preferences that may affect attendance decisions for both boys and girls within a household. For within-household comparison of siblings, the analysis shows that school location has no impact on school attendance decisions for sons, but has a positive and large impact on school attendance decisions for daughters in the same age group. Moreover, even after controlling for attendance due to the existence of a primary school inside the settlement, the presence of a middle school inside the settlement has a further positive impact on attendance that is large and significant.

3.43. These substantial school location effects suggests that any measure to improve school access will yield large returns. Clearly, while building schools—private and public—remains important, building a school in every settlement is unlikely to occur. Qualitative studies suggest that the real issue is not one of distance *per se* but one of safety and of prevailing cultural norms around the appropriate chaperoning of young women. Related work using the same data,¹⁰⁵ data from PRHS-II (see also Chapter 2), suggests that even adult married women feel significantly *less* secure when they need to cross the boundaries of their own settlements—even during the day.¹⁰⁶ Only 40 percent of women reported feeling safe walking alone outside their settlements during the day; however, over 80 percent reported feeling safe walking alone inside their own settlement (Table 3.6). Strategies to reduce the costs (social or financial) of getting girls to

Figure 3.7: Percentage of Children Who Have Ever Attended School by Settlement



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

¹⁰³ See also the Pakistan Poverty Assessment.

¹⁰⁴ Ongoing work also looks at the impact of the social composition (mainly zaat/biradari) of the community on school enrollment using the notion of “social distance.” Similar issues for girls schooling with respect to caste arise in India as well (PROBE Report 1999).

¹⁰⁵ The sample consists of approximately 1,600 currently married (including divorced or separated) women aged 15-40 from 94 villages in Sindh and Punjab.

¹⁰⁶ Settlements are distinct habitations or communities within villages. They can be thought of somewhat as more organic entities within the bounds of revenue villages. Most have distinct names and boundaries. The revenue village in contrast is a largely administrative construct.

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

Table 3.6: Women's Perceptions of Safety
(in percentages)

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

Note: These figures represent percentage of currently married women aged 15-40 who reported feeling safe and unsafe within and outside the settlement.
Source: Pakistan Rural Household Survey –II (2004). This survey covered rural households in Punjab and Sindh.

IV. WILL BUILDING SCHOOLS INCREASE ENROLLMENT?

3.44. The physical and social costs of going to schools far from the home are a major deterrent to female participation in education. More school construction is not a complete solution to this problem, particularly for girls living in small scattered settlements, as is common in the villages of Southern Punjab and Sindh. However, building more schools is likely to be a very important piece of any strategy to enhance enrollment of both boys *and* girls. If schools are built, what will it take to make them functional? A binding constraint on running schools is the availability of teachers who will live in the village where the school is located and that they show up for work on a (somewhat) regular basis.

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

Table 3.7: Availability of Educated Females

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

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

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

Note.: "Qualified women" denotes women between ages 18 and 50 who have completed at least grade 8 (middle school) or grade 10 (high school).
Source: PIHS 2001-02 household data.

The availability of educated women

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

3.47. There also are a couple of reasons why we should worry about the availability of educated women in a particular *village* rather than in the area surrounding it. If labor markets are well integrated, it should

not make a difference whether a sufficient number of educated women are resident in any given village. As we have discussed above, both quantitative and qualitative studies suggest that security concerns and other cultural constraints make it difficult for rural women to travel outside their own village for a day job. Women rarely relocate for work. Rural-to-rural relocation is generally small, and when it occurs, it is in response to marriage rather than to employment opportunities. An alternative mechanism through which educated women could disperse to villages with low populations of educated women is thus through marriage. However, over one-half of all marriages in rural Pakistan are village endogamous (within the village),¹⁰⁷ which limits this possibility.

3.48. Any strategy seeking to expand school access at the primary level, particularly one that seeks to involve the private sector, will require complementary public investments in middle and high schools for girls as well as incentive mechanisms that ease school access. The Social Assistance Program (SAP) during the 1990s was an attempt to bridge this gap. Although this program was heavily criticized and there were severe problems in the field (ghost schools and teachers, and very poor learning), ultimately it did manage to increase the percentage of educated women in Pakistani villages by a small margin. These women were born in the village where they were educated and were likely to remain in the same village. It is plausible that the dramatic expansion in rural private schools since the mid-1990s was attributable to this development. That first cohort of educated women is an important start.

Villages with educated women also have private schools

3.49. Analysis of PIHS 2001-02 data clearly suggests that there is a causal relationship between villages with education women and private schools (Table A3.7). The supply of educated women is higher in rural communities with access to a high school for girls. In communities where a public high school for girls is located five kilometers or less from the community, about 9 percent of women aged 20-44 have matriculate (class 10) or higher education. In contrast, communities where a girls' high school is more than five kilometers away, the supply of educated women is lower, with only 4 percent of women aged 20-44 with matriculate or higher schooling. Women with a matriculate degree or more also appear to be more active in the non-agricultural labor force. Among rural women aged 20-44 with matriculate or more, 24 percent report that they are working. Among these working women, more than one-half report teaching as their occupation.

3.50. This analysis is very suggestive, but the PIHS does not allow us to control for the year of school establishment.¹⁰⁸ Work by Andrabi, Das, and Khwaja (2005) strengthens this argument. They match villages across the census years of 1980 and 2000, showing that villages receiving a government girls' primary *and* secondary school during the two intervening decades had increased chances of attracting a private school by almost 100 percent, compared to villages that received only a government girls' primary school. Furthermore, this study shows no baseline differences between villages that received a primary and secondary school and those that received only a primary school in terms of educational levels, although those that received both had larger populations (Table 3.2). The authors argue that this result is driven primarily through the larger number of women with matriculate degrees who then became private school teachers in the villages that have received both schools.

Since female mobility is low, cohorts of educated women need to be built up in every village

3.51. There is little observed migration among educated women in rural Pakistan. Data from the PRHS (2004) shows that marriage is largely village endogamous. Most married women report being born in the

¹⁰⁷ Based on PRHS-II.

¹⁰⁸ We do not have data on precisely when these schools were built, but we do know that most private schools were established relatively recently and are likely to post-date the public high school. The new round of data includes a complete census of all schools in each sample village and we should be able to answer this question more precisely once that data is analyzed.

village in which they reside and most have natal families in the same village. Among currently married female migrants, almost all (98 percent) report migrating due to marriage or to join a family member after marriage and not in response to employment opportunities. While most rural women aged 20-44 with a matriculate degree or more work in teaching or other formal occupations, the PIHS data do not tell us whether they are employed within the village or outside village. The PRHS (2001) asked women engaged in paid work where they worked. Almost 60 percent of women who were engaged in non-farm work reported working within the village. Given this pattern of marriage and migration, the diffusion of educated women via marriage is not likely. Neither can we expect that educated rural women will migrate in response to employment opportunities.

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

3.53. To reiterate, public investments in building middle and high schools, where feasible, will have big payoffs; however, it never will be feasible to build schools in every small and isolated settlement. Strategies that reduce the social and financial costs of attendance thus are likely to have high payoffs, particularly in areas which are relatively remote, relatively poor, and where villages are organized around numerous settlements. On a final note, it also is important to note that there are some important additional constraints to school functioning and quality that will impact school demand.

Private schools prefer female teachers and pay them less

3.54. Educated women remain a somewhat captive labor force in the villages where they are educated. This is reflected in their wages to a rather startling degree. Andrabi, Das, and Khwaja (2005)¹⁰⁹ report on salary differentials among male and female teachers in public and private schools. An average female teacher in a government school earns a salary of Rs.5,710 per month—not very different from the earnings of an average male (Rs.6,143). Among private schools, male teachers earn close to Rs.2,000 per month, while females earn only half as much at Rs.1,100. Private schools clearly pay female teachers substantially less than government schools do. Much of this gender difference in teacher salaries no doubt captures differences in educational attainment and training as well as job tenure. Even when controlling for education, educational training, and experience of the teacher, the female penalty remains strong in private schools, but vanishes for government schools. Among private schools, female teachers earn on average Rs.650 less per month than their male counterparts, which is close to 33 percent of the average male wage. When controlling for labor market conditions in the village by looking only at differences within villages, they find no difference in the estimated coefficients, which remains at around Rs.600, for both estimates within villages and within schools. This difference suggests a pure “gender” penalty rather than other variables related to overall labor market conditions. Private schools seemed to have capitalized on this captive labor force since the bulk (over three-fourths) of teachers in private schools in the sample are female, while only 44 percent of teachers in public schools are female.

3.55. This wage differential extends to other paid work as well. Multivariate regression analysis using the nationally representative PIHS 2001-02 data shows that women earn significantly less than men, even after controlling for the age and education of the worker. A man with a primary school education is paid an average salary of about Rs. 2,892 per month, while a woman with a similar educational profile is paid Rs.

¹⁰⁹ Using recent data they collected from over 800 schools (5,000 teachers) in 112 villages of Punjab as part of the LEAPS study.

879. At the secondary-school level, these differences are somewhat attenuated but still large and significant (Rs.3,830 per month for men versus Rs. 1,922 per month for women).

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

3.56. Although women in government schools are paid almost five times more than their private school counterparts, even in the same village, they are absent more often. Andrabi, Das and Khwaja (2005) find that absenteeism across teachers in public and private schools is 2.6 days during the month (close to 12 percent of all working days). Teachers in private schools are absent significantly less (1.87 days) compared to teachers in government schools (3.18 days). Further, even within government schools, female teachers are the biggest defaulters. An average female teacher in a government school is absent close to four days a month (close to 20 percent of all working days) compared to 2.65 days for her male counterpart¹¹⁰

3.57. The welfare consequences of these absences are less certain. In Andrabi, Das and Khwaja's study, a large fraction of teachers took time off due to health-related reasons among members of their families and other family emergencies. With limited options in terms of substitute teachers with the same educational background (government female teachers are more educated and better trained than their private school counterparts), the welfare benefits of (at least) having a teacher in the school 16 days a month may outweigh the costs of having no one at all.

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

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

V. RAISING LEVELS OF GIRLS' SCHOOLING: SOME POLICY RECOMMENDATIONS

3.59. Access to schools has to be improved to attract rural female students and retain them in school beyond the primary level. This includes improvements in the quantity and quality of schools and adapting service delivery to the special needs of female students. Federal and provincial governments can learn much from the experience of public and private schools, and from parents' responses to them in taking steps to address the large gender gap.

Increase access to local public schools

3.60. School proximity is critical to girls' enrollment, and a significant proportion of rural communities do not have a school nearby enough for girls. At the primary school level, the ESR action plan (2001-2005) was a move in the right direction. This plan aims to expand the number of schools on the basis of gender and population requirements for schools.

3.61. More private primary schools are unlikely to provide a solution to improving female enrollment, given their existing pattern of expansion. Because private schools require female teachers, they cluster in areas with pre-existing public schools. Because the odds of attracting a private school increases

¹¹⁰ These results were also confirmed in a multivariate regression analysis.

substantially with an increase in the number of public girls' schools, without the government taking the first step, the private sector will not move in. To improve the quality and quantity of primary schooling through the private sector, substantial public investments in middle and high schools are required, particularly in areas which are lagging behind in school availability. Less than a one-quarter of rural communities have a nearby public middle school for girls, and only 10 percent have a nearby high school for girls. Girls' enrollment at this stage appears to be hampered by parents' concerns about letting adolescent girls attend schools that often are outside the community.

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

Attend to specific constraints: increase numbers of female teachers

3.63. The lack of potential female teachers in Pakistan, which government schools require and private schools prefer, is a significant constraint. Schools will continue to have trouble recruiting and retaining female teachers—particularly in the least-served areas—until local cohorts of female teachers emerge or significant barriers to female mobility that prevent educated women from relocating or commuting to schools that need them are overcome. Because near-term policy levers are unlikely to significantly reduce these barriers, policymakers should focus on interventions that are complementary to those that increase girls' access to schooling. Rural communities need to develop their own cohorts of educated women in order to compensate for the restrictions on bringing in female teachers from outside the community.¹¹¹ By enhancing local girls' access to all levels of schooling, these communities can begin building a ready pool from which to draw the teachers of the next generation.

3.64. The Community Support Program (CSP) in rural Balochistan is an example of a program that specifically addressed the shortage of female teachers. Carried out in three divisions, the CSP experiment provided communities with a school in the village, ensured the presence of a female teacher, and encouraged the communities' involvement in running the school. The CSP set up government-funded community schools. A female teacher was selected through a village education committee set up as part of the program. Due to the short supply of educated females, the educational qualifications were relaxed relative to the standard requirement for a government teacher. A woman was eligible to teach if she had a minimum of eight years of schooling and was a resident of the same village or lived within walking distance of the village. The teachers were given in-service training to make up for lack of educational qualification. Evaluation of the CSP found that the program had a large impact on increasing girls' school enrollment.¹¹²

3.65. Other approaches to alleviate shortages of teachers could include drawing from the pool of educated women from nearby communities. However, this may require assurance of safe transportation to and from school, or providing residential accommodation with assured security.

Enhance demand-side incentives for girls' education

¹¹¹ While urban teachers can be assigned to teach in rural areas, teacher absenteeism tends to increase with the remoteness of the school.

¹¹² Kim, Alderman and Orazem (1998).

3.66. Several demand-side, initiatives such as the middle school stipend program and the school meal program (Tawana Pakistan) are already underway. Such schemes rely on the idea that low enrollments are primarily due to financial constraints. Without doubt such constraints are likely to be quite important for many rural households. Even where households are concerned about the safety of young girls, a stipend could allow them to purchase private secure transportation to and from school. Our analysis indicates, however, that safety concerns are not likely to be addressed completely by reliance on existing means of transportation available in most villages.

3.67. A rigorous evaluation of the stipend program is therefore urgently needed to identify whether the stipend should be pegged to school distance as well as the extent to which uptake of the program is dampened by safety and mobility concerns. If stipends alone are found to be inadequate, several complementary initiatives could be considered to augment their effectiveness. For example, where a school exists within walking distance, trained and licensed chaperones could be used to escort young girls to and from school. Where schools are at a greater distance, as is the case with most middle and high schools, subsidized provision of secure school transport could also be considered. The feasibility of such complementary initiatives could be assessed as part of an evaluation though pilot schemes.

4. IMPROVING HEALTH OUTCOMES FOR WOMEN AND CHILDREN

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

~ Article 38(d) of the Constitution of Pakistan

4.1. Health outcomes have improved significantly in Pakistan since the early 1950s (Table 4.1). Estimated life expectancy at birth has risen from 43 to 63 years, and infant mortality has fallen from 169 to 79 per 1,000 live births. Fertility levels have fallen by 24 percent between 1975 and 2000,¹¹³ which itself reduces maternal depletion and mortality and improves women's health outcomes.

4.2. Women's health and reproductive outcomes have improved substantially, as reflected in various indicators. In tandem with fertility decline, the gender gap in life expectancy has closed, and estimated life expectancy is now higher for females than males. Although the sex ratio has improved over time, it still remains high for the population as whole. Women's age at marriage has also risen sharply, from an estimated 17 years in 1951 to 22 years in 2002.¹¹⁴ Along with greater control over their own reproduction comes greater control over their own lives.

4.3. Improved health and reproductive outcomes have many positive spin-offs for the society as a whole, as well as for the individuals and households concerned. For example, improved health and nutrition is associated with better cognitive development and school performance¹¹⁵ and increases the probability of enrolling in school, especially for girls in Pakistan.¹¹⁶ School nutrition programs, such as the Tawana program, can help narrow the gender gap in schooling.¹¹⁷ Better health and nutrition are also associated with higher earnings, as studies in rural Pakistan and elsewhere show.¹¹⁸

Table 4.1: Life Expectancy and Infant Mortality: Comparisons across Regions and Over Time

	Life expectancy at birth		Infant mortality	
	1950-55	2000-05	1950-55	2000-05
Pakistan	43.4	62.9	168.6	78.6
Bangladesh	37.5	62.6	200.5	58.8
South-central Asia	39.4	63.0	187.0	69.1
Western Asia	45.2	67.8	190.6	48.0
Less-developed regions	40.9	62.8	179.8	62.4

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

¹¹³ National Institute of Population Studies (NIPS) (2001) on the Pakistan Reproductive and Health and Family Planning Survey (2000). The total fertility rate (TFR) between 1970-75, based on the 1975 Pakistan Fertility Survey, was 6.27. The Reproductive Health and Family Planning Survey (2000) estimated the TFR during 1997-2000 to be 4.8, which represents a 24 percent decline.

¹¹⁴ Government of Pakistan, <http://www.mopw.gov.pk/publications/ppplan/Chap2.htm>.

¹¹⁵ Alderman, Behrman, Lavy and Menon (2001); Government of Pakistan (2003); Siddiqi, Haq, Ghaffar, Akhtar, Ali and Larik (2003), Sathar and Casterline (1998); Tinker (1998), World Bank 2002, Miguel and Kremer (2001).

¹¹⁶ Alderman, Behrman, Lavy, and Menon (2001).

¹¹⁷ See Chapter 3 for a description of program.

¹¹⁸ Alderman and others (1996).

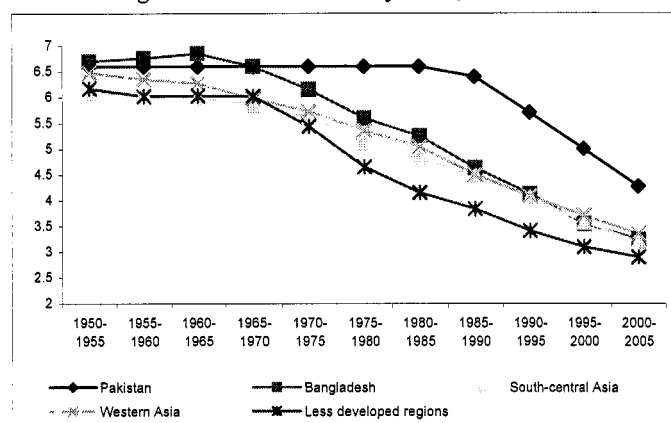
4.4. However, Pakistan's demographic indicators still lag behind those of neighboring countries in West Asia and South Asia, and in the less-developed world as a whole (Tables 4.1 and 4.2). Many of these countries experienced more rapid mortality declines over the past half-century, as well as earlier initiation of fertility decline (Figure 4.1). This partially explains the observed advantage in female estimated life expectancy today.¹¹⁹

Table 4.2: Under-five Mortality and Life Expectancy: Comparisons across Regions and by Sex					
	<i>Under 5 mortality</i>			<i>Life expectancy at birth</i>	
	<i>Male + Female</i>	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>
Pakistan	114	109	119	62.7	63.1
Bangladesh	79	79	79	61.8	63.4
South-central Asia	100	98	103	61.6	64.5
Western Asia	61	65	56	65.8	70.0
Less-developed regions	94	95	93	61.2	64.6

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

4.5. Three factors interact to slow the improvement in health outcomes in Pakistan, as in some other parts of South Asia. First, high rates of poverty make for poor nutrition and health conditions.¹²⁰ This is aggravated by neglect of public health and environmental sanitation services. Poor people in particular — given their living and working conditions — are frequently exposed to infection. Second, the coverage and quality of publicly provided health services is poor. Third, gender inequities place constraints on women's and girls' access to health information and services. Of course, the first two issues are not exclusive to women and have been analyzed elsewhere.¹²¹ Here we focus on the specific constraints to improving women's health outcomes.

Figure 4.1: Total Fertility Rate, 1950-2005



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

4.6. The Pakistan government has consistently demonstrated clear political will to enhance gender equality and improve health outcomes. For example, one of the objectives of the National Health Policy is to promote gender equality in health. Pakistan has committed itself to meeting all eight MDGs, two of which focus on health (reduce child mortality and improve maternal health).¹²² To further these goals, the government will have to act on multiple fronts. Encouragingly, health policy changes introduced since the mid-1990s, as well as since the introduction of the devolution reforms, suggest that improvements are occurring. Outreach related to family planning services has expanded through the private sector as well as through active door-to-door campaigns by public sector personnel, in addition to the fixed-point service delivery already in place. The goal of reducing population growth is now joined by a greater

¹¹⁹ Female longevity is higher than male in most populations: life tables derived from a large number of countries indicate that at Pakistan's level of mortality, the life expectancy for women is typically 3.7 years higher than that of men (Coale and Demeny lifetables).

¹²⁰ One-third of the population was estimated to be poor at the end of the 1990s (World Bank 2002).

¹²¹ World Bank (2002).

¹²² For a detailed list of the MDGs go to <http://ddp-ext.worldbank.org/ext/MDG/home.do>

emphasis on providing services to meet women's needs through more integrated functioning of the Ministries of Health and of Population Welfare.¹²³

4.7. We investigate the determinants of women's health—including the availability and use of health facilities and programs—as well as the effects of recent health policy changes. Because rural girls and women face more pronounced health disadvantages than their urban counterparts, most of our analysis focuses on rural areas.¹²⁴ We summarize the causes of the problem, its dimensions, and the nature of the available health infrastructure in the public sector, followed by an analysis of what policies seem to be working, and recommendations regarding any gaps to be filled. This chapter examines the effect of recent policies and programs in depth and, after some assessment, makes recommendations for further action.

4.8. The preceding chapters have discussed the problems that female seclusion and constraints on mobility pose, not only for women's quality of life, but also for their ability to access public services such as schooling. Here we discuss how these same factors hinder women's access to health services, and how these barriers can be overcome. Our analysis suggests that much can be done to offset the problems of female seclusion and low education through efforts to increase service outreach and efforts to increase the demand for services through disseminating health information. Pakistan has already begun to put such programs in place successfully, and we offer suggestions to enhance their impact on women's health.

I. GENDER-RELATED CONSTRAINTS TO ACCESSING HEALTH CARE: MOBILITY, DECISION-MAKING, AND ACCESS TO INFORMATION

4.9. Gender inequities restrict women's access to health services in a variety of ways. Women face social constraints in managing their own health and that of their children, although they are largely responsible for domestic management of health: preventing disease by good health and hygiene practices; recognizing illness early and providing home care; seeking medical care when needed; and interpreting and implementing medical instructions. In order to take effective care of their own and their children's health, women need to be well-informed and to be able to act quickly on their perceptions.

4.10. Chapter 3 shows how women and girls' limited mobility constrains female schooling. A number of studies on women's access to health services in South Asia emphasize women's restricted mobility as a constraint.¹²⁵ Survey data from rural Pakistan depict the restrictions on travel to health facilities that women face (Table 4.3). The majority of women report they are unable to a health facility unaccompanied. Indeed, for women and girls, having family members (especially male members) accompany them to health facilities constitutes "social resources"¹²⁶ that can greatly improve their utilization of health services.

4.11. A qualitative study on gender conducted in rural areas of Punjab and Sindh as part of this Gender Assessment (Box 1.3) found that women spontaneously raised concerns about access to health services, even though the study did not directly ask about this. As many as 40 percent of respondents stated that the primary constraint to accessing health services was their mobility, and fewer (27 percent) stated that the primary constraint was proximity to the facility. Difficulties getting to the health facility included

¹²³ Sathar (2001); Sultan, Cleland, and Ali (2002).

¹²⁴ This is facilitated by the availability of detailed information in the PIHS survey, and other surveys.

¹²⁵ Dyson and Moore (1983); Durrant and Sathar (2000); Schuler, Hashemi, and Riley (1997); Khan (1998); Mumtaz and Salway (2005).

¹²⁶ Mumtaz and Salway (2005). They analyze how restricted mobility influences women's access to health facilities. They combine a detailed ethnographic study from rural Punjab with a nationally representative survey data from Pakistan Fertility and Family Planning Survey (1997).

having to be accompanied by the husband or mother-in-law—even if the treatment was for her children and not for herself. If there was an emergency health situation and no one around to accompany them, some women said that as a last resort they were permitted to venture outside the household only if they took along one of their children as a guarantee of proper conduct.

4.12. Restrictions on women traveling to a facility do not disappear if a health facility is nearby, but they do become less stringent with proximity (Table 4.3). A number of studies from Pakistan document similar patterns in women's health-seeking ability.¹²⁷ This mirrors the negative impact on girls' schooling if a school is located outside the village or settlement boundary: rural women and girls face the most stringent restrictions on mobility if accessing a health care provider outside the village.¹²⁸ Access to doctors by unmarried girls tends to be even more circumscribed as they cannot go unaccompanied by their parents. Moreover, frequent visits to the doctor by girls has a negatively affect on the family's reputation in the community.¹²⁹

Table 4.3: Percentage of Rural Women Reporting Restricted Access to Health Facilities

Travel time to facility:	Cannot Go Alone		Need Permission	
	< 1 hour	>=1 hour	< 1 hour	>=1 hour
Hospital	65	78	81	91
Rural health center	49	74	66	89
Basic health unit	62	82	84	93
Dispensary	71	87	88	94
Private hospital/clinic	49	72	71	88
Private doctor	61	87	85	94
Hakim	50	60	75	85
Homeopath	27	40	56	80
Pharmacy	61	67	78	86

Note: Cross-tabulations for women aged 15-29 from a question asking respondents if they could travel to the facility alone and whether they needed permission from someone in the household to go to the facility.
Source: Pakistan Rural Household Survey (2001).

4.13. Another reason women cannot quickly seek health care is that they are typically not empowered to make independent decisions: husbands and other male elders decide whether or not women may act on their perceived need for health care outside the home.¹³⁰ An overwhelming majority of rural women reported the need for permission, typically from a male household member, to visit a health facility (Table 4.3). Although women are typically the first to perceive their own and their children's health problems, they must first overcome successive hurdles of decisionmakers within the household, which can result in significant delays in seeking care and sometimes denial of permission altogether. Delays can be life-threatening for infants experiencing dehydration from diarrhea, and women experiencing complications while giving birth.

4.14. The problems of mobility are compounded by difficulties in accessing the information needed to enable women to access health services in a timely and effective way. Illiteracy rates are high, especially among women, and this in conjunction with limited mobility reduces the opportunities to learn from interacting with the outside world. This problem is partly offset by sources of information within the home or the neighborhood. For example, 40 percent of rural women interviewed in 2000-01 reported watching television, and 36 percent reported listening to the radio.¹³¹ The messages received from these and other sources are further disseminated through informal social networks. International evidence from countries such as Bangladesh suggests that such social networks can be quite effective in aiding the flow of health-related information among women.¹³²

4.15. The obstacles that women face in seeking timely health care, even if a functioning facility is available nearby and the household can afford the financial costs involved, are considerable. They have to

¹²⁷ Sathar and Kazi (1997); Khan, 1998; Mumtaz and Salway (2005).

¹²⁸ Based on a qualitative study from three villages in rural Punjab (Khan 1998).

¹²⁹ Khan (1998).

¹³⁰ Khan (1998).

¹³¹ Pakistan Reproductive Health and Family Planning Survey 2000-01, National Institute of Population Studies (2001).

¹³² Munshi and Myaux (1998); Montgomery, Casterline, and Heiland (2001)

persuade their husband and/or elders that care is needed, obtain permission to seek care, and find someone to accompany them. They also have to know *when* to seek medical care and *what* health services are supposed to be available to them. We discuss below how some of these hurdles can be overcome to increase effective health-seeking behavior.

II. WOMEN'S HEALTH: THE DIMENSIONS OF THE PROBLEM

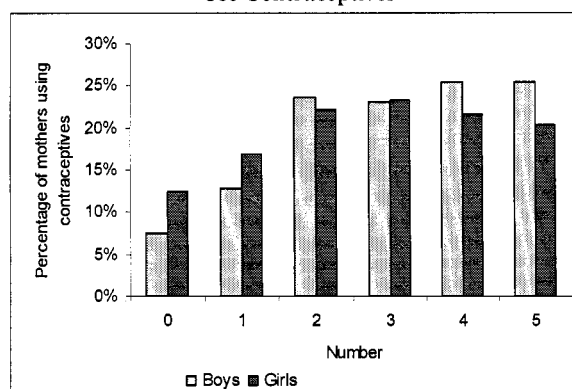
Early Childhood

4.16. Infant and under-five mortality rates remain high in Pakistan, for both boys and girls (Tables 4.1 and 4.2). But girls suffer disproportionately high mortality. Although mortality is usually higher for males, the reverse holds in Pakistan (Table 4.2). While mortality estimates from national and United Nations sources differ (see Table 1.1, Chapter 1), they show similar patterns by gender.

4.17. The biological advantage for female survival is offset by cultural patterns of son preference and attendant underinvestment in girls. Women report a preference for boys over girls, and this is mirrored in actual family-building behavior. Women with relatively more daughters than sons are more likely to want more children and less likely to practice contraception (Figure 4.2 and Table A4.3).

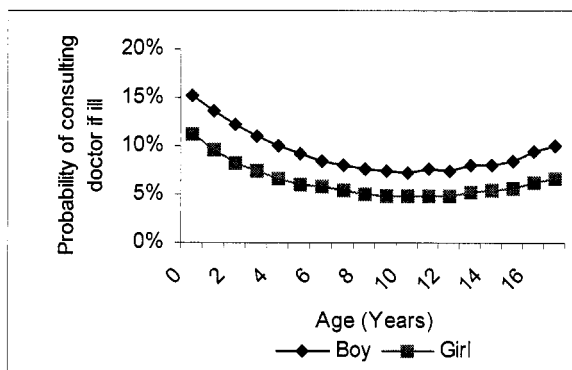
4.18. Son preference is reflected also in gender differentials in child care, which are significant even controlling for household socioeconomic status, parental education, and distance to health facilities. First, girls' illnesses are significantly less likely to be reported.¹³³ Second, those whose illnesses are reported are significantly less likely to be taken for a medical consultation (Figure 4.3). Third, even if girls are taken for a consultation, less is spent on their medical care than on care for boys (Figure 4.4). Richer households show greater gender discrimination in medical expenditures than do poorer households (Table A4.1). Another study in Pakistan found that rural households were more likely to consult

Figure 4.2: Women with More Sons Are More Likely to Use Contraceptives



Source: Cross-tabulations of Pakistan Integrated Household Survey 2001-02 data for currently married women aged 15-49 in rural areas, who are not currently pregnant.

Figure 4.3: Gender Differences in Probability of Consulting a Doctor in Case of Illness



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

¹³³ The problems of under-reporting in self-reported morbidity data are well-documented (see for example Murray and Chen). We find that only 11 percent of children aged 0-17 years were reported to have been ill during the year preceding the survey, which implies significant under-reporting. However, this does not necessarily affect our analysis, because there is no reason why there should be differential under-reporting by the gender of the child; such a differential should reflect parents' lesser concern about the illness of children of one gender.

private doctors (considered to be of higher quality) for boys than for girls.¹³⁴ They also found that the use of medical care for girls was more sensitive to the price of services.

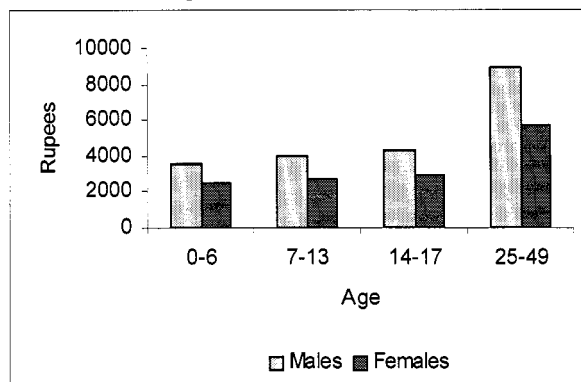
4.19. Despite these household preferences, government efforts to improve child health outcomes, as well as gender differentials in child health outcomes, are taking effect. Childhood immunization coverage rose significantly during the 1990s (Figure 4.5a), as a result of the efforts undertaken through the Expanded Program on Immunization (EPI). By 2001-02, over one-half of children aged 12-23 months were “fully immunized,” i.e., they had received the full course of recommended vaccinations against tuberculosis, diphtheria, pertussis, tetanus, measles, and polio (Figure 4.5b).¹³⁵

4.20. As immunization coverage increased during the 1990s, the gender gap in immunization coverage narrowed (Figure 4.5a).¹³⁶ Substantial gender gaps remain only in rural Sindh and urban NWFP (Figure 4.5c). This is probably attributable to heightened efforts to make bring free immunization to people’s doorsteps through health worker outreach, as well as through immunization camps.

4.21. When we control for household economic status and other factors, we find that girls continue to be significantly less likely to receive measles and BCG vaccination (Table A4.2), even though these are supposed to be provided free of charge along with the other childhood immunizations. Also, there is still a long way to go to reach the EPI goal of universal immunization. In the rural areas of Balochistan less than one-quarter of children were fully immunized (Figure 4.5c).

4.22. Levels of undernutrition are also very high among children, as indicated by their height and weight at given ages. The Pakistan Rural Household Survey 2001 shows that high proportions of rural children under age five are malnourished, regardless of gender. Nearly one-half of these children are

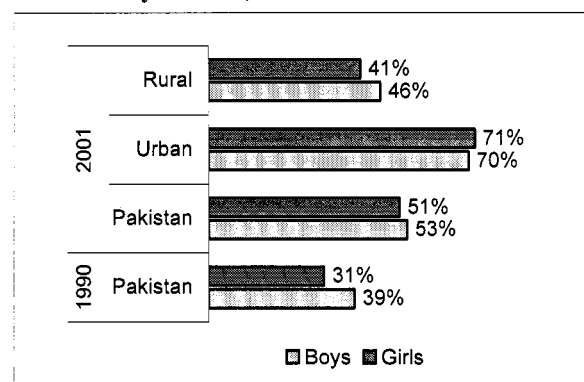
Figure 4.4: Rural Households’ Annual Average Medical Expenditure by Age and Sex



Note: The gender differences in expenditures are statistically significant.

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

Figure 4.5a: Percentage of Children Fully Immunized by Gender, 1990-91 and 2001-02



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

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

¹³⁴ Alderman and Gertler (1997).

¹³⁵ The government-initiated Expanded Program on Immunization (EPI) of 1982 recommended that all children be immunized against the six preventable childhood diseases by the age of 12 months. The recommended vaccinations include one dose of BCG (against tuberculosis), three doses of DPT (against diphtheria, pertussis, and tetanus), four doses of polio vaccine, and one dose of measles vaccine.

¹³⁶ See also Hazarika (2000).

underweight, and nearly two-thirds are stunted (Table 1.2). The prevalence of malnutrition is similar for girls and boys.

4.23. Our results are consistent with several studies in Pakistan and elsewhere in South Asia, which find significant gender differentials in medical care but not in child nutritional outcomes.¹³⁷ Excess female child mortality has also been documented in other parts of South Asia and East Asia, notably India and China, but there is no clear evidence that son preference in Pakistan has yet manifested in sex-selective abortions or female infanticide.¹³⁸

Women's Health

4.24. Maternal health outcomes are poor in Pakistan, as in some other parts of South Asia. For example, the maternal mortality ratio is estimated to be 500 per 100,000 live births.¹³⁹ Given the relatively high number of births per women, this translates into a lifetime risk of dying of one in 38—that is, it is estimated that one of every 38 women dies due to causes related to childbirth. High levels of fertility are a major contributor to poor maternal and child health because repeated childbearing depletes maternal resources and increases the risk of ill-health for the mother. In Pakistan, the Total Fertility Rate has fallen gradually since the 1990s, but is still fairly high (Figure 4.1).¹⁴⁰

4.25. Physical depletion from repeated childbearing is superimposed on a

Figure 4.5b: Percentage of Children Fully Immunized by Gender and Type of Immunization, 2001-02

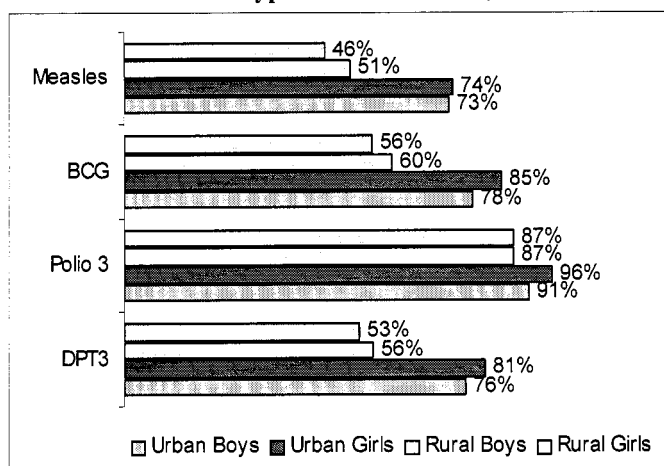
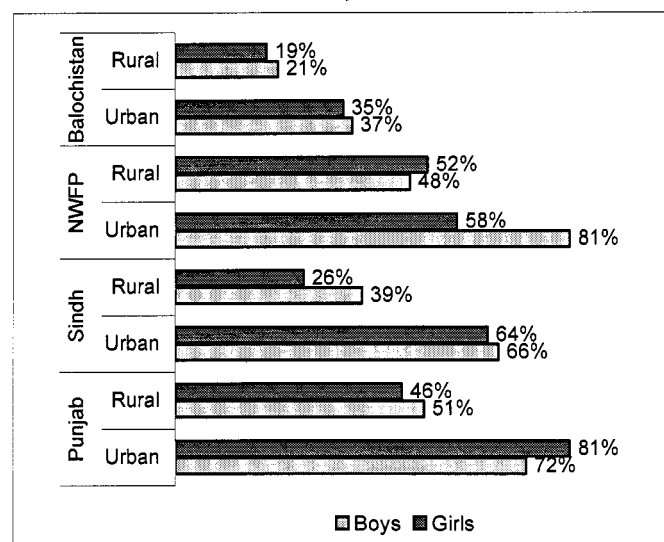


Figure 4.5c: Percentage of Children Fully Immunized by Province, 2001-02



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

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

¹³⁷ Chen, Haq, and D'Souza (1981); Das Gupta (1987). Also see Chapter 1. The multivariate regression analysis of nutritional status is available on request. Other studies in Pakistan have obtained the same results: Hazarika (2000), Strauss and Thomas (1995), Behrman (1992). One might expect health disadvantages to show up as stunting and low weight, but this is not the case in Pakistan. This may be because severely disadvantaged girls drop out of the population, as implied by the recorded excess female child mortality. Anthropometric standards are age sensitive, moreover, so differentials in age misreporting by gender could result in girls appearing less malnourished than they really are.

¹³⁸ See Annex 4.2 to this chapter.

¹³⁹ The estimates in this paragraph are taken from WHO, UNICEF and UNFPA (2004), Table 4 and Annex Table G. Due to the paucity of data, estimates of maternal mortality for most developing countries are subject to a wide confidence interval. However, it seems clear that the ratios are very high in Pakistan by world standards.

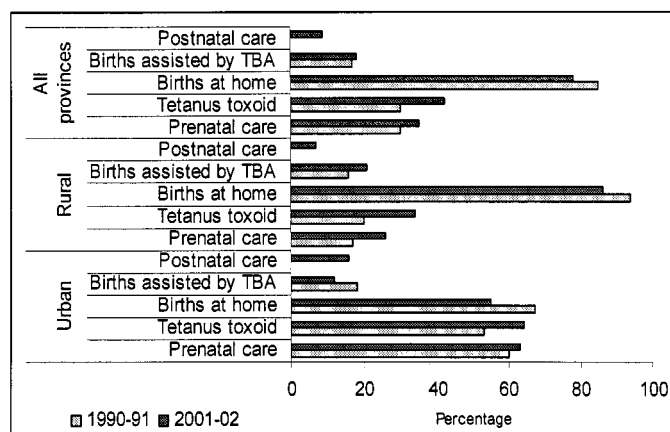
¹⁴⁰ According to the NIPS (2001), which is based on Pakistan Reproductive Health Survey, the TFR at the end of the 1990s was just under five births per woman. See also Sathar and Casterline (1998).

population with poor health and nutrition. Women enter their childbearing years bearing the scars of childhood under-nutrition as well as underinvestment in girls' health during childhood and adolescence. Poor health conditions at the start of childbearing are further exacerbated by neglect of women's dietary needs during childbearing; evidence from both Pakistan and Punjab state of India indicates that women's nutritional intakes do not rise as needed during pregnancy, and especially during lactation.¹⁴¹

4.26. Levels of anemia are high in the population as a whole, except among adult urban males, as found in a survey in the early 1990s (Table 1.2).¹⁴² There is a sharp gender gap in the prevalence of anemia among adolescents and adults—perhaps because in addition to the anemia resulting from malnutrition and exposure to diseases such as malaria and intestinal parasites, women have additional demands on their iron supply because of menstruation and childbearing. This gender gap is sharpest among adult women: 37 percent of women aged 25-44 in both rural and urban areas were found to be anemic, nearly double the rate for rural males and over four times the rate for urban males.

4.27. Maternal and child health are greatly influenced by the quality of care during pregnancy, delivery, and after delivery. This is especially important under conditions of repeated childbearing by women who are in poor overall health. The Pakistan Integrated Household Survey (PIHS) 2001-02 data indicate that the proportions of women receiving good maternal care have risen slowly since the 1980s, but is far from adequate (Figure 4.6, see also Annex to Chapter 4). Only 35 percent of women in Pakistan reported receiving prenatal care during their most recent pregnancy, which represents only a 17-percent increase from the late 1980s. The figure for urban areas is 63 percent, but only 26 percent in rural areas. During their most recent pregnancy, 41 percent of women received tetanus toxoid immunization. This coverage could be raised, given the simplicity and effectiveness of the intervention. Encouragingly, coverage expanded during the 1990s by 40 percent overall, and by 70 percent in rural areas.

Figure 4.6: Percentage of Women Receiving Maternal Health Services



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

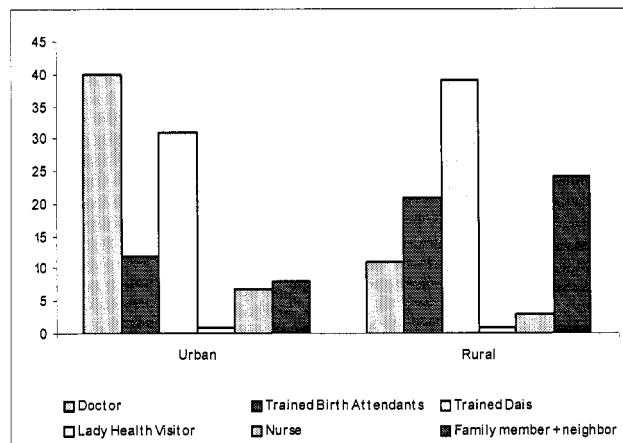
Source: PIHS 2001-02 household survey data.

¹⁴¹ National Nutrition Survey (2001). Similar findings emerge from Indian Punjab (Das Gupta)

¹⁴² 1990-94 National Health Survey of Pakistan.

4.28. Nearly four out of five births in Pakistan during 1998-2001 took place at home (Figure 4.6). In urban areas, nearly one-half of deliveries occurred in institutions, but in rural areas 86 percent of deliveries occurred at home. The proportion of institutional deliveries rose by only 8 percent from the late 1980s. The risks of home delivery have potentially been diminished by programs to provide various types of trained birth attendants. As a result, few births in urban areas of Pakistan take place without a trained person, and only one-quarter of births in rural areas are attended solely by family members / neighbors (Figure 4.7). There have in particular been programs to train traditional midwives (*dais*) and trained birth attendants (TBAs). We have no information on the trend in the proportion of births attended by trained traditional midwives (*dais*), but there has been little overall change in the proportion of births attended by trained birth attendants (TBAs) (Figure 4.7). Levels of postnatal care are very low, even in urban areas (Figure 4.7).

Figure 4.7: Percentage of Births Assisted by Type of Attendant, 1998-2001



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

Note: Dais are traditional birth attendants. While PIHS asked about whether Lady Health Workers attended any births, no woman reported the presence of these workers during birth.

4.29. The PIHS 2001-02 data also indicate large interprovincial differences in coverage of maternal care services (see Annex to chapter 4). Punjab is the best served province, and Balochistan shows the lowest service coverage, followed closely by NWFP. Sindh shows the sharpest rural-urban differences, with a relatively well-served urban population (probably because of Karachi), and a poorly served rural population. There is also some indication that the coverage of services in Sindh has declined over time.

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

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

4.31. Health services are provided by two separate ministries in Pakistan: the Ministry of Health and the Ministry of Population Welfare. The latter focuses largely on the provision of family planning and some reproductive health services. The network of medical services provided by the Ministry of Health includes dispensaries, Basic Health Units (BHUs), Maternal and Child Health (MCH) centers and Rural Health Centers (RHC). The facilities are linked to Tehsil Headquarters Hospital (THQ) and district headquarter hospitals (DHQ)—the secondary care facilities. The management of services on the ground was devolved in 2001 from the provincial to the district Departments of Health (DoH). Each district now has an Executive District Officer of Health (EDO-H), under whom all the health facilities, including

district headquarters hospitals, have been placed. The procurement of medical supplies also has been devolved to the district government.¹⁴³

4.32. Typically each administrative unit or Union Council (typically covering a population of about 10,000 individuals) has a BHU where primary health services, including maternal and child health and family planning services, are provided. MCH centers, which are fewer in number, offer midwifery services and are equipped to handle routine deliveries. Rural health centers are fairly large with 20-30 staff and act as referral centers for four to five BHUs and offer limited inpatient services and emergency care. The BHUs and RHCs are primary- or first-level care facilities and are meant to provide all maternal and child health and primary health services. Aside from the network of medical facilities, there are a number of national programs. These include disease control services such as the directly observed therapy for tuberculosis (TB DOTS) program.¹⁴⁴

4.33. Maternal and child health services provided within this framework of health facilities include female paramedics such as Lady Health Visitors and Trained Birth Attendants. In addition, the Ministry of Population runs Family Welfare Centers that provide family planning and reproductive health services. However, access to services are limited by the coverage of health facilities, as well as by women's mobility constraints. Two important national programs seek to overcome these constraints by bringing maternal and child health services to people's doorsteps. These include the Expanded Program on Immunization (EPI) which provides immunization services through clinics and active outreach through immunization camps, and the Lady Health Workers Program (LHW), described below.

Coverage and Quality of Health Services

4.34. Only 58 percent of rural communities in 2001 had any type of public primary health care facility within five kilometers (Table 4.4, Figure 4.8). Furthermore, 35 percent of communities had neither a nearby public health facility nor a LHW. The distribution of facilities between provinces is uneven. Punjab and NWFP are relatively well-served, while Sindh and especially Balochistan are poorly served. About one-third of rural communities have a LHW, except in Balochistan, where only 10 percent of communities have them. These interprovincial differences in the distribution of health services are broadly consistent with differences in levels of maternal care received (Figure 4.6). The distribution of rural health centers is more even across provinces, perhaps because these relatively large facilities are located in places where it is easier to attract staff.

Table 4.4: Percentage of Rural Communities with Primary Health Facilities Within Five Kilometers

	<i>Basic health unit</i>	<i>Maternal and Child Health Center</i>	<i>Family Welfare Center</i>
Punjab	48	18	24
Sindh	22	10	13
NWFP	58	29	30
Balochistan	17	5	3
Pakistan	43	18	21

Note: Figures for Pakistan include the territories of [spell out both AJK and FATA] AJK and FATA.

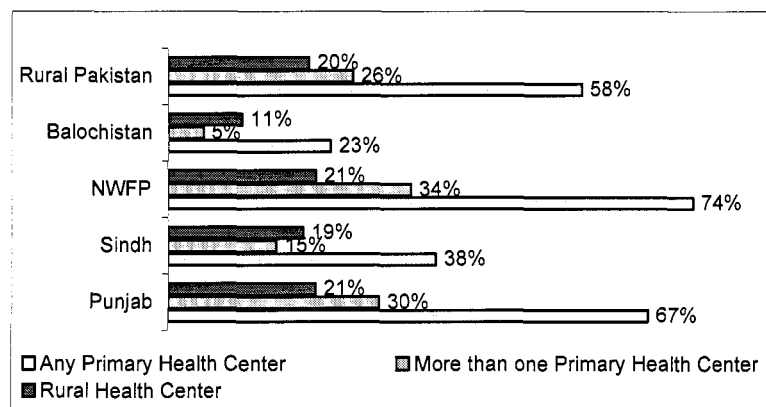
Source: PIHS 2001-02 rural communities' survey.

¹⁴³ World Bank (2004a).

¹⁴⁴ World Bank (2004a).

4.35. Even where facilities are available, the quality of services varies from good to deficient. The Pakistan Poverty Assessment outlines a number of problems that plague the provision of health and education services, as well as other social services. Programs often are poorly managed and implemented, and lack internal accountability as well as social accountability for quality of services. There is little political pressure to increase service quality, especially since richer people are able to access quality services in the private sector. Both health and education suffer from low budgetary allocations, relative to those of other developing countries.¹⁴⁵

Figure 4.8: Percentage of Rural Communities With Any Government Primary Health Center or Rural Health Center Within Five Kilometers



Note: Percentages for rural Pakistan include the territories of [spell out] AJK and FATA. Primary health facilities include Basic Health Units, Maternal and Child Health Centers, Family Welfare Centers, and Rural Health Centers.

Source: PIHS 2001-02 rural communities' survey.

4.36. A variety of problems render government health facilities of limited value to potential users.¹⁴⁶ Insufficient allocations for non-salary inputs result in widespread shortages of drugs, supplies, and equipment. A shortage of female staff affects the ability to provide health care to women. The PIHS 2001-02 found that 40 of the 100 rural BHUs visited had a sanctioned position for a female doctor, but only three had filled the position. In the case of midwives or Lady Health Visitors (LHV), 86 BHUs had positions sanctioned, but over one-half of these had not filled the position. Staff absenteeism is also a problem: a study of rural primary health facilities found about 36 percent of doctors were absent during normal duty hours.¹⁴⁷

4.37. A social audit of public services carried out in 2002¹⁴⁸ shows low levels of end-user satisfaction with the quality of services provided in public health facilities. Only 23 percent of households reported overall satisfaction with these services. The most common reasons for dissatisfaction with services were (1) the health problem not being solved, (2) medicines not available at the facility, and (3) poor quality of services or staff. Only 31 percent of households reported that they usually used government health facilities.

4.38. The combination of low access to public facilities and poor service quality at these facilities means that the effective availability of public health care is very low in many parts of the country. Many households use private medical services — for example, the PRHS survey shows that two-thirds of sick children in rural areas received private medical care — but less so for preventive services like immunization. Public facilities are more often used for preventive services such as immunization, which are provided with very active outreach. According to the PIHS survey (2001-02), less than 1 percent of rural children aged 12-23 months received their most recent immunization from a private facility. In urban areas, this percentage was about 5 percent. In the case of prenatal care it is evenly divided: 40 percent of rural women reported going to a public facility while 37 percent had gone to a private facility. For postnatal care, private facilities are preferred, perhaps because the few women who obtain this care

¹⁴⁵ World Bank (2002).

¹⁴⁶ *Pakistan: Reforming Punjab's Public Finances and Institutions*, cited in World Bank (2002).

¹⁴⁷ Parvez, Chaudhury, Rehman and Khan (1993) cited in World Bank, 1998 (Improving women's health in Pakistan)

¹⁴⁸ National Reconstruction Bureau (NRB), social audit of governance and delivery of public services, Baseline Survey 2002.

are from richer households: 38 percent of rural women reported receiving postnatal care at a private facility and 28 percent at a public facility.

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

The Lady Health Worker (LHW) Program

4.40. The LHW program (formally called the National Program for Family Planning and Primary Health) seeks to provide active outreach of maternal and child health services. LHWs are contract workers hired by the program, to serve populations of about 1,000. They are residents of the communities they work in, and work out of their home, which makes it easy for them to reach their clients. They are young married women aged 20-50 with at least 8 years of schooling. Their status in the community is enhanced by the fact that their wages were initially set at a level comparable to that of primary school teachers, though their real wages have eroded over time. They operate in rural and poor urban areas, and their job is to deliver preventive and promotive health services to women and their children. By 2001, about one-third of rural communities had a LHW in the community, but coverage was low in Balochistan (Table 4.5).

Table 4.5: Rural Communities with a Lady Health Worker, 2001-02

<i>Region</i>	<i>Percent</i>
Punjab	34
Sindh	33
NWFP	38
Balochistan	10
Rural Pakistan	35

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

4.41. The LHW is expected to register all the children under five and married women aged 15-49 in her catchment area, and to provide various services to them. These include providing essential drugs for treatment of minor ailments (such as diarrhea, malaria, acute respiratory tract infection, and intestinal worms); supplying contraceptives; and identifying those eligible to receive vaccinations and coordinating vaccinator visits to the villages or setting up immunization camps near the villages. Since 2001, more LHWs are being trained to give vaccinations to children and mothers.¹⁴⁹ They are also expected to motivate and refer women to obtain safe motherhood services (prenatal care, safe delivery, and postnatal care). To this end, LHWs are supposed to coordinate with the nearest primary health care facility, traditional birth attendant, or other skilled birth attendant. In addition, they are supposed to organize women's groups and health committees in the community to discuss issues related to better health, hygiene, nutrition, sanitation, and family planning.¹⁵⁰ LHWs are supposed to provide hygiene education on drinking water and sanitation, advice on child care and nutrition, and growth monitoring of children.

4.42. The LHW program is a national program, centrally funded and directed.¹⁵¹ Policy formulation and operational planning are done at the federal level. Implementation of this operational plan is the responsibility of the provincial and district program implementation units. These implementation units are staffed either by health department employees who are on deputation to the LHW program or by contract employees. The LHWs are hired, placed, and supervised by the District Implementation Units of the program, with oversight by the Federal and Provincial Implementation Units of the program (see Table 4.6).

¹⁴⁹ Government of Pakistan (2004).

¹⁵⁰ Government of Pakistan (2004).

¹⁵¹ World Bank (2004a).

Table 4.6: Lady Health Worker Program: Levels of Responsibilities

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

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

4.43. The LHWs are not accountable directly to the health facilities. A separate cadre of Lady Health Supervisors (LHS) is employed by the LHW Program on a contract basis to supervise and monitor the LHWs. A 2001 review¹⁵² found the frequency of supervision was quite high: 70 percent of LHWs had been supervised in the preceding month and 87 percent in the two months preceding the survey. The Lady Health Supervisors report to the District Program Implementation Unit. Provincial Program Officers from the Provincial Coordinator's office oversee the District and LHW Supervisors.

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

4.45. A 2001 review by DFID of the LHW program,¹⁵³ calculated larger impact on health outcomes per unit of cost than comparable alternative services provided through the public primary health facilities. This suggests a high level of worker motivation, since LHWs have no benefits other than their salary, and no prospects of promotion or reward for good performance. Also, they face problems of supply shortages due to budget cuts. Following this review, the program was expanded. By 2004, 70,000 LHWs were working in the field, and further expansion is underway (Table 4.7). Punjab will be the greatest beneficiary of the projected expansion, while Balochistan's low coverage will receive much less attention. Part of this interprovincial inequality can be attributed to differences in the availability of qualified women.

Table 4.7: Planned Allocation of Lady Health Workers, 2004-05

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

Note: The figures for Pakistan includes the territories of Azad Jammu Kashmir, Federally Administered Tribal Areas, Northern Areas, and Islamabad.

Of the planned 100,206 LHWs, 98 percent were already allocated to districts by early 2005, and the rest will be allocated effective July 2005. The number of LHWs actually working could be different from the planned allocation because many districts may not have completed recruitment.

Source: National Programme for Family Planning and Primary Health Care.

¹⁵² Oxford Policy Management (2002).

¹⁵³ Oxford Policy Management (2002).

Lady Health Workers are More Likely to be Placed in Communities with Girls' Schools

4.46. The strongest determinant of LHW placement is the availability of a school for girls in the community (Table A4.5). This is not a surprising finding, as LHWs are required to have at least middle school education, and the availability of a school increases the supply of such women. Thus the incentive programs discussed in Chapter 3 for retaining girls in middle and high school can be expected to have a direct bearing on the possibilities for expanding the coverage of the LHW program. Since women are much less likely to work outside their own village, it could be difficult to expand the LHW program to areas underserved by girls' schools.

4.47. Given that the LHW program has to find educated women within the catchment area of a functioning facility, the placement of LHWs would be expected to be somewhat regressive, as the likelihood of finding this conjunction of circumstances is higher in better developed areas. The data show that they are indeed more likely to be placed in more developed areas, as indicated by the presence of drainage in the community (Table A4.5). The DFID review also found that LHWs were placed in better-off areas.¹⁵⁴ Our data confirm that LHWs are indeed placed as the program intended, where DoH primary health facilities are available. As of 2001, only one-half of rural communities had a public health facility nearby, and only 20 percent had an LHW as well as a public health facility nearby.

IV. OVERCOMING WOMEN'S CONSTRAINTS TO ACCESSING HEALTH SERVICES

4.48. Given the various constraints that women face in meeting their health needs, what can be done to alleviate these problems? The analysis of data from two surveys conducted in rural Pakistan in 2001-02—the Pakistan Rural Household Survey and the Pakistan Integrated Household Survey¹⁵⁵—shows much can be achieved through fairly simple measures to expand the outreach for services and generate greater demand for them.

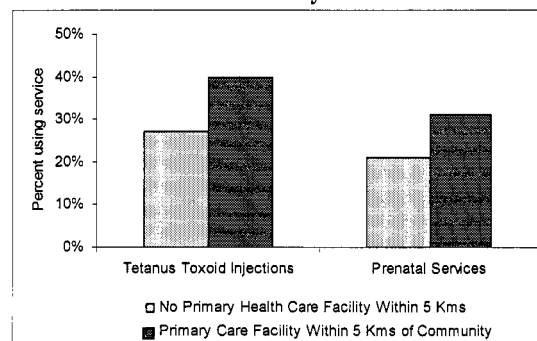
4.49. Expanding outreach and generating demand for services are, of course, highly related: if a service is provided, people gradually become aware of its availability and benefits. However, it is possible to accelerate the pace of demand generation by specific outreach measures, which we discuss next.

Expanding Service Outreach

The Proximity of Public Health Facilities Matters

4.50. Although the general quality of public health service delivery is low, certain aspects of these services appear to work well. People use public sector services if a facility is close by for several reproductive health services—immunization for children and pregnant women, and prenatal consultations (Figure 4.9).

Figure 4.9: Utilization of Maternal Health Services: Impact of Proximity to Public Primary Health Facility



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

¹⁵⁴ Oxford Policy Management (2002).

¹⁵⁵ The PRHS 2001 covers the rural areas of the four provinces and had a detailed module on illness, which we used to analyze determinants of seeking medical treatment for sick children. The PIHS 2001-02 collected data on availability of health facilities and programs, such as the LHW program, so this is used to analyze the determinants of child immunizations, use of maternal health services, and contraceptive use. Although the PIHS was also conducted in urban areas, data on the availability of health facilities and programs were collected only in rural areas. Both surveys contain household and community-level data.

4.51. Having a facility close by, however, does not increase the likelihood of receiving more skilled attendance at delivery (delivery in an institution or with a TBA in attendance), or postnatal care. More effort is needed to improve the outreach for these services, and perhaps also the demand for them. Use of postnatal services may be limited by both a low perceived need for these services and the customary practice of keeping a woman and her newborn at home for 40 days after birth.

4.52. Having a facility close by significantly increases the probability of seeking medical care for a sick child (Table A4.1). The further away the health facility is the higher is the probability of a child being reported ill—where curative services are less accessible, illnesses may become more severe and therefore more likely to be reported. The success of the EPI program in closing the gender gap in childhood immunization indicates that more aggressive outreach campaigns may also be successful in reducing gender inequities in accessing medical care for sick children.

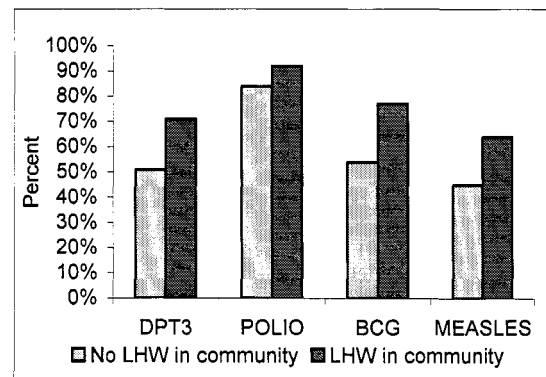
The Presence of Lady Health Workers is Effective at Increasing the Uptake of Some Services

4.53. Making services available near people's homes facilitates the use of health care services. But given the mobility constraints that women face in Pakistan, however, having more women involved in delivering services at the doorstep seems to improve access and outcomes even more. The LHWs provide maternal and child health and contraceptive services at people's doorsteps, and our analysis indicates that this is quite effective for several purposes.

4.54. The data indicate that LHWs are effective at delivering the main services for which they are responsible: expanding use of contraception and facilitating the immunization programs¹⁵⁶—rate for both childhood immunizations, as well as tetanus immunizations during pregnancy has improved (Figures 4.10 and 4.11 and Tables A4.2 and A4.3). The presence of an LHW appears to be more strongly associated with immunization uptake than the proximity of primary health facilities, probably because they guide clients directly to mobile vaccinators. Moreover, there is no gender difference in the probability of a child being immunized if a LHW is present in the community (see Table A4.2). Polio immunization is delivered largely through special outreach efforts and camps, so the effect of LHWs is muted.

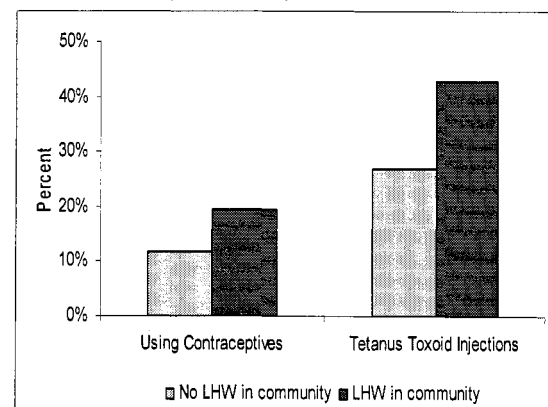
4.55. The presence of an LHW does not, however, significantly increase the probability of receiving prenatal consultations, skilled attendance at delivery, or postnatal care (Table A4.3). These are not services the LHW is trained to deliver, but she is expected to

Figure 4.10: Presence of Lady Health Worker Increases Child's Chances of Being Immunized



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

Figure 4.11: Impact of Lady Health Worker Presence



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

¹⁵⁶ This was also found by the DFID review (Oxford Policy Management 2002).

refer women to the network of health facilities to avail of themselves of these services. The DFID review came to similar conclusions.

Expanding Complementarities between the Lady Health Worker Program and Primary Health Care Facilities

4.56. The LHWs and the primary health care facilities are intended to form a network to provide health services to rural households. Outreach work by LHWs is intended to stimulate families' use of BHUs and other health facilities to meet their health care needs. However, we find virtually no evidence that the presence of an LHW significantly stimulates the use of nearby health facilities for reproductive health services (Table 4.8). Only in the case of postnatal consultations do we find some weak evidence that LHWs increase the use of nearby government health facilities and reduce the use of nearby private health facilities. The uptake of postnatal care is extremely low, however. In the case of contraception, we find that if an LHW is present in a community, then people are less likely to turn to private health facilities nearby. This is in line with the fact that distributing contraceptives is one of the main tasks of the LHW.

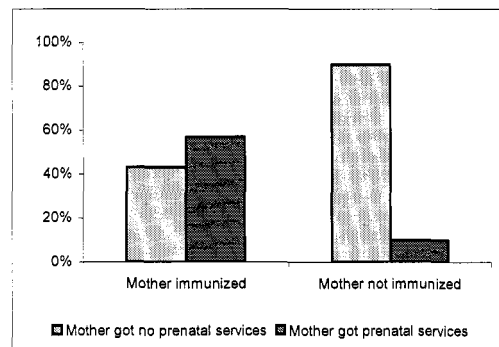
Table 4.8: Impact of Lady Health Workers and Proximity to Health Facility on Rural Health Center Use

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

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

4.57. Prenatal services offer a stark example of this lack of synergy. Pregnant women are supposed to receive tetanus toxoid injections *and* check ups for signs of potential complications of pregnancy. As part of the Expanded Program on Immunization (EPI), LHWs encourage pregnant women to get tetanus immunization, and our data indicate that this is very effective.¹⁵⁷ The link with the DoH facilities is weak, however: over 40 percent of the women who received a tetanus immunization report not getting any prenatal care (Figure 4.12). That is, they are contacted by government staff during their pregnancy, but do not receive the prenatal check-ups which the DoH facilities are supposed to provide.

Figure 4.12: Use of Prenatal Services and Antenatal Tetanus Immunization Status



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

4.58. In sum, the presence of LHWs has a strong positive impact on the use of contraceptives, which they supply to women, and on the uptake of immunization. This indicates good coordination between two national programs (EPI and LHW) that bring services to people's doorsteps. However, there is no significant impact of LHW presence on the uptake of maternal care services from government health facilities. LHWs' efforts to motivate people to access services should, *ceteris paribus*, raise the demand for and utilization of services—making women and their households more aware of the benefits of seeking these available services.

4.59. This lack of complementarity between LHWs and health facilities may have little to do with whether the LHWs are referring women to health facilities and motivating them to use these facilities for maternal health services. The LHW program is not designed to overcome mobility constraints on women, which hinder them from going to the centers to avail themselves of these services. Yet as we see below, if the demand for services increases, people make greater efforts to access services even if facilities are not close by. Also people avoid the health facilities because of previous experiences with unavailable staff and lack of supplies. Low service uptake, however, cannot be entirely attributed to the unavailability of staff and supplies especially since LHWs are placed near the more "functioning" facilities.

4.60. This suggests a deeper issue of poor synergy between the LHW program and the DoH facilities. LHWs may be working to meet their supervisors' expectations for the vertically-organized program, but not be working to meet ancillary objectives regarding service utilization at facilities run by another department. The LHW's supervision and monitoring process does not hold them accountable for ensuring uptake of services at health facilities.¹⁵⁸

¹⁵⁷ In some districts, LHWs may be delivering these injections themselves.

¹⁵⁸ It appears that the monitoring and supervision of LHWs has no checks for whether the women referred to health facilities by the LHW for maternal care services actually go to the facility to avail themselves of the services. The supervisor's checklist includes an assessment of whether the LHW has knowledge and skills for making appropriate referrals. The LHS also reviews records of the referrals made by the LHW. Independent of this monthly supervision of the LHWs, the primary health facility reports to the district-level program implementation unit, the number of referrals made by LHWs affiliated with the facility. In this system, therefore, there is very little incentive for LHWs to ensure that women actually use these services. If there were adequate incentives, such as, escorting women to health facilities, then we would observe LHWs making efforts to ensure uptake of services.

Demand for Services

Female Education Matters

4.61. Female education is widely found to be one of the most powerful predictors of maternal and child health outcomes.¹⁵⁹ It is associated with better domestic management of health. Among other things, educated mothers are more likely to be exposed to information from a wider range of sources, and to be better able to process the information received. In Brazil, a study analyzing the pathways through which maternal education affects child health found that most of the correlation between maternal education and child height could be explained by mothers' listening to the radio and watching TV.¹⁶⁰ A study from Central Java (Indonesia) found that mother's schooling affects shorter-term measures of nutritional status mainly through nutritional knowledge.¹⁶¹

4.62. Education can also enable women to allocate resources better.¹⁶² for example, in the World Bank's first community nutritional loan to Indonesia in the 1970s, significant improvements in child nutritional status were found to be related mainly to nutritional education.¹⁶³ It is also possible that educated women have greater bargaining power, both within the household and in their ability to interact with care providers in obtaining the services they seek.

4.63. We find that the schooling of both parents is significantly associated with the probability of a child being immunized (Figure 4.13a) but the effect of mother's education is stronger than that of the father. The same applies to a women's probability of using contraceptives and having prenatal consultations and tetanus immunization during pregnancy (Figure 4.13b and Tables A 4.2 and A4.3). For postnatal consultations, only the woman's schooling has a significant positive association.

Information Campaigns Also Generate Demand for Services

4.64. There is considerable evidence that greater exposure to information can "substitute" in some ways for schooling. This has been widely noted, for example, in the spread of information on contraception and the uptake of contraceptive use.¹⁶⁴ Some studies have sought to specifically tease out the extent to which education and information substitute for each other. A study in Brazil found that

Figure 4.13a: Female Education and Childhood Immunization

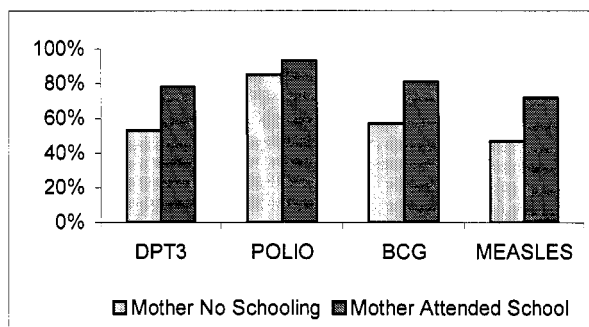
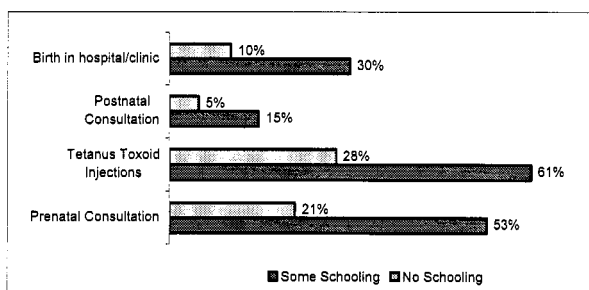


Figure 4.13b: Female Education and Use of Maternal Health Services



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

¹⁵⁹ Strauss and Thomas (1995).

¹⁶⁰ Thomas, Strauss, and Henrique (1990)

¹⁶¹ Webb and Block (2004).

¹⁶² Welch (1970).

¹⁶³ Webb and Block (2004).

¹⁶⁴ Rosenzweig and Schultz (1989); Casterline, Sathar, and ul-Haq (2001).

schooling and messages gained through community health services acted as substitutes for each other.¹⁶⁵ A study in Morocco found that maternal knowledge and not maternal schooling strongly influences measures of child's long-term nutritional status (height for age).¹⁶⁶ This study also found that this maternal knowledge in this setting is obtained mainly from the media and public service announcements.

4.65. In Pakistan, there are a number of information campaigns on maternal and child health issues.¹⁶⁷ The Ministry of Population Welfare has a Communication and Advocacy Strategy that focuses on disseminating family planning information, especially to rural areas, youth, and men.¹⁶⁸ The Ministry of Health also sponsors health education campaigns that focus on safe motherhood.¹⁶⁹ Campaigns on family planning are also undertaken by the private sector. The EPI program has had campaigns for childhood immunization and antenatal tetanus immunization.

4.66. We explore how dissemination of health information can offset the disadvantages of low female education and low coverage of health facilities. Our survey data include information on whether a woman had been exposed to media messages on hygiene practices, and we use this as an indicator of women's exposure to health messages from the media. We find that this indicator is positively related to the probability of using contraception, prenatal consultations, tetanus toxoid immunization, and institutional delivery (Table A4.3). However, there was no significant association with the use of postnatal consultations.

¹⁶⁵ Thomas, Strauss, and Henrique (1990)

¹⁶⁶ Glewwe (1999).

¹⁶⁷ Sathar and Casterline (1998).

¹⁶⁸ Government of Pakistan (2003)

¹⁶⁹ As part of the Women Health Project (Government of Pakistan 2003)

4.67. Does having information reinforce or substitute for the benefits of having an education? It appears that media exposure to health messages plays a positive role *independent from* maternal education. The interactions between media exposure and female education show that both educated and uneducated women benefit from media exposure (Figure 4.14a). For example, among uneducated women the percent seeking prenatal consultations rose from 20 to 29 percent with media exposure. Among women with some schooling, the percent seeking prenatal consultations went up from 51 to 60 percent with exposure to media messages.

4.68. Since LHWs deliver information along with services to women's doorsteps, they might be expected to be more helpful to women with no schooling, or to women who may have less access to information from the media. The analysis suggests that this is not the case: the presence of an LHW benefits women *independently* of their schooling or exposure to media (Figures 4.14b and 4.14c). Note that the effects are significant only for the services (contraception and immunization) for which the presence of a LHW has a significant impact.

Figure 4.14a: Impact of Media Exposure and Female Education on Use of Maternal Health Services

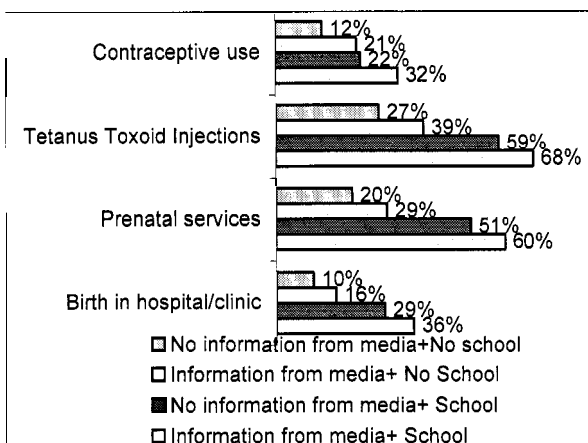


Figure 4.14b: Impact of Lady Health Worker Presence and Female Education on Use of Maternal Health Services

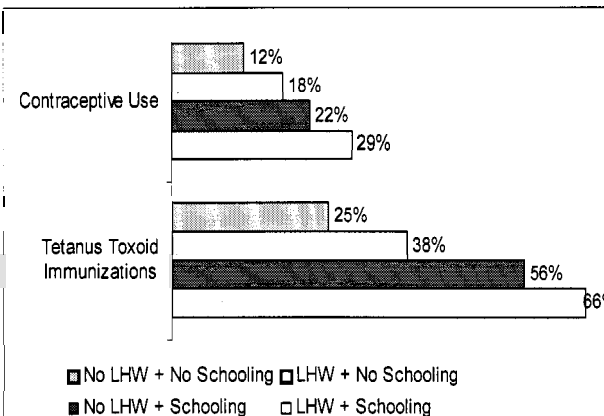
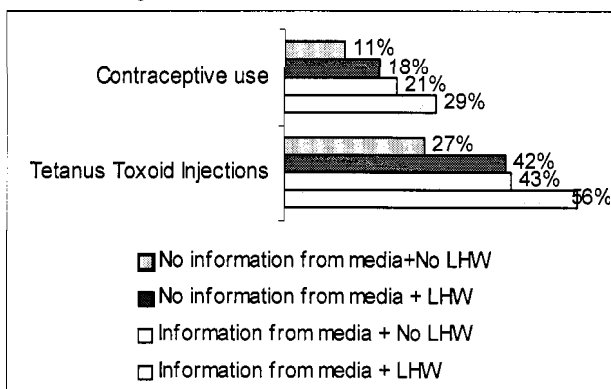


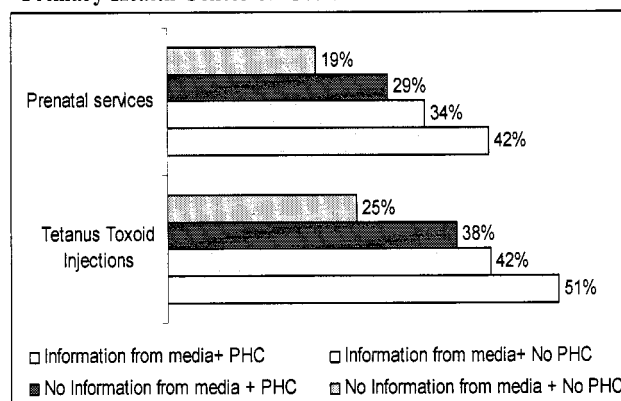
Figure 4.14c: Impact of Lady Health Worker Presence and Media Exposure on Use of Maternal Health Services



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

4.69. Media exposure has an even more striking impact on stimulating the use of health facilities. For example, women without a primary health facility close by, the percent with prenatal consultations rose from 19 to 34 percent with media exposure, and from 29 to 42 percent for those with a facility close by (Figure 4.15). In sum, media exposure appears to play a role independent of other factors which generate demand for services (in this case female schooling and the presence of an LHW), as well as the supply of services.

Figure 4.15: Impact of Media Exposure and Distance to Primary Health Center on Use of Maternal Health Services



Notes: These figures pertain to rural married women aged 15-49. The figures refer to the predicted probabilities of using these services from Tables A4.3. The predicted effect of media exposure is added to the effect of proximity to a primary health center (PHC) on the use of these services.

V. POLICY RECOMMENDATIONS

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

4.71. Pending larger shifts in policy priorities and their actual implementation, however, much can be done to improve health outcomes. For instance, steps can be taken to expand effective access to public primary health facilities, especially in rural areas, as they are pro-poor in nature. Many communities do not have a facility close by, however. Studies also show that even when facilities are in place, service delivery in many of these facilities is hindered by staff absenteeism and lack of supplies and equipment. Here there may be scope for efficiency gains through private contracts to run public facilities. International experience suggests that private-public partnerships can be an effective way to improve public health service delivery.¹⁷⁰

4.72. Improving poor coverage and quality of public services is critical to improving health outcomes, but it will not eliminate the obstacles faced by women and girls in accessing health services. The discussion in the chapter focused on reducing the gender-related constraints to accessing health services and our findings indicate the effectiveness of expanding service outreach, information dissemination, and improving the coordination of services. This leads us to several policy recommendations.

4.73. First, the LHW program should be expanded to areas with relatively low coverage and strengthened, as it appears to be highly effective at delivering basic maternal and child health services to

¹⁷⁰ World Development Report (2003). A successful example of a contracting-out arrangement is the tuberculosis (TB) detection and treatment project in Hyderabad, India (Loevinsohn and Harding 2004). The Government engaged a private non-profit trust working in a poor neighborhood in Hyderabad to deliver TB treatment using the DOTS (directly observed therapy-short course chemotherapy) method. An evaluation of this project found that the private provider was able to achieve a treatment success rate 14-percentage points higher than the public sector provider in a nearby area. The private provider was also able to diagnose 21 percent more TB cases per year. The private delivery of services was also found to be more cost-effective. In Pakistan, the Punjab Government contracted an NGO to manage BHUs in Rahim Yar Khan district in 2003. While no evaluation of this project is as yet available, initial assessments suggest that since the NGO took over the management of BHUs in this district the staffing and supply of drugs was greatly enhanced and there was an appreciable increase in the number of outpatient visits (Loevinsohn and Harding 2004).

people. We find that having these women deliver services to people's doorsteps considerably enhances the probability of children being immunized and of women receiving prenatal care and using contraception. The DFID evaluation (2001) found the same.¹⁷¹

4.74. Although distance to primary health care centers is an important determinant of the use of postnatal care, LHWs are at the right place to deliver a range of such services effectively, and their efforts should be further reinforced through training. Experience in Bangladesh shows that when the demand for contraceptive and maternal health services is low, much can be achieved by moving from fixed-point service delivery to active outreach through home visits—and when the demand has risen significantly, it is possible to revert to fixed-point service delivery because women are more likely to seek this services on their own (ICDDR,B, 2003).

4.75. Second, our analysis of the placement of LHWs suggests that the supply of women with middle school or higher education in rural areas may constrain the ability of the LHW program to expand into underserved areas. Policymakers need to find ways to deliver services to those parts of the country which, for the foreseeable future, the LHW program will not reach. The LHW program could finance scholarships for girls in middle school in underserved areas with an option to work as an LHW upon completion. In more remote and underdeveloped areas, it may be instructive to follow the example of Vietnam (Box 4.1).

Box 4.1: Overcoming Barriers to Accessing Health Services: Insights from Vietnam

In Vietnam ethnic minorities living in mountainous terrain are frequently underserved with health facilities. These people are often not accustomed to seeking reproductive and child health services on a routine (nonemergency) basis. Under these circumstances, putting outreach staff in the field to actively identify women who need these services may miss those who are most socially and financially disadvantaged.

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

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

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

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

Source: World Bank (2004e)

¹⁷¹ They also found that the LHW program was more cost-effective than other primary care services. This may be due partly to the fact that they provide both family planning services and child health services, a combination which has been found effective elsewhere (see for example Fauveau 1994, on Bangladesh).

4.76. Third, the apparent disjunction between the services of LHWs and the health facilities needs to be addressed, through measures to increase their mutual support and accountability. There are many potential synergies and benefits to all from coordinating the LHW program with overall public health care services: the health facilities can provide important technical and logistical support for LHWs, while LHWs can increase facility utilization by referring potential users to them. An example of coordination between a central program (LHW) and provincial health departments is the Auxiliary Nurse Midwife (ANM) program in India (Box 4.2). In Pakistan, the potential for synergy is apparent in the coordination between the EPI program and the LHW program.

Box 4.2: Integrating Centrally-sponsored Programs with State Programs: The Auxiliary Nurse Midwife Program in India

Auxiliary Nurse Midwives (ANMs) in India are the outreach staff responsible for maternal and child health services. They are typically posted outside their native village and are subject to transfer. This means that they have to live and work in communities often unfamiliar to them, and they have to travel on their own to reach all the villages for which they are responsible. Another problem arises from the fact that they are evaluated largely on their performance of maternal and child health care tasks, while the communities they serve would like them to meet broader curative service needs.

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

The fact of participation in regular meetings and being accountable to the facility head means that the ANMs function as part of the Primary Health Center team. Thus, although the ANMs are part of the centrally-run vertical program for family welfare, and the health facilities are managed by the state and local governments, the ANMs have a clear incentive to work closely with their health facilities. This assures coordination between the vertical RCH program and the health department.

Source: Iyer and Jesani (1999).

4.77. In a broader sense, it is important to strengthen the integrated delivery of maternal, child health, and family planning services. Under the devolution policy, the delivery of health services is already moving toward this more integrated structure. Population and health services are being decentralized to the provincial level and devolved to the district level. At the federal, provincial, and district levels the Ministries of Health and Population Welfare are becoming more integrated (Government of Pakistan, 2003).

4.78. Fourth, it is critical to have intensive information campaigns covering a wide range of issues geared toward enhancing people's ability to manage and protect their own health. A large proportion of women have never been to school and/or do not have access to LHWs or health facilities, and our analysis suggests that carefully designed information campaigns can do much to offset the associated

disadvantages for women's and children's health. Television reached an estimated 40 percent of women in rural Pakistan in 2001, and radio reached 36 percent.¹⁷² If, in addition to this, it were possible to use village loudspeakers to communicate a few well-chosen health-related messages, it would be possible to tap further the special advantage of intensive media campaigns that reach all members of the community and gradually raise overall awareness on health issues. More local media campaigns can also build community acceptance for paying more attention to women's health needs and reduce the social barriers to women accessing health care independently. For example, loudspeakers in local mosques have been used successfully to alert people when the vaccinator visits the village,¹⁷³ and their use could be expanded.

4.79. Closing the gaps in health service delivery for women requires action on many fronts. More active coordination of existing programs that have already yield effective results is worth considering. The LHW program is an ongoing and expanding program and it should be monitored as changes are introduced to the program to shape its continued success. Furthermore, the design of national programs and interventions can be guided by lessons learned from many ongoing pilot projects across Pakistan. One such pilot project in the area of maternal health is the Balochistan Safe Motherhood Initiative, which emerged out of an operations research study by The Asia Foundation. The Balochistan Safe Motherhood Initiative tested a package of community-based interventions, including providing health education to women and their husbands, training midwives to recognize and referring high-risk pregnancies, and setting up transport systems to improve access to health care centers. This initiative was successful in significantly lowering perinatal, neonatal, and maternal mortality. Much can be learned, moreover, from the successes with improving immunization coverage in Pakistan since the early 1990s. While logistical and coordination improvements ensured a better and steadier supply of vaccines, intensive efforts to bring services to people's doorsteps was key to improvements in immunization coverage. The polio immunization campaign, for example, made very successful use of media and outreach to increase service uptake.

¹⁷² Pakistan Reproductive Health and Family Planning Survey 2000-01.

¹⁷³ Oxford Policy Management 2002

5. WOMEN'S WORK AND MOVEMENT INTO THE PUBLIC SPHERE

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

—*The Qur'an*, verse 3:285.

5.1. Women in Pakistan tend to be less “visible” with respect to their work outside the home and their contributions to household income, as well as their participation in social and political life. This chapter analyzes the constraints to women’s participation in the public sphere. We first focus on labor force participation. This analysis is then used to discuss how women’s participation in the political process can be enhanced.

5.2. As the previous chapters demonstrate, women lag behind men in schooling and are restricted in their use of public services, including health facilities. Not surprisingly, women have significantly lower rates of labor market participation, and they have much lower rates of participation in other dimensions of public life, including political activity.

5.3. There are several reasons to link poor human capital outcomes to reduced economic, political, and social productivity among women. First and foremost, low education sets off a vicious cycle of lower attainments for females. Lack of schooling makes women ill-equipped to obtain higher-skilled and better-paying jobs. These lost opportunities for remuneration make households poorer and less likely to invest in the education of all children, especially girls. Research findings indicate that when resources are constrained, parents are more likely to cut back on investments in girls’ education than in boys’ education. Low education levels also limit opportunities to obtain information on employment opportunities, as well as the benefits of community and political participation.

5.4. Another reason to expect low female activity in the public arena is the pervasive nature of constraints on women’s mobility in Pakistan. The same socio-cultural restrictions that curtail female access to education and health facilities circumscribe their opportunities to work and participate in political and community decisionmaking. Indeed, we find that women take up opportunities for paid work only in a very geographically circumscribed manner, limiting themselves to work within their villages, for the most part.

5.5. As with girls attending school, restrictions on women’s activity outside the home are rooted in concerns for female safety and family honor. Males in the household may be concerned that women’s safety is at risk. In socially conservative areas, men may also worry about damage to the household’s reputation if young women venture out of doors, particularly to earn money. Such activity can brand the family as low status and imply that the men cannot adequately provide for the economic needs of the household. In more unequal communities where status hierarchies are quite rigid, such actions can also make women vulnerable to loss of reputation or honor. Families thus may worry even more about the safety and honor of young women who leave the household for work than they do about girls who leave the household to attend school.

5.6. The analysis of labor force participation by women can be summarized as follows. First, mobility restrictions limit women’s participation in the labor force. Of course, determinants such as household wealth or the education level of the woman also play a role. Evidence from Egypt, Turkey, and other countries in the Middle East and North Africa, where women’s education levels are high but their participation in work activities remains low, suggests that social barriers to female mobility can

significantly stifle women's labor force participation.¹⁷⁴ Restricted female mobility in Pakistan, particularly as it limits access to services and generates practical problems of traversing distances, has become a topic of scrutiny.¹⁷⁵ Second, participation in work, particularly paid work, has important ramifications for women's autonomy. Analysis suggests that women who participate in paid work are also much more likely to participate in community and political activities. Given the increasing role of local government under the decentralization process, and thus the increased role of communities in political decisionmaking, participation in work is perhaps one avenue through which women's civic participation can be enhanced.

5.7. The analysis considers the statistics on women's labor force participation. According to the Pakistan Integrated Household Survey (PIHS) 2001-02, at the end of the 1990s, only one in four adult women (aged 10 and older) participated in the labor force, a far lower rate than the nearly 70 percent participation rate for men. Women's rate of labor participation is higher in rural areas (30 percent) and lower in urban areas (15 percent), while male participation rates are close to 70 percent in both regions.

5.8. We rely on PIHS instead of the Labor Force Survey (LFS) to analyze labor force participation because of certain survey procedures with the LFS that may undercount labor force participation by women. The LFS asks about labor force participation during the one week preceding the survey and does not pose detailed questions about the type of activities undertaken. The LFS therefore is less likely to capture labor force participation by women because women are more likely than men to engage in seasonal or unpaid work on the family farm or enterprise. Future LFS rounds may need to take into account longer reference periods to accurately capture women's work (see Annex 5.1 for more details). The PIHS has a longer reference period and asks about labor force participation over the month preceding the survey. Also the gender of the enumerator and respondent may matter when measuring female participation. For social and cultural reasons that confer negative connotations on female work, a male respondent, such as the household head, may under-report female participation in the labor force. Having female enumerators, who directly interview women in the household, as does the PIHS, removes this particular bias.

5.9. At the policy level, there appears to be recognition of the need to encourage women's work. The National Policy for Development and Empowerment of Women (2002), for example, seeks to increase women's capacity to earn a living wage as a means of enhancing their economic empowerment. When asked, most women say they want to work. The recent survey on Adolescents and Youth in Pakistan (AYP) asked young women who were not working whether they would like to work in the near future if work opportunities were to become available¹⁷⁶ and 77 percent of females aged 15-19 and 70 percent of females aged 20-24 reported that they would work if such opportunities arose. The 33-percent reservation of local government seats for women in the year 2000, moreover, has created a noticeable female presence in the public sector for the first time. Increased participation in all these aspects of the public arena translates into an opportunity for greater autonomy for women, as well as a broader range of venues in which they can give voice to their concerns and aspirations. This chapter discusses in detail the constraints to women's participation in the labor market and the relationship between work and autonomy. It also offers policy recommendations for encouraging women's participation in the labor force.

5.10. The remainder of the chapter is organized as follows. Section I uses the latest round of PIHS data to summarize the dimensions of women's labor force participation. Section II discusses the constraints to women's participation in the labor force. Section III examines the relationship between labor force participation and women's autonomy, and Section IV offers some recommendations for policy. Our

¹⁷⁴ Assaad and Arntz (2005) ; World Bank (2004).

¹⁷⁵ Sathar and Kazi (1997); Khan (1998).

¹⁷⁶ (Population Council 2002): Adolescent and Youth Survey, 2001-02.

analysis is based on the data available from the nationally representative PIHS (1991, 2001-02), Pakistan Rural Household Survey (PRHS) 2001 (which provides data that is representative of rural Pakistan), and PRHS 2004, which provides data representative of rural Punjab and Sindh.

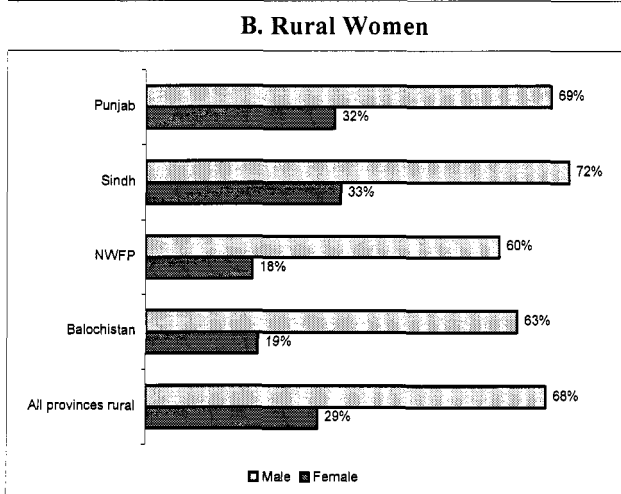
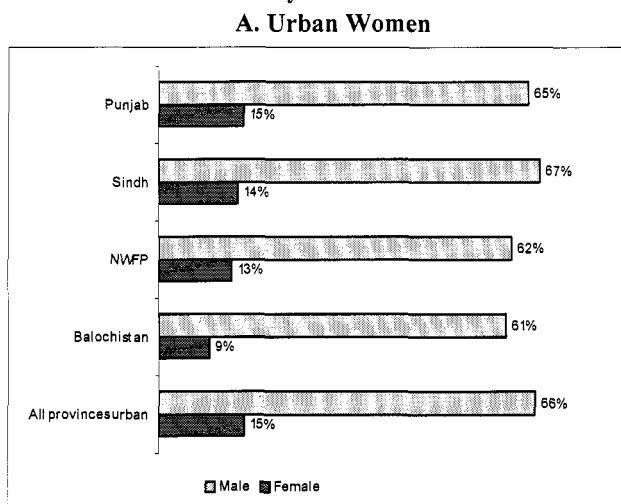
I. DIMENSIONS OF WOMEN'S PARTICIPATION IN THE LABOR FORCE

5.11. Analysis of survey data indicates that women participate in the labor force at substantially lower rates than men do in both urban and rural regions. Data for 2001-02 yields an overall participation rate of about 25 percent for women and 67 percent for men. The female labor market activity is different in rural and urban areas. Female rural participation rates are roughly twice as large as female urban participation rates. There also are significant differences across the provinces in the rural participation rates. A much larger fraction of women report labor market activity in rural Sindh and Punjab, as compared to NWFP and Balochistan. The rate for men is roughly the same in rural and urban areas. (Figure 5.1).

5.12. Provincial differences in rural female participation rates are likely to reflect differential opportunities for agricultural employment. As we discuss below, women in rural areas work predominantly in agriculture, and Sindh and Punjab constitute the agricultural heartland of the country.

5.13. Table 5.1 decomposes labor market participation by industry. Three aspects of female labor market participation are evident from this table. First, women work in a much narrower set of occupations than men. Rural women tend to be concentrated in agriculture, while urban women tend to work predominantly in unskilled service jobs such as personal and household services. Second, the occupations in which women are predominantly engaged offer lower wages. Third, these occupations are much more likely to keep women close to or inside the home.

Figure 5.1: Labor Force Participation Rates in Urban Areas by Province



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

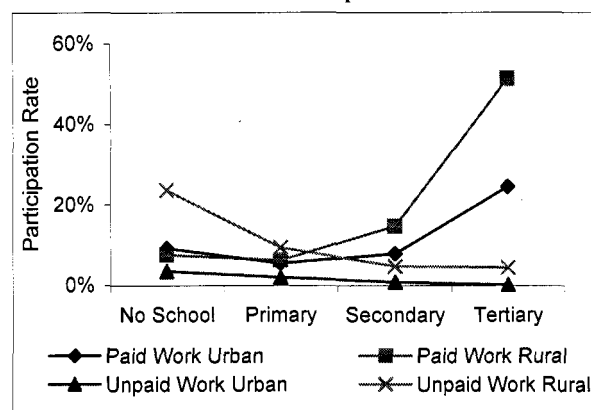
Table 5.1: Distribution of Workers in Industry by Gender (percent)

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

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

5.14. As elsewhere in the developing world, the analysis obtains an inverted U-shaped relationship between women's labor force participation rates and female education.¹⁷⁷ Participation rates are highest among women with no education and women who have completed secondary school. (Figure 5.2). Women with a primary school education have the lowest participation rates. Education levels also affect the occupations in which women work. Women with no schooling tend to be engaged in unpaid activities, while those with secondary and higher schooling are more likely to be engaged in paid work. Women with some schooling may be less likely to engage in unpaid work on the family farm because it may not be attractive to them, while paid work may require education beyond the primary level. For instance, to be able to teach in a primary school, a woman has to have completed at least class 10 (secondary school).

Figure 5.2: Impact of Schooling on Women's Labor Force Participation Rate



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

5.15. Breaking down labor force participation by occupation shows that a much higher proportion of urban men than women are engaged in white-collar jobs, such as clerical and sales professions. While about 18 percent of working women report working in clerical jobs, more than 33 percent of working men are engaged in such occupations. Within occupations there is further gender segregation by type of white collar job. A recent report on the need for quotas for women in public sector jobs reports that, despite the existence of quotas across all cadres, women tend to be concentrated in the education and health departments. This may reflect, in part, a decision by women to remain within the domain of "socially acceptable" work.¹⁷⁸

5.16. Beyond the white collar jobs of the type described above, women's labor market participation in urban areas seems to be concentrated in home-based manufacturing work.¹⁷⁹ One study estimates that since the 1980s, there has been a dramatic increase in the proportion of urban women engaged in informal home-based work, primarily crafts and related occupations. Home-based work is defined by the

¹⁷⁷ Mammen and Paxson (2000). Note this relationship in the case of Thailand and India for example.

¹⁷⁸ National Commission on the Status of Women (2003).

¹⁷⁹ The informal sector includes much of the services sector, the construction labor force, women's home-based work, vendors, hawkers, and so on. The 2001-02 LFS reports that a majority of both working men and women (more than 60 percent) in urban areas were employed in the informal sector.

International Labor Organization (ILO) as work carried out by a person for remuneration in his or her home or in alternative premises of his or her choice, other than the workplace of the employer.¹⁸⁰ While Pakistani researchers and policymakers have increasingly focused on the plight of home-based informal workers, especially that of women home-based workers, initiatives in this area are hampered by a lack of data. Due to the nature of activities undertaken in this sector, it is difficult for most surveys—including the PIHS—to gauge the extent of home-based informal work.

Changes in Women's Work Experience During the 1990s

5.17. Whereas female participation rates remained below male participation rates throughout the 1990s, the percentage of *working* women in certain occupational categories such as teachers in urban areas and paid agricultural work in rural areas rose. What could be driving the increased female participation in these occupational categories?

5.18. The expansion of schools—particularly private ones—during the 1980s and 1990s improved employment opportunities for educated women in rural and urban areas. In 2001-02, slightly more than one quarter (27 percent) of urban working women were employed in the professional category.¹⁸¹ Since the 1980s there has been an increase in women's participation under this occupational category and this increase has been confined mainly to the teaching profession; analysis of the 2001-02 PIHS finds 21 percent of urban working women to be teachers or teaching associate professionals. In contrast, only three percent of men report being in the teaching profession. The increased presence of women in this category can thus be attributed to the increase in demand for female teachers from public and private schools alike.¹⁸²

5.19. In rural areas, between 1991 and 2001, the percentage of working women participating in paid agricultural work increased significantly in Sindh and Punjab (Tables 5.2a and 5.2b).¹⁸³ Women in these two provinces mainly work as wage laborers picking cotton during harvest time. It is noteworthy that women continue to dominate this task even though cotton is a cash crop. Evidence from other parts of the world suggests that men tend to take over tasks related to cash crops. As tables 5.2a and 5.2b show, the proportion of working men participating in paid agricultural work also increased between 1991 and 2001. Men, however, tend to be involved in harvesting food grains such as wheat and rice.

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

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

Table 5.2b: Participation in Paid Agricultural Work among Those Working by Province (in percent)

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

Note: The participation rates are for men and women aged 15-49. Comparing time trends in female and male labor force participation rates requires comparable data sources over time. As section 5.2 will show, the LFS may not capture female participation fully, so other data sources must be used for this exercise. Fortunately, the 1991 PIHS and 2001 round of the PRHS have comparable questions on labor force participation, as well as similar reference periods and survey procedures that allow us to compare participation rates.

Source: World Bank staff calculations using PIHS 1991 and PRHS 2001-02.

¹⁸⁰ ILO, Convention 177 on Home Work; Haider and Tahir (2002).

¹⁸¹ Pakistan Poverty Update (2004). Women aged 15-59.

¹⁸² Kazi and Raza (1991) report a significant increase in professional women workers in urban areas during the 1980s.

¹⁸³ PIHS 1991 and PRHS 2001 are used for this analysis.

5.20. Government agricultural statistics data on growth in output of cash crops and food grains during the 1990s, shows an increased proportion of women and men participating in paid agricultural work. The increase in participation may have been driven to some extent by rising demand for men's and women's labor as output of food grains and cash crops increased.¹⁸⁴ What has happened to wages as more women and men have entered wage work in rural areas and output has expanded? A comparison of nominal wages suggests only a modest rise in male and female wages. In 1991, for example, female daily wage rates for cotton picking were in the range of Rs. 20-30 in Sindh and Punjab (Table 5.3).

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

	<i>Females</i>		<i>Males</i>	
	1991	2001	1991	2001
Cotton Picking	20-30	26.82	--	--
Sugarcane harvesting	25-30	30	40-60	61

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

Source: Mansuri (1994) for 1991 wages and PRHS for 2001, and Economic Survey (2003) for inflation rate.

5.21. The PRHS data also suggest that in 2001, the average female wage rate for the same activity in these provinces was about Rs. 26.82 per day. Given the high rate of inflation over this period,¹⁸⁵ real wage levels have decreased as female participation in agricultural wage labor in cotton has increased. In sugarcane as well, wages appear to have stagnated (Table 5.3). Throughout the decade of the 1990s, opportunities for agricultural wage labor expanded in rural areas of Sindh and Punjab as food grain and cash crop output rose. This expansion may have absorbed increased participation by both men and women. The rise in agricultural output together with an increase in labor force participation appears to have dampened wage increases.

5.22. What is noteworthy is that the majority of female paid agricultural workers in rural Sindh and Punjab—almost 80 percent—reportedly work within their village.¹⁸⁶ This would suggest that employers within a village are likely to face little competition for women workers from outside employers, leading to fairly monopsonistic village labor markets. This is certainly consistent with the wage stagnation observed, despite the increased demand for agricultural wage labor. As shown below, restrictions on women's mobility, particularly those arising from security concerns, indeed structure preferences for the location of work and are thus likely to pose a significant constraint on rural women's participation in paid work, as well as on the returns to such labor.

II. CONSTRAINTS ON WOMEN'S LABOR FORCE PARTICIPATION

5.23. Evidence presented in previous chapters has shown that restrictions on female mobility significantly constrain female access to schooling and health. The analysis of female labor force participation demonstrates that restrictions on women's mobility affects their ability to participate in the labor force as well as contributes to the gender gap in wages among those who work.

5.24. Evidence from a number of qualitative and in-depth quantitative surveys, reviewed in earlier chapters, suggests that it is difficult for a woman to cross the boundary of her own village or settlement to undertake work (or even to attend school) in a neighboring village or settlement. For example, data from

¹⁸⁴ Agricultural Statistics of Pakistan, Ministry of Food, Agriculture and Livestock, 2000-2001. The output of food grains increased from 19,587,000 tonnes in 1990-91 to 25,986,000 tonnes in 2000-01 (one metric tonne = 2,204.62 pounds). The output of cash crops increased from 38,285,000 tonnes in 1990-91 to 45,867,000 tonnes in 2000-01.

¹⁸⁵ The Economic Survey of 2003 reports that inflation averaged 9.7 percent per year between 1991 and 2001 (this is based on the CPI with 1990-91 as the base year).

¹⁸⁶ Based on 2001 data from PRHS, which asked women where they worked: within the village or outside the village.

PRHS-II clearly shows that girls' enrollment rates were significantly lower if a girl had to cross a settlement boundary to attend the closest school (Chapter 3). A recent qualitative study from Punjab that assessed social barriers to women in rural areas accessing health facilities,¹⁸⁷ found that mobility patterns vary depending upon the women's marital, education, and social class status, as well as upon whether they were going someplace within the village or outside it. Women were able to move freely within the village, but they could rarely leave the village alone or without permission and tended to avoid public transport.¹⁸⁸

5.25. The qualitative survey on health covers only three villages in Northern Punjab; therefore, these results may reflect location-specific effects. Data from the PRHS-I, however, is representative of rural Pakistan in 2001 and covers the four provinces. This survey asked women engaged in paid work about their work location. The patterns reflect mobility restrictions described in the qualitative study mentioned above: almost 80 percent of women engaged in agricultural wage labor and about 60 percent of women engaged in some type of nonagricultural wage labor report working within their own villages. The lower percentage of women in nonagricultural wage labor working within the village could arise from the fact that most of these women work as teachers or health workers, which may necessitate travel outside the village. Evidence from the qualitative and quantitative studies show that mobility restrictions matter greatly for women's participation in work outside the home. These restrictions therefore can greatly reduce the number of women who work since they must seek job opportunities within the village.

5.26. Proscriptions on women's movement outside the home are rooted as much in social taboos as in practical concerns for female safety. Fear of harassment by males and consequent loss of reputation is frequently reported in qualitative surveys. Results from the qualitative survey fielded as part of the Gender Assessment as well as the qualitative study cited above show safety concerns to be important reasons why mobility of women is discouraged by families. Also women who were interviewed in the qualitative survey expressed concern for their physical safety, which, they feared was at greater risk the further they traveled from the household (see Box 5.1).

5.27. The PRHS-II survey provides a unique opportunity to assess how safety concerns affect women's participation in paid work. Tabulations based on this survey data presented in Table 3.6 (Chapter 3) shows that almost 60 percent of rural women in Punjab and Sindh felt unsafe outside their settlement, as compared to only 18 percent who felt unsafe within the settlement. Evidence from rural areas of Punjab and Sindh shows that participation in the *paid* labor market is strongly related to safety concerns. Mirroring the "crossing boundaries" effect, moreover, concerns about safety within the settlement have a stronger and more significant impact on participation in paid work than concerns about safety outside the settlement. Women who feel unsafe walking within their own settlement are much less likely to work for pay (see Table 5.4).¹⁸⁹ Since women are less likely to travel to jobs outside their own settlement, fears about safety outside the settlement of residence do not discourage women's participation as much as such fears within the village.

Table 5.4: Effect of Safety on Participation in Paid Work

<i>Woman's concerns about safety</i>	<i>All paid work</i>	<i>Paid farm work</i>
Feels unsafe within settlement	Negative impact	Negative impact
Feels unsafe outside settlement	No impact	No impact

Source: Based on probit regression results reported in Table A5.3, PRHS 2004.

¹⁸⁷ Khan (1998).

¹⁸⁸ See also Mumtaz and Salway (2005) on this issue.

¹⁸⁹ Regression results are presented in table A5.3.

Box 5.1: Social Perception of Paid Work by Women

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

The reality is that most women work outside the home in the fields but we want them to stay indoors. We feel ashamed when our women work but they can do so in extreme need.

– Male respondent residing in barani (rain-fed) village in Punjab

Women in Pakistan also perceive a tradeoff between the status of a household and the incidence of any female member of that household participating in paid work. Out of 60 women interviewed for a qualitative study (described in Box 1.3) associated with this Assessment, 25 (42 percent) linked strict *purdah*, practiced both in terms of strict dress code and being confined to their homes, with people from high-status households that are relatively well off and of relatively high caste. Women from poor and lower-caste households were perceived as those who could not afford to practice strict *purdah* because their families' lack of means that necessitated their labor—usually in the fields, though a few were midwives. Table 5.5 shows that while women in more conservative regions tended to perceive the practice of strict *purdah* as a privilege observed by higher-status households (41.7 percent in Sindh and 66.7 percent in southern Punjab), more women in both parts of Punjab than in Sindh lamented the ways in which *purdah* (customary mobility restrictions) limited their capacity to work and/or join community organizations in which they could meet with other women and receive training in small business matters:

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

–Woman, age 42, from Faisalabad

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

Table 5.5: Women's Perceptions of the Tradeoff between Status (Practicing *Purdah*) and Mobility by Percent Interviewed Per Region
(frequencies in parentheses)

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

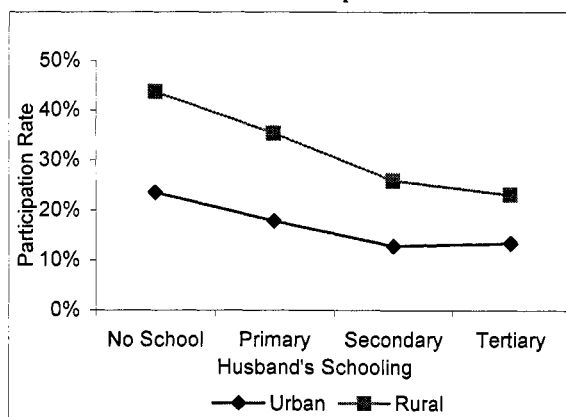
5.28. There is also a status or class effect of women's work. In rural areas in particular, the potential costs to women who leave the household—not to mention leaving the community—to perform labor can be prohibitively high. More social than economic, these costs derive from the fact that family honor hinges so greatly on the discretion, concealment, and public perception of female members who have reached puberty. Consequently, mobility restrictions tend to be more stringent for women belonging to wealthy or higher-class families. A majority of women interviewed for the qualitative study (see Box 1.3) expressed reservations about working outside the home—even those from poor households in dire need of added income. The major concern was the perceived tradeoff between the incidence of household females working outside the home and the status of that household.

5.29. Since working in paid jobs would necessitate leaving the home on a regular basis, women belonging to wealthy families are less likely to work. Analysis of PIHS data confirms this pattern. Multivariate regression results show that controlling for women's own schooling, the socioeconomic characteristic of their household and their husband's schooling are important determinants of their participation in the labor force. Women whose husbands are educated and women who belong to higher-income households are less likely to undertake work, both paid and unpaid and in both rural and urban areas (Table A5.1 and Figures 5.3 and 5.4). This feature of female participation in Pakistan is in contrast with patterns observed in other developing countries, like India and Thailand, where paid work by women (not unpaid work) rises with household income as well as with husband's education.¹⁹⁰

5.30. A study of men's and women's work preferences from rural Punjab corroborates the existence of such a social stigma attached to women's work (see Box 5.1).¹⁹¹ These patterns also suggest that women in higher-income households perceive less need to work to supplement the household resources than women in the poorer households, who might be pushed into work to support their households.

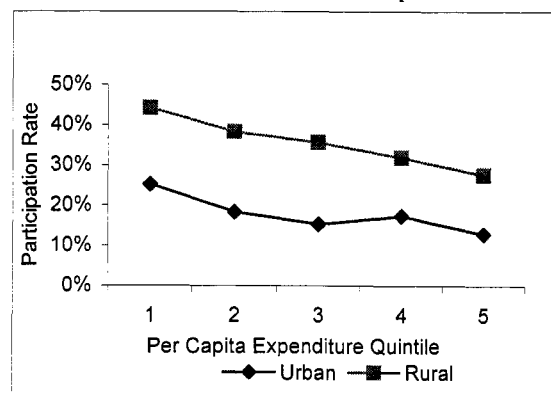
5.31. Mobility restrictions and the social stigma attached to women's work in Pakistan, particularly paid work, result in a strongly segmented women's labor market: female workers do not freely move between markets to exploit work opportunities. The women's labor market is geographically limited to jobs to which women can easily commute. The geographical limitation arises not from a lack of demand for women's labor in neighboring or faraway locations—indeed, Chapters 3 and 4 demonstrate a desperate need for qualified female workers in girls'

Figure 5.3: Impact of Husband's Schooling on Women's Labor Force Participation Rate



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

Figure 5.4: Impact of Household Socioeconomic Status on Women's Labor Force Participation Rate



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

¹⁹⁰ Mammen and Paxson (2000).

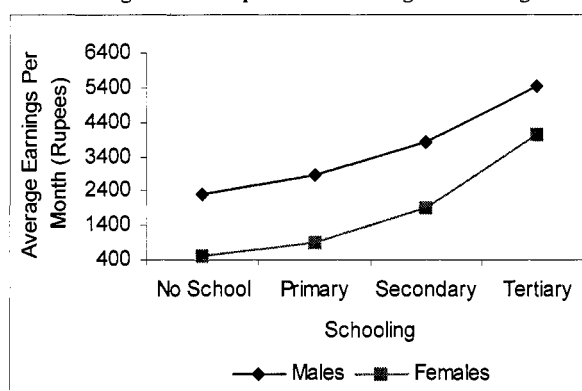
¹⁹¹ Sathar and Kazi (1997).

schools and health centers that serve women—but from restricted mobility. The evidence regarding increased female participation in paid agricultural work in Sindh and Punjab, discussed in Section I, confirms that female labor participation will increase with the emergence of work opportunities that accommodate the geographical limitations on women's movement.

5.32. Also useful to note is the fact that women are less likely than men to migrate in response to employment opportunities. In PRHS-I, 98 percent of the few currently married *female migrants* migrate to marry or to join a family member after marriage, rather than in response to employment opportunities. Men may move their families to their place of work, but family migration in response to employment opportunities for women is much less likely. The high incidence of village endogamy also diminishes the need for a female to leave her village or settlement. Most married women report being born in the village in which they reside, and most also have natal families in the same village. In northern Punjab, 45 percent of women marry within their own village, and the rates are even higher in Sindh and southern Punjab, where 59 and 53 percent of women are in endogamous marriages, respectively.

5.33. This pattern of limited mobility—stemming from custom and marital practices—not only limits participation in the labor market but also constrains returns to such participation. As illustrated in the case of private schools in Chapter 3 and agricultural wages in this chapter, these constraints enable employers to pay female workers much less than male workers. Multivariate regression analysis shows a large and significant male-female earnings gap among salaried jobs: women earn significantly less than men, even after controlling for age and education of the worker (Figure 5.5). Analysis shows that the gender gap in earnings is widest among workers with no schooling and narrows as education levels increase (Table A5.2).¹⁹² The gender gap in earnings falls from about Rs 2,000 per month for workers with primary schooling to about Rs 1,385 for workers with education levels above secondary school. (Figure 5.5). Most of this gender gap (about 70 to 80 percent) can be attributed to women's relatively lower schooling and fewer years of experience in the labor market; however, a significant portion of the gender gap remains (20-30 percent). Given the above discussion, some of this gap is probably reinforced by the lack of geographical mobility that most women face.

Figure 5.5: Impact of Schooling on Earnings

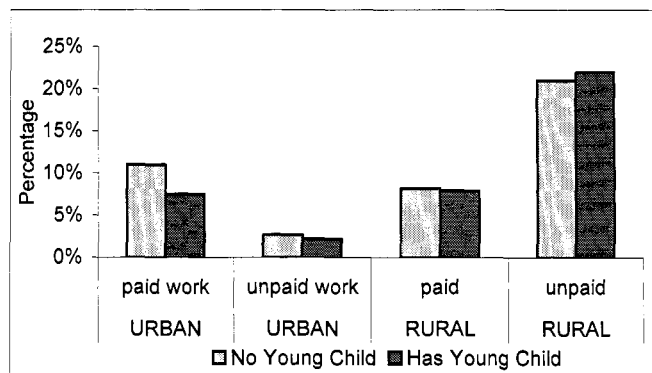


Source: Predicted using regression reported in Table A5.2. Data are from PIHS 2001-02 for men and women aged 20-65 who are engaged in salaried jobs.

¹⁹² Since a very small proportion of female workers engage in paid work, there is a sample selection issue in estimating such a regression equation. The literature is divided over whether or not sample selection correction (using Heckman's method) is critical to such an exercise. The available procedures for correcting sample selection require variables that explain selection into paid work, but not earnings. In the absence of such identifying variables, the estimation of a sample selection-corrected earnings regression is likely to produce inconsistent coefficient estimates.

5.34. The preceding discussion highlighted the role of social barriers in constraining female labor force participation. In addition to these social barriers and low levels of female education, women's work burdens within the home are an important constraint to participation in paid work (see Box 5.2). Women remain responsible for almost all of the household caretaking activities. They retain primary responsibility for young children, for ill or aged family members, and for all other housework. In rural areas this often includes the care of livestock and the production of milk and other dairy products for household consumption. In households with young children, women are much less likely to participate in paid work. This is even more the case in urban areas (see Figure 5.6), where children cannot be carried to the fields.¹⁹³

Figure 5.6: Impact of Young Children on Women's Labor Force Participation Rate



Source: Regression reported in Table A5.1, based on data from PIHS 2001-02 for women aged 15-49. Young children refers to children aged three or younger.

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

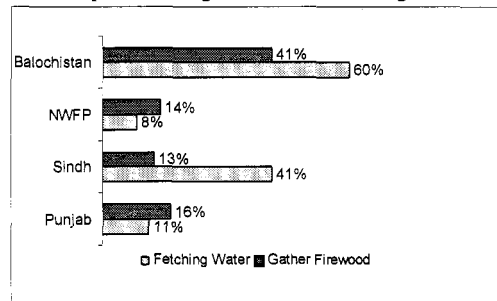
¹⁹³ Empirical evidence shows that increases in women's participation in labor market activities tend to be associated with fertility decline (e.g., Lam and Duryea 1999).

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

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

In the PRHS 2001 survey, 25 percent of women aged 15-49 reported fetching water during the week prior to the survey and about 15 percent reported gathering firewood during the same period. Women's involvement in these activities varies by province and access to such resources (Figure 5.7). For instance, rural areas of Sindh and Balochistan are prone to water shortages. In the PRHS 2001 survey nearly 60 percent of women in rural Balochistan and 40 percent of women in rural Sindh reported spending time fetching water during the week, in addition to their other chores. The highest participation in firewood collection was in rural Balochistan, where about 40 percent of women were engaged in this task.

Figure 5.7: Percentage of Rural Women Who Report Time Spent Fetching Water and Gathering Firewood



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

Kamal's (2005) paper on "Women and Water in Pakistan," written for this Country Gender Assessment, stresses that when access to such basic resources as drinking water worsens, women, not men, bear the higher time costs. She highlights this issue against the backdrop of the alarming depletion of water resources, particularly in Sindh. Based on total availability of water, Pakistan is classified as a *water-stressed* and *water-scarce* country since water availability is just above 1,000 cubic meters per capita per year. Given the population growth, water availability is only likely to worsen in coming years.

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

Source: World Bank (2001) and Illahi and Gramard (1999)

III. THE RELATIONSHIP BETWEEN WORK AND AUTONOMY

5.36. The sociological literature on women's autonomy (in the context of development) tends to link it with the equally slippery concept of *empowerment*. While specific definitions of empowerment vary, scholars tend to agree that empowerment for women describes the range of choices and the degree of her control, choice, and power over the decisions she regards as important to her own situation, and to that of her family. Some authors essentially equate autonomy and empowerment, arguing that both grant control over one's own life via family, community, markets, and society.¹⁹⁴ Other authors pointedly distinguish the two terms and emphasize that independence is critical to autonomy, whereas individuals may attain

¹⁹⁴ Jeejeebhoy (2000).

empowerment through interdependent means.¹⁹⁵ We employ this latter definition, understanding “autonomy” to refer to a woman’s ability to make independent decisions and to have control over her immediate decisionmaking environment. It is believed that earning an income can enhance a woman’s bargaining power within her family, enabling her to participate in decisionmaking. The ability to contribute to the household’s earned income also can give a woman an increased sense of her own individuality and well-being, the chance to form and benefit from peer relationships, and a “widening of horizons.”¹⁹⁶ International evidence lends credence to such effects: a woman’s own income, be it her own earnings or nonwage income, often is found to be associated with her sense of autonomy and involvement in decisionmaking.¹⁹⁷

5.37. Based on the above descriptions women’s labor force participation, it is clear that the relationship between work and autonomy is highly complex. Women belonging to better-off households (and likely to be educated) participate very little in paid or unpaid work. These women are likely to have a say in decisionmaking inside the household despite the fact that they do not earn an income.¹⁹⁸ Indeed, various studies comparing working and nonworking women’s ability to influence decisionmaking within the family in Pakistan yield different results. Research based on the recent round of the PRHS 2004 finds that women’s earned income has no effect on decisions such as a child’s education, use of family planning, or the purchase of consumer durables (see Box 5.3, above).¹⁹⁹ Other studies find that paid work is associated with increased autonomy and participation in household decisionmaking for working women, including decisions regarding their children’s education, making large purchases, and using contraceptives.²⁰⁰ A study spanning 10 communities across different agro-ecological zones in rural Punjab finds that working women tend to have more say than nonworking women in some aspects of household decisionmaking (such as food preparation) but not in others (purchase of consumer durables).²⁰¹ Another study based on urban women working in the manufacturing sector (including both home-based workers and women working outside the home), finds that despite reports of limited control over their own earnings, working women had greater authority in household decisionmaking than women who did not work.²⁰²

Paid Work as a Conduit to Autonomy outside the Household

5.38. These findings indicate that the effect of women’s earned income on household decisionmaking follows no predictable pattern. It is therefore interesting to note that, even though restrictions on women’s physical mobility figure so prominently in deterring their paid work opportunities, such restrictions may not limit women’s authority in decisions that affect the family. Because much of the sociological literature regards physical mobility as a subdomain of empowerment (Malhotra, Schuler, and Boender 2002) and equates empowerment with autonomy, it assumes that women whose movement out of doors is restricted also lack autonomy—and specifically the ability to make decisions about matters both within and outside the household. The research conducted for this Assessment, however, conveys the important distinction between physical mobility and autonomy and, equally important, the distinction between autonomy within the household and autonomy outside the household.

5.39. Other aspects of paid work that set it apart from not working or engaging in unpaid work involve exposure to the world outside the home. Unpaid work mostly occurs on the family’s farm or enterprise,

¹⁹⁵ Malhotra and Mather (1997) ; Govindasama and Malhotra (1996); Kabeer (1998).

¹⁹⁶ Agarwal (1997); Sen (1990b).

¹⁹⁷ See Kabeer (2000); Thomas (1990); Schultz (1990).

¹⁹⁸ Sathar and Kazi, 2000

¹⁹⁹ Ongoing study by Jacoby and Mansuri, 2005.

²⁰⁰ Sathar and Kazi (2000); Khattak (2001).

²⁰¹ Sathar and Kazi (2000). A central idea of the study was that gender norms in Pakistan vary by agro-ecological areas due to differences in familial systems and modes of production.

²⁰² Khattak (2001).

so these women rarely leave the household for work-related reasons. In contrast, paid work usually involves leaving home, which provides opportunities for a woman to interact with peers, understand the needs and circumstances of her community members, and gain a broader perspective on her own needs and circumstances.²⁰³ Few Pakistani studies have tested whether women who participate in the labor force also are more likely than nonworking women to participate in community activities. One exception is the study based on the recent round of the PRHS 2004 referred to above. As Table 5.6 shows, rural women who engage in paid work are also more likely to be involved in community and political activities.²⁰⁴ Since most rural women working for wages are from relatively low-income households with little power in the community, their involvement in community activity is of particular interest. Several of the women interviewed for the qualitative study (described in Box 1.3) who provide health services mentioned that, though their paid work activities marked them as relatively low-status and poor—even bringing condescension from some of those who used their services—they also greatly appreciated the regular contact they had with members of their respective communities. As one woman from Faisalabad remarked:

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

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

5.40. Amartya Sen has argued that education and participation in paid work are likely to be important determinants of female *voice* or *agency* in a society's decisionmaking processes. Indeed, the data support this. Even though earned income may not immediately enhance a married woman's ability to participate in decisionmaking over household matters, we have shown that the increased freedom of movement granted by labor force participation has a direct effect on participation in other aspects of public life. The qualitative study also indicates that women engaged in paid work, particularly those who provided services to the community, were remarkably well-informed about the state of political and economic development in their villages, patterns of behavior among other villagers, and the nature of gender relations among their communities.

5.41. Thus, public policies that encourage gender equality in human development outcomes and in access to income-earning opportunities can strengthen women's agency and their capacity to participate in broader community life political decisionmaking. While such policies will take time to raise women's visibility in the public and political spheres, affirmative action such as quotas or reservation of seats for women could bring rapid results. In Pakistan, reservation of seats for women in local, provincial, and national governments has increased women's political participation in a relatively short time (since 2001). The unprecedented number of women elected to district, subdistrict (tehsil) and union councils following the quota adoption opened up an enormous political space, and opportunities for women to make a difference in setting and implementing local government agendas.

5.42. A number of countries including India, the Philippines and Uganda have successfully used affirmative action to increase women's representation in political decisionmaking.²⁰⁵ But have these short-term measures to empower women actually influenced political decisionmaking? Studies based on

²⁰³ Sen (1990b)

²⁰⁴ This is based on multivariate regression analysis. Results are presented in Table A5.4.

²⁰⁵ World Bank (2001).

the Indian experience show that women representatives have, in fact, made a difference: women leaders are able to influence how resources are utilized for community development.²⁰⁶

5.43. Whereas the implementation of the quota system was achieved with few problems²⁰⁷, the actual impact of drawing women into local government is not yet clear. Women councilors, for instance, lack access to development funds with which they can make meaningful improvements in their communities. The lack of resources derives mainly from the implementation of the devolution process and is not limited to female representatives alone; nevertheless, a number of studies suggest that this intensifies women representatives' sense of being ineffective leaders.²⁰⁸ This sense of ineffectiveness was echoed by responses from the few women Union Councilors interviewed for the qualitative study. A more problematic constraint is women leaders' lack of knowledge about political processes. Most of the women elected in the 2000-01 local government elections were new to governmental decisionmaking and had little knowledge of their rights, roles, and responsibilities as councilors. Recognizing this, several government agencies and nongovernmental organizations have sponsored skill-building activities to increase the governance capacities of elected female councilors.²⁰⁹ These efforts have become increasingly critical as the country moves toward local government elections in 2005. In a paper written for this Assessment, Naz (2005) assessed the effectiveness of these training programs. One of the main failures of the training programs has been an inability to teach councilors the basic rules of functioning in the council, such as how to introduce resolutions in the council, maintain links with the district offices, and address the demands of voters.

5.44. The female electorate (or constituency), which is crucial to making women's "voice" louder and more effective in the political arena, also face a number of gender-specific limitations, including access to information and cultural constraints. First, women are significantly less informed than men about political matters. The qualitative study informing this Assessment (see Box 1.3) reveals that awareness of local government and the existence of the quota for women's seats in government is extremely low. In data available from two Northern Punjab sites, only three out of 24 women surveyed knew the name of the Union Nazim; none knew the names of the Tehsil Nazim; two out of 24 knew the name of the District Nazim; none knew the name of the Chief Minister; only three knew the name of the Prime Minister, and less than one-half (11 out of 24) knew the name of the President of Pakistan. Women interviewed in southern Punjab and in the two Sindh sites were even less informed about political matters and faced greater restrictions on their ability to vote, mostly due to impositions placed on them from male family members. Out of the 24 women interviewed in Sindh, eight knew the name of the President, three of the Prime Minister, and two of the Chief Minister. In Lodhran, southern Punjab, the collective knowledge about political representatives included one woman knowing the name of the President and two women thinking the President was the Prime Minister.

5.45. Second, women's political involvement also is inhibited by restricted mobility and the practice of *purdah*, both of which strengthen local resistance to legal reform. In one of the five interview sites, Badin, none of the 12 women interviewed had ever voted. Several of these women reported that they were not *allowed* to vote by the men in their families:

²⁰⁶ Analysis by Chattopadhyay and Duflo (2001) shows that women heads of local government allocate more resources to development of basic infrastructure (water, fuel, and roads) that affect women's work burdens.

²⁰⁷ Women in a number of districts in NWFP were prevented from contesting the elections and voting in the elections. (Aurat Foundation)

²⁰⁸ Naz (2005).

²⁰⁹ Examples include the Women's Political Participation Project (W3P) of the Ministry of Women's Development, Social Welfare and Special Education; and the Citizens' Campaign for Women's Representation in Local Government convened by the Aurat Foundation.

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

—Married woman, Badin, Sindh

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

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

—Married woman, Talagang, Punjab, age 20

5.47. These views point to the need for more efforts to better train women candidates for local government seats, including knowledge of the political process, as well as information campaigns that inform women about their right (and obligation) to vote. Any efforts to strengthen and increase female participation in the political process are likely to see better success if they also strengthen and support the several NGOs currently working on these issues in the country.

5.48. Women's limited access to information about the importance of their political participation has implications for all public policy aimed at increasing gender equality. Data on female political participation have revealed that women's access to information is extremely limited due to restrictions on female mobility and girls' low levels of education. Other than hearsay from male family members and children who happen to attend school, women who do not work have minimal contact with the outside world. They obtain most of their information from television, radio, and newspapers. Government and NGO-sponsored media public information programs aimed at educating women about their rights to health care and legal protection have been successful in changing behaviors of women. (see, for example, the excerpted interview with a woman from southern Punjab, in Chapter 2, Box 2.1). The government's commitment to increase rates of girls' enrollment and schooling no doubt will bring dramatic improvements in women's access to information, including knowledge of the political process, over the longer term. .

5.49. For the current generation of adult women, the greatest potential instrument for enhancing women's knowledge and status lies in community organizations for women. Numerous NGOs are working to form and strengthen community-based organizations. Although there is little evidence to indicate how successful their efforts have been, particularly in mobilizing rural women, a formal evaluation of one such initiative is currently underway. This evaluation should tell us much more about the role of participatory development efforts in empowering rural women.²¹⁰ Meanwhile, reports from governmental oversight organizations, NGOs, and interviews from the qualitative study (Box 1.3) for this assessment have contributed to a growing pool of feedback on rural women's experience with community

²¹⁰ A research team led by researchers from the Development Economics Research Group (DECRG) within the bank are currently undertaking an evaluation of the National Rural Support Program (NRSP).

organizations (COs).²¹¹ According to these sources, COs have been successful at involving and mobilizing women in rural areas to the extent that these women are (1) made aware of the existence of COs and the opportunities they provide; and (2) allowed by male family members to participate. Many rural women interviewed for the qualitative study had not heard of women's COs, even when their village had created one, suggesting lack of sufficient public outreach:

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

—Woman from Badin, Sindh, age 35

5.50. Of the women who had heard of a CO in their community, few had knowledge about its functions or benefits or were able to join because of household responsibilities or cultural prohibitions against their participation in public fora:

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

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

5.51. When women participate in COs the benefits extend to many domains of life. For many, credit schemes offered through COs have provided funds for small household-based economic activities and training for economically remunerative work. Some interview subjects also shared that CO membership had increased their self-confidence as well as their power and status within the household. Many reported a greater sense of freedom due to increased mobility:

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

—Woman's CO President, rural Pakistan, age 29

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

—Woman CO member from Badin whose husband also is a member of a CO, age 22

5.52. The qualitative data exhibits a strong positive correlation between women's CO membership and their sense of autonomy and well-being within their households, but it is hard to pin down the exact cause of the improved household status of female CO members. Many of the women who joined COs were persuaded or at least allowed to join by husbands who were members of a community organization for men; in many cases, a husband's membership appeared to be a necessary pre-condition for a wife's participation in a CO for women. Unfortunately the data are unable to tell us whether male members let their wives join COs because these men were prone to value some degree of autonomy in their wives (making them more likely to be interested in community development in the first place) or whether they let their wives join COs *because* of learning to value women's autonomy from their own COs.

5.53. An interesting aspect of the qualitative study is the resounding emphasis placed by all the women interviewed on their desire to have greater input in decisionmaking that affects their communities, and their ability to support education for their daughters. Even in regions like Sindh and southern Punjab,

²¹¹ The qualitative used in this gender assessment was co-sponsored by the team conducting the evaluation of the National Rural Support Program. See footnote 40.

where female literacy and schooling rates tend to be the lowest and female mobility the most restricted, respondents were unanimous in their support for higher female education and greater involvement in the public sphere as well as within their households.

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

—Married woman, Mirpurkhas, Sindh Province

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

5.54. Effective policy interventions will require comprehensive strategies to encourage women's entry into the labor force and their continued participation. A four-part strategy to address the range of constraints to women's participation, which are multifaceted and mutually reinforcing, involves improving the employability of female workers, adopting employment programs that speak to the special nature of labor markets for women, investing in infrastructure that alleviates constraints on the amount of time women can devote to income-earning activities, and fostering a legal environment that encourages women's labor force participation.

Invest in Female Workers' Skills

5.55. Education makes workers attractive to employers, and female workers lose out to their male counterparts because of their low schooling on average. Parents will invest in their daughters' education if returns to schooling in the labor market are clearly visible to them. One way this cycle of less visible labor market returns and low female education can be broken is through policies that promote female education (see Chapter 3).

5.56. Another way to improve the employability of female workers is to provide vocational education and training that builds specific skills for which there is demand. For example, the Lady Health Worker (LHW) program operating in rural areas and poor urban neighborhoods has been successful in recruiting female health workers to do outreach work. These women have a middle-school level education and no prior exposure to medical education. The LHW program trains the outreach workers to deliver a range of essential primary health care services to women and their children.

Attend to the Specific Nature of Women's Labor Market

5.57. The availability of educated and skilled women alone will not improve employment prospects. The experience from countries in the Middle East and North Africa shows that despite the generally high level of education obtained by women there, their labor force participation rates continue to remain low because of mobility restrictions and socio-cultural practices that discourage female participation in work.²¹² Pakistan shares many of these socio-cultural practices, and this chapter shows how such practices restrict work opportunities locally and segregate men and women into gender-specific jobs. As the

²¹² World Bank, (2004a).

experience of the Middle East and North African countries illustrates, programs must be designed to work around the constraints imposed by the nature of the labor market for women.

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

5.59. One such complementary strategy is to encourage employers (public sector departments) to hire locally to overcome the limited mobility of female workers. The growing number of private schools in rural areas have recruited female teachers almost exclusively from local communities, which also ensures less teacher absenteeism.

5.60. Home-based work by women is another labor market where the government can play a facilitating role. It can sponsor entrepreneurship training for women engaged in home-based work, including training in relevant skills and business opportunity identification, as part of a larger package including credit schemes, marketing support, and access to new technology.

5.61. In the agricultural sector, knowledge about how to obtain credit and agricultural information will enhance income-producing opportunities for rural women. Because agricultural tasks tend to be gender-specific, the work of seed preparation, fertilizing, and threshing falls to women, and these activities receive little or no support from agricultural extension workers. Raising and tending livestock also falls primarily to women, and there is inadequate support available to women engaged in these activities to market their products. Technical know-how thus must be provided to women in agriculture, and the design of agricultural extension work needs to include women's tasks and needs.

5.62. Improving information and documentation systems is another critical labor market policy. Issues with measurement of women's labor market participation arise from the socio-cultural conditions that shape women's labor market activity. These measurement issues have to be addressed in order to gather accurate and timely information about the economic role of women. Policy makers at the federal and local government levels need such information to design more effectively targeted social protection programs and labor market policies and programs that deliver training and critical resources such as credit.

5.63. Awareness-building campaigns that promote female work and provide employment-related information have been shown to encourage women's participation in the labor market. In the 1970s, Jordan introduced an awareness campaign to promote women's participation in work. This campaign—which stressed the need for women in the labor force and the benefits that women derive from working—is reported to have effectively raised female participation rates.²¹³ In Pakistan information on employment opportunities, wages, job vacancies and hiring requirements could also be provided through community organizations.

²¹³ World Bank (2004b).

Invest in Time-saving Infrastructure to Reduce Women's Time Burden

5.64. Investment in time-saving infrastructure is critical to encouraging women's participation in work activities. Women in rural areas spend a large part of their time collecting water and fuel wood for the household. These activities leave them less time to participate in income-generating activities. According to Kamal (2005), households in some parts of rural NWFP could save as much as 1,200 hours per year if water was available within the home. Given that local water sources are becoming depleted, the time burden on women to fulfill these tasks is likely to increase in the future.

Creating a Legal Environment that Encourages Women's Labor Force Participation

5.65. The legal environment can be modified in two ways to encourage women to join the labor market. First, the government can repeal labor laws that limit an individual's work hours on the basis of his/her sex. According to the government's periodic report to the Committee on the Elimination of All Forms of Discrimination Against Women (CEDAW), a prominent example of such a law is *The Factories Act, 1934*. Women can work in factories between 6 a.m. and 7 p.m., and in any other establishment between 9 a.m. and 7 p.m., unless the government permits otherwise.²¹⁴ The government is considering relaxing this law to allow women to work night shifts, thus allowing factories to raise production capacity and international competitiveness, while at the same time dramatically increasing women's opportunities for paid work. International experience shows that young women stand to gain the most from such measures, as they tend to be employed in large numbers in such sectors as apparel and information technology.

5.66. Because many laws limiting women's work hours were created in part to protect the safety of females, repealing such laws may require complementary legal measures to keep safeguards for working women in place.²¹⁵ The government would need to enact laws—or enforce existing ones—to (1) protect the physical safety of women who venture outside their homes and/or communities for paid employment (particularly if they do so for night shifts); and (2) protect women, who comprise the majority of available cheap labor, from being exploited in the workplace. To ensure the first type of protection, companies could offer door-to-door transportation for female workers.

Conclusion

5.67. The policies proposed above are targeted toward increasing women's participation in the labor market and expanding the public domain in which they can participate. These policy suggestions range from improving women's skills and education to adopting laws that ease mobility constraints on female participation. Ultimately, returns to education and increased earning capacity will be realized as mobility constraints are eased and women can access work opportunities, wherever they may be. Because these same mobility restrictions impede women's ability to participate in political and community activities, the easing of such restrictions also will enable full realization of the government's active encouragement of women in seeking roles in the political realm through seat reservation and other constitutional measures to enhance their participation.

5.68. Realization of such policy initiatives in labor market participation, the political process, and community decisionmaking eventually will foster an environment that naturally reduces the need for mobility constraints on females, which arise out of safety and family honor concerns. Thanks to devolution and the government's commitment to empowering women, it is time to focus on initiatives at the local level to further involve women in the development of their communities. The obvious role for

²¹⁴ CEDAW report from Pakistan

²¹⁵ World Bank (2004).

international donors is to continue to support government initiatives—as well as NGO efforts already on the ground—as they work to increase women’s access to information, encourage their active participation in the political process, and enhance their informed involvement in community organizations and decisionmaking. The demand is there and growing to receive such targeted efforts.

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ANNEXES

ANNEX 2.1: EVOLUTION OF INHERITANCE LAW REGARDING WOMEN IN PAKISTAN

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

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

Effects of Child Marriage

1. The problems associated with child marriage are well-known to human development experts and human rights advocates in Pakistan. Early marriages choke off the human development potential of children in myriad ways. This is particularly true for girls, whose early marriage typically means the cessation of school attendance and markedly increased health risks: girls who become pregnant by age 10-14 are five times more likely to die than women twice their age. Because *purdah* practices and mobility restrictions on females are severe in parts of Pakistan, moreover, early marriages are likely to confine females to the marriage household for the great majority of their lives, compounding their deprivation of education and work opportunities with diminished opportunities for community activities, interactions with their peers, and the development of meaningful social relationships.²¹⁶ It is believed that the incidence of child marriage remains quite high in contemporary Pakistan; Unicef has estimated that 37 percent of rural children and 32 percent of urban children are in such marriages (1986-2003).²¹⁷ These estimates may be misleading, however, as they likely define child marriage as that involving girls under 18 years of age, in accordance with the international standard of the UN Convention on the Rights of the Child. Although Pakistan did ratify the Convention on the Rights of the Child as early as 1990, there is no such law, as yet, that enforces marriage age minimum of 18 for girls. Currently, marriage of girls age 16 and over is not classified as child marriage—and thus is still legal—in Pakistan.

Marriage Laws Enacted before and since Pakistan's Independence

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

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

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

²¹⁶ <http://www.unfpa.org/swp/2003/english/ch2/index.htm>

²¹⁷ http://www.unicef.org/infobycountry/pakistan_statistics.html

5. *The Muslim Family Law Ordinance* (MFLO) of 1961 was a response to recommendations by a Commission set up in 1955 after a large portion of Pakistani society (mostly in the female sector) began agitating for improvements in the status of women. The express charter of the Commission was find/create legal means of restricting polygamy and granting women more rights of divorce than they'd had under DMMA. Not until 1961 did the Commission's recommendations take the form of the MFLO, which contained important provisions to increase women's advantage. For the first time, regulation and formalization of the process of divorce was incorporated into nationwide law. The MFLO also restricted polygamy by requiring a husband desirous of a subsequent marriage to either obtain permission from the existing wife/wives or submit an application to the Arbitration Council. In the event of the husband contracting such a marriage, the MFLO made him immediately liable to payment of the dower of the existing wife/wives. The MFLO also amended the CMRA by increasing the legal age of marriage from 14 to 16 years for females, and from 18 to 21 years for males.

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

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

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

The ability of individuals to bypass the law without any fear of repercussions has also perpetuated customary practices of selling girls into 'marriage' in exchange for money, settling disputes with the exchange of girls known as *vani* or *swara* and the use of girl as compensation for crimes. While the formal laws in Pakistan do not condone these practises, the courts do little to address them, allowing informal justice systems to implement a law of their own. High levels of economic hardship and social inequality often lead families to sell their young daughters into marriage as a means of earning money. Bride prices range from Rs. 80,000 to Rs. 200,000 (1,400-3,500 USD) and younger girls receive higher prices. These sales are not legal and are not done with the consent of the girl. In some cases the decision is made by one member of the family without consulting any other members.²¹⁸

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

²¹⁸ Report of the Commission of Inquiry for Women, Pakistan, 1997.

9. One civil society organization that has devoted considerable resources to education about dowry is Pakistan's Society for the Advancement of Community, Health, Education and Training (SACHET). In November 2001, SACHET launched the Fight against Dowry (FAD), a five-year initiative to educate the public—and Pakistan's youth in particular—about the harm often inflicted on brides due to the practice of dowry. For more information, please see http://www.sachet.org.pk/home/agehi_resource_center/fad/profile_of_project.asp.

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

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

- requirement of registration within 30 days of the solemnization (or performance) of the *Nikah* (marriage ceremony)
- requirement of the wife's permission if the husband is to take an additional wife/wives
- requirement that the bridegroom disclose his marital status, since the bride is required to disclose hers
- requirement that the husband disclose any conditions on delegating to his wife, married under Muslim law, the right of divorce based on grounds provided in the Dissolution of Muslim Marriages Act (DMMA) of 1939²¹⁹
- Protection of the marriage tie in the event that the married Muslim woman renounces Islam
- The right to protection of a woman's dower (the part or interest of a deceased man's real estate allotted by law to his widow for her lifetime)
- The requirement that the *nikahnama* specify the amount of dower or, if the amount is not specified, it is presumed payable on demand

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

²¹⁹ These grounds include the following: the husband's whereabouts have been unknown for four or more years; the husband has been imprisoned for at least three years; the husband has failed to provide for her maintenance for at least two years; the husband has contravened MFLO provisions in taking a new wife.

the husband has neglected to perform his marital obligations for at least three years; the husband's impotency—present at the time of marriage—persists; the husband has been suffering from insanity, leprosy, or a dangerous venereal disease for at least two years; the husband was impotent at the time of marriage; the bride was given in marriage before age 15 and repudiated the marriage prior to reaching age 18—provided lack of consummation of the marriage; the husband treats her cruelly by conduct that is not limited to physical ill-treatment; the husband associates with women of evil repute or leads an infamous life and/or tries to force his wife to lead an immoral life the husband disposes of or prevents his wife from exercising legal rights over her property; the husband obstructs his wife in observing her religious practice or profession; the husband does not treat her equitably to his other wives, if he has more than one, in accordance with the Qur'an's injunctions.

ANNEX 3.1: TABLES WITH FULL RESULTS (A3.1-A3.7)

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

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

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

	Fifth	0.289** (14.21)	0.265** (9.80)
	Fifth × Girl		0.054 (1.38)
School Proximity:			
	Primary School Within Village (1 if Yes, 0 if No)	0.151** (15.15)	0.101** (8.17)
	Primary School × Girl		0.142** (7.14)
	Post Primary School for Girls Within Village (1 if Yes, 0 if No)	0.061** (5.13)	0.014 (0.86)
	Girls' Post Primary School × Girl		0.098** (4.35)
	Post Primary School for Boys Within Village (1 if Yes, 0 if No)	-0.024* (2.34)	-0.011 (0.87)
	Boys' Post Primary School × Girl		-0.034+ (1.69)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Coefficient	Std. Err.	Z statistic
School Choice: Public or Private:			
Girl× Private School	-0.58	0.091	-6.32
Household's Consumption (excluding expenditure on education)	0.47	0.022	20.85
School in community (1 if Yes, 0 if No)	0.85	0.077	11.04
School in community × Girl	0.63	0.112	5.61
Enrollment Decision: Enroll or Not Enroll:			
Girl	-1.04	0.079	-13.08
LR test of homoskedasticity (iv = 1): chi2(2)= 6.85 Prob > chi2 = 0.0326			
LR chi2(7) = 4477.247			
Log likelihood = -7179.7798 (Prob > chi2 = 0.0000)			

Notes: Coefficients from Nested Multinomial Logit model. Model estimated for rural children aged 6-10.

Table A3.6: Primary school location decision, Rural Pakistan, PIHS 2001-02

	Public School				Private School	
	Boys' School Logit	Boys' School Fixed Effects Logit	Girls' School Logit	Girls' School Fixed Effects Logit	Coeducation School Logit	Coeducation School Fixed Effects Logit
	(1)	(2)	(3)	(4)	(5)	(6)
Bus stop within 1 Km of community	0.832 (2.84)**	0.693 (1.89)	0.590 (2.47)*	0.832 (2.62)**	0.922 (2.56)*	1.160 (2.85)**
Daily Market within 1 Km of Community	1.720 (1.62)	1.733 (1.57)	0.007 (0.01)	0.127 (0.21)	0.738 (1.74)	0.842 (1.68)
Bank within 1 Km of Community	-0.388 (0.68)	-0.199 (0.31)	0.104 (0.22)	-0.047 (0.09)	0.766 (2.00)*	0.561 (1.27)
Postoffice within 1 Km of Community	0.268 (0.75)	0.076 (0.17)	0.855 (3.29)**	0.424 (1.28)	1.411 (5.01)**	0.738 (2.15)*
Union Council within 1 Km of Community	0.061 (0.16)	-0.330 (0.74)	0.602 (2.24)*	0.790 (2.46)*	0.177 (0.60)	0.301 (0.84)
Village average per capita expenditure	1.203 (0.18)	6.825 (0.80)	12.793 (2.40)*	8.424 (1.14)	14.276 (2.25)*	9.389 (1.00)
High schools for girls available within 5km	0.477 (1.45)	0.524 (1.28)	0.618 (2.62)**	0.597 (1.93)	1.272 (4.78)**	0.973 (2.97)**
Proportion of workers working in the non-agricultural sector in community	0.004 (0.01)	0.396 (0.53)	1.070 (2.27)*	1.075 (1.79)	1.654 (2.81)**	1.441 (1.87)
Proportion of households in community with at least one adult (age \geq 15) with secondary education	1.536 (2.00)*	2.639 (2.80)**	2.116 (3.72)**	2.463 (3.23)**	-0.208 (0.29)	0.182 (0.19)
Community population	0.000 (0.31)	-0.000 (1.65)	0.000 (3.99)**	-0.000 (0.29)	0.000 (4.33)**	0.000 (0.15)
Constant	0.420 (0.64)		-3.672 (6.28)**		-6.475 (7.92)**	
Number of Communities	575	337	575	465	542	386

Notes: Logit and Conditional Logit Model Coefficients. z statistics in parentheses. + significant at 10%; * significant at 5%; ** significant at 1%. Village average per capita expenditure divided by 10000. Regression estimated at the level of communities. Fixed effects estimates pertain to district level fixed effects.

Table A3.7 Private primary school location decision including availability of high school close to community, Rural Pakistan, PIHS 2001-02

	(1) Logit (N=532)	(2) Logit with Fixed Effects (N=386)
Bus stop within 1 Km of community	1.037 (2.83)**	1.232 (2.97)**
Daily Market within 1 Km of Community	0.855 (1.99)*	0.861 (1.72)
Bank within 1 Km of Community	0.717 (1.84)	0.558 (1.25)
Postoffice within 1 Km of Community	1.299 (4.54)**	0.713 (2.06)*
Union Council within 1 Km of Community	0.078 (0.26)	0.202 (0.55)
Village average per capita expenditure	15.532 (2.42)*	9.587 (1.02)
High schools for girls available within 5km	1.256 (4.67)**	0.922 (2.79)**
Number of public girls' school available in community	0.252 (2.87)**	0.226 (1.99)*
Proportion of workers working in the non-agricultural sector in community	1.696 (2.82)**	1.442 (1.83)
Proportion of households in community with at least one adult (age>=15) with secondary education	-0.475 (0.65)	0.134 (0.14)
Community population	0.000 (4.43)**	0.000 (0.11)
Constant	-6.896 (8.05)**	

Notes: Logit and Conditional Logit Model Coefficients . z statistics in parentheses. + significant at 10%; * significant at 5%; ** significant at 1%. Village average per capita expenditure divided by 10000. Regression estimated at the level of communities. Fixed effects estimates pertain to district level fixed effects.

ANNEX 4.1: TABLES WITH FULL RESULTS (A4.1-A4.7)

One of the key factors affecting health examined in this Chapter is access to health facilities and outreach services. In the regression analysis in this Chapter access to these services is measured at the community/village level. It is entirely possible that over time expansion of health facilities and outreach workers has occurred in some communities and not in others in a way that is closely associated with the level of development of that community or village for one. For instance, the government may have made special efforts to recruit outreach workers in communities that are not well connected to main town centers or where health outcomes are poor.²²⁰ At first glance then it would appear that health outcomes are worse in areas served by LHWs or where facilities are close to the village. To ensure that to the largest extent possible we are indeed estimating the causal impact of the availability of health facilities and services we include village characteristics such distance to nearest market and distance of village from the tehsil headquarters.

²²⁰ This issue is common to assessing the impact of availability of facilities at the village level referred to as non-random program placement. A large literature has analyzed the potential solutions to taking into account non-random expansion or placement of programs. An overview is available in Thomas and Strauss (1995).

Table A 4.1: Determinants of Probability of Falling Ill, Consulting a medical practitioner and Medical expenditures, Rural Children aged 0-17, PRHS 2001

	(1)	(2)	(3)
	Probit Marginal Effects	Marginal Effects from Probit with Selection	Ordinary Least Squares
	Probability of Falling Ill	Probability of Consulting Medical practitioner if Ill	Log(Medical Expenditure) if ill
Girl	-0.032 (4.78)**	-0.311 (5.07)**	-0.242 (1.92)+
Child's parent is household head	0.028 (3.45)**	0.026 (3.70)**	-0.070 (0.44)
Age (years)	-0.014 (5.70)**	-0.013 (5.59)**	0.034 (0.76)
(Age) ²	0.001 (4.58)**	0.001 (4.81)**	-0.001 (0.22)
Mother Ever Attend School (1 if yes)	0.012 (0.90)	0.0003 (0.03)	0.371 (1.54)
Father Ever Attend School (1 if yes)	-0.020 (2.84)**	-0.010 (1.55)	0.171 (1.30)
Log Per Capita Expenditure of household	0.026 (3.84)**	0.0021 (0.71)	0.628 (4.88)**
Distance to Health Facility	0.007 (4.41)**	-0.0016 (2.56)**	-0.030 (0.98)
Distance to Pharmacy	0.007 (3.46)**	-0.0008 (1.04)	-0.046 (1.26)
Distance to Daily market	-0.001 (0.40)	0.0049 (3.68)**	0.011 (0.36)
Community Level: Improper disposal of waste water (Waste Water thrown into ground)	-0.010 (1.19)	-0.0069 (0.92)	-0.081 (0.54)
Community Level: Improper disposal of garbage (Garbage thrown into river or ground)	0.024 (3.20)**	0.022 (3.16)**	-0.263 (2.04)*
Constant			3.153 (3.42)**
Observations	7482	7525	550

Absolute value of z statistics in parentheses. + significant at 10%; * significant at 5%; ** significant at 1%.

Notes: Probit model marginal effects in Column 1. Marginal effects from Probit model with selection in Column 2. Regression coefficients from Ordinary Least Squares regression. Absolute value of z statistics in parentheses. + significant at 10%; * significant at 5%; ** significant at 1%.

Table A4.2: Determinants of Immunization, Rural Children aged 12-23 months, PIHS 2001

	(1)	(2)	(3)	(4)
	DPT3 (N=1347)	Polio3 (N=1347)	BCG (N=1347)	Measles (N=1347)
Girl	-0.029 (1.02)	0.002 (0.12)	-0.045 (1.54)	-0.065 (2.04)*
Age in Months	0.030 (0.50)	0.082 (2.30)*	0.002 (0.03)	0.012 (0.19)
(Age) ²	-0.001 (0.41)	-0.002 (2.10)*	0.000 (0.10)	0.000 (0.01)
Mother ever attended school (1 if yes)	0.165 (3.23)**	0.047 (1.61)	0.141 (2.57)*	0.130 (2.53)*
Father ever attended school (1 if yes)	0.122 (3.46)**	0.015 (0.70)	0.096 (2.80)**	0.090 (2.38)*
Mother has Media Exposure (Heard Hygiene related information through Media) (1 if Yes)	-0.016 (0.39)	0.037 (1.42)	-0.004 (0.09)	0.016 (0.37)
Log (Per Capita Household Expenditure)	--	--	0.089 (1.80)+	0.125 (2.38)*
Lady Health Worker in Community	0.089 (1.82)+	0.038 (1.39)	0.142 (2.86)**	0.108 (2.21)*
Government Primary Health Facility (BHU, MCH Center, Family Welfare Center) Within 5 Kms	0.082 (1.73)+	0.006 (0.23)	0.093 (1.80)+	0.137 (2.73)**
Private Health Facility Within 5 Kms of Community	-0.037 (0.77)	-0.025 (0.94)	-0.030 (0.59)	0.005 (0.09)
Immunization Camp held within 5 kms of community	0.068 (1.57)	0.004 (0.16)	0.015 (0.34)	-0.008 (0.20)

Notes: Probit model marginal effects. Regression weighted using household weights. Robust z statistics in parentheses. + significant at 10%; * significant at 5%; ** significant at 1%. Additional variables not shown in table include community level variables: Community level variables include dummies for electricity, drainage, distance to: tehsil capital, nearest bus stop, market, nearest motorable approach road, public primary school for girls, middle school for girls.

DPT 3 and Polio 3 measure whether final dose of each immunization received by child or not. Log per capita expenditure only included for BCG and Measles. DPT and Polio are usually supplied free of cost.

Table A4.3: Determinants of use of maternal health services, Rural Women aged 15-49 , PIHS 2001-02

	(1)	(2)	(3)	(4)	(5)	(6)
	Contraceptive use	Prenatal care	Tetanus Toxoid Immunizations	Postnatal consultations	Birth in a medical institution	Birth assisted by TBA
Age (Years)	0.055 (7.68)**	0.027 (2.79)**	0.022 (2.27)*	0.010 (2.39)*	0.007 (0.99)	0.016 (1.77)+
Agesq	-0.001 (7.25)**	-0.000 (2.78)**	-0.000 (2.29)*	-0.000 (2.20)*	-0.000 (1.07)	-0.000 (2.05)*
Woman Ever Attended School (1 if Yes)	0.084 (4.07)**	0.224 (8.49)**	0.207 (7.10)**	0.058 (4.33)**	0.101 (4.89)**	-0.082 (3.50)**
Husband Ever Attended School (1 if Yes)	0.033 (2.72)**	0.031 (1.71)+	0.052 (2.71)**	0.009 (0.89)	0.035 (2.96)**	-0.030 (1.99)*
Ratio of Number of Sons alive to Number of Daughters Alive	0.019 (4.43)**					
Media Exposure (Heard Hygiene related information through Media) (1 if Yes)	0.052 (2.87)**	0.060 (2.10)*	0.103 (3.08)**	0.005 (0.36)	0.051 (2.36)*	-0.014 (0.45)
Log (Per Capita Household Expenditure)	0.022 (1.54)	0.122 (5.23)**	0.117 (4.02)**	0.041 (3.91)**	0.113 (6.37)**	0.030 (1.31)
Lady Health Worker in Community	0.030 (2.16)*	0.011 (0.47)	0.064 (2.41)*	-0.003 (0.28)	0.009 (0.56)	0.021 (0.64)
Government Primary Health Facility (BHU, MCH Center, Family Welfare Center Within 5 Kms)	0.008 (0.61)	0.052 (2.15)*	0.077 (3.04)**	-0.004 (0.37)	-0.011 (0.63)	0.040 (1.11)
Private Health Facility Within 5 Kms of Community	0.007 (0.54)	0.025 (0.98)	0.009 (0.33)	0.014 (1.18)	-0.002 (0.10)	-0.044 (1.23)

Notes: Probit model marginal effects. Regression weighted using household weights. Robust z statistics in parentheses. + significant at 10%; * significant at 5%; ** significant at 1%. Additional variables not shown in table include exposure to hygiene information through family members and community level variables: Community level variables include dummies for electricity, drainage, distance to: tehsil capital, nearest bus stop, market, nearest motorable approach road, public primary school for girls, middle school for girls

Table A4.4: Determinants of use of maternal health services, with interaction terms, Rural Women aged 15-49, PIHS 2001-02

	(1)	(2)	(3)	(4)	(5)	(6)
	Contraceptive use	Prenatal care	Tetanus Toxoid Immunizations	Postnatal consultations	Birth in a medical institution	Birth assisted by TBA
Media Exposure* Woman Attended School	-0.053 (1.54)	-0.031 (0.59)	-0.083 (1.11)	0.007 (0.24)	0.067 (1.32)	0.012 (0.18)
Media Exposure* LHW in community	0.039 (1.13)	-0.001 (0.01)	0.016 (0.23)	-0.033 (1.66)+	0.045 (0.98)	-0.040 (0.69)
LHW* Woman Attended School	0.001 (0.03)	-0.048 (1.11)	0.010 (0.20)	-0.016 (0.87)	0.001 (0.03)	-0.075 (1.56)
LHW*Log(Per Capita Expenditure)	0.012 (0.42)	0.085 (1.73)+	0.164 (2.51)*	0.011 (0.52)	0.019 (0.63)	-0.036 (0.82)
Government Facility within 5 kms * Woman Attended School	-0.010 (0.33)	0.019 (0.39)	0.011 (0.20)	0.008 (0.37)	0.016 (0.38)	-0.058 (1.10)
Government Facility * LHW	-0.014 (0.55)	0.029 (0.58)	0.019 (0.35)	0.044 (1.78)+	0.063 (1.60)	0.005 (0.07)
Government Facility*Log(Per Capita Expenditure)	-0.052 (1.95)+	0.026 (0.55)	0.007 (0.12)	-0.005 (0.24)	-0.001 (0.02)	-0.067 (1.35)
Private Facility within 5 kms* Woman Attended School	0.015 (0.45)	0.016 (0.31)	0.000 (0.00)	0.019 (0.79)	-0.042 (1.22)	-0.014 (0.26)
Private Facility * LHW	-0.046 (1.92)+	-0.050 (1.08)	-0.020 (0.37)	-0.048 (3.19)**	-0.039 (1.19)	-0.032 (0.45)
Private Facility*Log(Per Capita Expenditure)	0.006 (0.21)	0.030 (0.62)	-0.032 (0.49)	-0.008 (0.36)	-0.078 (2.20)*	-0.035 (0.68)

Notes: Probit model marginal effects. Regression weighted using household weights. Robust z statistics in parentheses. + significant at 10%; * significant at 5%; ** significant at 1%. These interaction terms were estimated as part of a full regression that included additional variables not shown in table include woman's age, square of woman's age, whether woman attended school, whether spouse attended school, source of hygiene health information (media or family), log of per capita household expenditure, dummy variables for: availability of Lady Health Worker (LHW) within community, availability of nearest primary health care facility within 5 kilometers of community, availability of nearest private health facility within 5 kilometers of community. Also included are the following community level variables: Community level variables include dummies for electricity, drainage, distance to: tehsil capital, nearest bus stop, market, nearest motorable approach road, public primary school for girls, middle school for girls. Full results of the regressions can be obtained on request.

Table A4.5: Determinants of Village Level Placement of LHWs, PIHS 2001

	Column (1)	Column (2) With Village Topography Dummies
Log(Village Population)	-0.072 (0.73)	-0.071 (0.72)
Share of children aged 5 or younger	-0.628 (0.97)	-0.621 (0.95)
Share of Females 15-49	0.438 (0.54)	0.487 (0.58)
Public Primary School for Girls in Village	0.178** (2.81)	0.176** (2.72)
Public Middle School for Girls in Village	0.241** (3.25)	0.229** (3.15)
Average Per Capita Expenditure of Village/100	0.054 (0.95)	0.060 (1.04)
(Average Per Capita Expenditure of Village/100) ²	-0.003 (1.26)	-0.004 (1.34)
Basic Health Unit in Community	0.166* (2.40)	0.177* (2.44)
Nearest bus stop 0-3 Kms from Community	0.085 (1.05)	0.085 (1.01)
Nearest tehsil capital 0-3 Kms from Community	0.113 (1.28)	0.106 (1.22)
Nearest rail station 0-3 Kms from Community	-0.014 (0.13)	-0.008 (0.08)
Community has motorable approach road	0.101 (1.20)	0.072 (0.94)
50 % of households in community have electricity	0.124+ (1.73)	0.128+ (1.77)

Notes: PIHS 2001-02 Data, Community Level Data. Weighted Probit **Marginal Effects**. Absolute value of t statistics in parentheses.
+ significant at 10%; * significant at 5%; ** significant at 1%.

Table A4.6: Percentage of women receiving maternal health services, 2001-02

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

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

Table A4.7: Percentage of births assisted by type of attendant, 1998-2001

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

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

Note: Dais are traditional birth attendants.

ANNEX 4.2: NOT MUCH EVIDENCE OF PRENATAL SEX SELECTION IN PAKISTAN

1. The sex ratio at birth is one statistic that can reveal prenatal sex selection: it is the ratio of the number of male births to female births. Biologically, more males are born than females, and normal sex ratios at birth range between 105 and 107 boys per girls. This high male-to-female ratio at birth could be considered an evolutionary adaptation to the fact that females have higher survival probabilities than males. A sex ratio at birth that is much higher than this biologically expected ratio suggests that female fetuses are being aborted. Societies with a strong preference for sons and with access to prenatal sex detection technology show an alarming rise in sex ratios at birth. Unusually high sex ratios at birth have been reported in parts of India, China and South Korea.

2. The problem with the sex ratio at birth statistic is that it cannot be computed from a Census. It is ideally computed from birth registration data, yet reliable and complete data of this type is difficult to obtain in most developing countries. The data from Pakistan Integrated Household Survey (PIHS) can be used to estimate the sex ratio at birth. Calculated using the 1998 PIHS, the sex ratio at birth shows a national average of 105 (Table A4.8). This is within the normal range and indicates the absence of prenatal sex selection in Pakistan. The province-wide sex ratios at birth are well within the normal range, except in Balochistan, where the ratio is higher than that expected. Since there is little evidence of sex-selective abortions in Balochistan, this ratio may reflect the underreporting of female births. Ratios by mother's literacy status show marked variation in Balochistan and NWFP. While literate mothers report ratios in the expected range or lower, illiterate mothers report fewer female births.

Table A4.8: Sex Ratios at Birth (Estimated Using PIHS 1998 Birth History Data)

	Overall	Mother (Literate)	Mother (Illiterate)
Pakistan	105	103	106
Punjab	104	103	104
Sindh	107	106	108
NWFP	105	99	105
Balochistan	109	100	110

3. A telling comparison can be drawn between Punjab and Indian Punjab. Punjab displays a sex ratio at birth of 104; the considerable ratio of 124 in Indian Punjab (NFHS-II) results from widespread use of sex-selective abortions. Declining fertility together with strong son preference and rising incomes are largely responsible for the rise in prenatal sex selection in India, China and elsewhere. This combination of factors could well prevail in Pakistan in the future, as the present trend of fertility decline continues.

ANNEX 5.1: TABLES WITH FULL RESULTS (A5.1-A5.4)

Table A5.1: Probit Marginal Effects: Determinants of Labor Force Participation, Currently Married Women aged 15-49

	(1)	(2)	(3)	(4)	(5)	(6)	(7)
	All	Urban	Urban Paid Work	Urban Unpaid Work	Rural	Rural Paid Work	Rural Unpaid Work
Age	0.004 (1.07)	0.016 (2.93)**	0.013 (3.10)**	0.000 (0.28)	-0.003 (0.58)	0.000 (0.12)	-0.004 (0.89)
Age ²	-0.000 (0.71)	-0.000 (2.41)*	-0.000 (2.48)*	-0.000 (0.43)	0.000 (0.65)	-0.000 (0.08)	0.000 (0.79)
Education (years)	-0.031 (7.64)**	-0.015 (3.96)**	-0.011 (4.27)**	-0.001 (0.78)	-0.053 (6.25)**	-0.006 (1.96)+	-0.039 (4.68)**
Education ²	0.003 (10.96)**	0.002 (7.94)**	0.002 (8.45)**	-0.000 (0.11)	0.005 (6.67)**	0.001 (4.77)**	0.002 (2.34)*
Husband's education (years)	-0.015 (6.11)**	-0.010 (3.43)**	-0.005 (2.22)*	-0.002 (1.75)+	-0.022 (5.99)**	-0.003 (1.85)+	-0.013 (3.96)**
(Husband's education) ²	0.000 (0.90)	-0.000 (0.23)	-0.000 (0.45)	0.000 (0.37)	0.001 (2.31)*	0.000 (0.54)	0.000 (1.15)
Second per capita expenditure quintile	-0.037 (2.33)*	-0.051 (2.53)*	-0.034 (2.63)**	-0.003 (0.61)	-0.031 (1.42)	-0.007 (0.80)	-0.015 (0.81)
Third per capita expenditure quintile	-0.059 (3.56)**	-0.070 (3.54)**	-0.047 (3.63)**	-0.006 (1.12)	-0.053 (2.33)*	-0.017 (2.04)*	-0.023 (1.13)
Fourth per capita expenditure quintile	-0.067 (3.89)**	-0.055 (2.82)**	-0.035 (2.62)**	-0.008 (1.54)	-0.089 (3.64)**	-0.026 (2.75)**	-0.040 (1.93)+
Fifth per capita expenditure quintile	-0.124 (6.65)**	-0.120 (5.58)**	-0.072 (4.96)**	-0.012 (2.11)*	-0.121 (4.47)**	-0.032 (3.56)**	-0.069 (3.12)**
Has child aged 3 or younger	-0.032 (3.37)**	-0.047 (3.73)**	-0.027 (3.13)**	-0.007 (1.98)*	-0.022 (1.68)+	-0.011 (2.03)*	-0.005 (0.50)
Rural (1 if yes)	0.153 (10.77)**						
Punjab	0.003 (0.21)	0.008 (0.50)	-0.015 (1.49)	0.001 (0.25)	0.003 (0.13)	-0.002 (0.21)	-0.057 (2.82)**
NWFP	-0.110 (4.82)**	0.005 (0.20)	-0.037 (2.49)*	-0.010 (1.92)+	-0.153 (4.33)**	-0.065 (7.44)**	-0.099 (3.29)**
Balochistan	-0.134 (4.90)**	-0.020 (0.75)	-0.008 (0.46)	-0.008 (0.95)	-0.180 (4.32)**	-0.034 (2.26)*	-0.155 (4.65)**
Barani agriculture (1 if yes)					-0.068 (2.08)*	-0.037 (2.44)*	-0.010 (0.34)
Barani Punjab							
Barani NWFP							
Barani Balochistan							
Observations	12372	4690	4690	4690	7409	7409	7409

Notes: PIHS 2001 Robust z statistics in parentheses.

+ significant at 10%; * significant at 5%; ** significant at 1%

Table A5.2: Regression of Log Monthly Earnings

	Urban and rural		Urban		Rural	
	(1)	(2)	(3)	(4)	(5)	(6)
	Men	Women	Men	Women	Men	Women
Age (years)	0.078 (19.47)**	0.102 (5.50)**	0.087 (15.22)**	0.126 (4.49)**	0.066 (12.45)**	0.061 (2.47)*
Age ²	-0.001 (18.06)**	-0.001 (4.68)**	-0.001 (13.35)**	-0.001 (3.57)**	-0.001 (12.06)**	-0.001 (2.23)*
Education (years)	0.058 (55.32)**	0.144 (33.41)**	0.055 (39.89)**	0.139 (25.51)**	0.044 (27.36)**	0.136 (13.96)**
Constant	6.041 (73.50)**	3.886 (10.40)**	5.963 (51.49)**	3.360 (5.97)**	6.294 (57.47)**	4.784 (9.57)**
Observations	13748	1732	5490	851	8258	881
R-squared	0.20	0.40	0.26	0.44	0.10	0.18

Notes: Data from PIHS 2001. Sample of paid workers aged 25-65. Absolute value of t statistics in parentheses. + significant at 10%; * significant at 5%; ** significant at 1%

Table A5.3: Regression of female work on purdah and safety concerns, PRHS 2004

Probit Regression: Any paid work in last year			
Variable	(1)	(2)	(3)
Observes purdah (yes/no)	0.248	---	0.143
Purdah index (0-5)	-0.036	---	-0.021
Unsafe within settlement	---	-0.400**	-0.378**
Unsafe outside of settlement	---	0.250**	0.241**
Age	0.054	0.053	0.05
Age squared	-0.001	-0.001	-0.001
Ever attended school	0.009	0.038	0.034
hh landownership (acres)	-0.033***	-0.032***	-0.032***
S. Punjab	1.157***	1.191***	1.157***
Sindh	0.733***	0.713***	0.673***

Note: * p<0.05; ** p<0.01; *** p<0.001

Probit Regression: Any paid farm work in last year			
Variable	(1)	(2)	(3)
Observes purdah (yes/no)	0.417*	---	0.316
Purdah index (0-5)	-0.181***	---	-0.171**
Unsafe within settlement	---	-0.509***	-0.400**
Unsafe outside of settlement	---	0.174	0.253*
Age	-0.008	-0.005	-0.009
Age squared	0	0	0
Ever attended school	-0.440**	-0.479**	-0.445**
hh landownership (acres)	-0.046***	-0.044***	-0.043***
S. Punjab	1.565***	1.462***	1.574***
Sindh	0.905***	0.746***	0.848***

Note: * p<0.05; ** p<0.01; *** p<0.001

Probit Regression: Any paid non-farm work in last year			
Variable	(1)	(2)	(3)
observes purdah (yes/no)	-0.173	---	-0.213
purdah index (0-5)	0.073	---	0.088
unsafe within settlement	---	-0.144	-0.2
unsafe outside of settlement	---	0.047	0.022
age	0.096	0.099	0.094
age squared	-0.001	-0.001	-0.001
ever attended school	0.252*	0.302*	0.260*
hh landownership (acres)	-0.014*	-0.013	-0.013
S. Punjab	0.559***	0.586***	0.549***
Sindh	0.480***	0.491***	0.453**

Note: * p<0.05; ** p<0.01; *** p<0.001

Table A5.4: Regression of decision-making on women's labor force participation, PRHS 2004

Variable	Child schooling	Have another child	Major Consump. Expend	Participate in community/political activity
Age	-0.0037 (0.467)	-0.0017 (0.758)	-0.0169 (0.001)	-0.0197 (0.001)
Any primary schl.	-0.142 (0.162)	-0.1199 (0.200)	-0.0793 (0.305)	-0.0856 (0.385)
Any secondary schl.	-0.4664 (0.001)	-0.5516 (0.000)	-0.2399 (0.017)	-0.279 (0.011)
log (earnings + 1)	0.0021 (0.864)	0.0018 (0.856)	-0.0061 (0.492)	-0.0376 (0.001)
S. Punjab	-0.0443 (0.661)	-0.1247 (0.274)	0.2117 (0.033)	1.033 (0.000)
Sindh	-0.4574 (0.000)	-0.4496 (0.001)	-0.5362 (0.000)	0.566 (0.000)

Note: *P*-values in parentheses. Omitted categories: Education: No schooling; Region: N. Punjab.

Source: PRHS 2004. The survey asks married women to rank their say in various family decisions according to whether their preferences/opinions were always, mostly, sometimes, rarely, or never taken into consideration. Ordered probit regressions are used to examine the determinants of decision making authority in the case of: child schooling, whether to have another child, major consumption expenditures, and the wife's participation in community or political activity. In addition to the woman's age, education, region of residence (landownership can be included but does not change the basic results), the log of earnings from paid employment is included, both farm and non-farm.

Note: The results in Table 1 indicate that, while a woman's earnings in the labor market has no significant influence on her decision-making authority for internal household matters (regarding children, etc.), it does have a very significantly *positive* impact on her input into external decisions – i.e., whether to participate in the community (note: a negative coefficient implies that a women's opinion is increasingly being taken into account for a given increase in earnings, etc.).

ANNEX 5.2: MEASUREMENT ISSUES: ADDRESSING THE STATISTICAL “INVISIBILITY” OF WOMEN’S WORK²²¹

1. Information on the extent of women’s labor force participation is lacking in Pakistan, as in most developing countries. This is a critical shortcoming of the way the labor market functions for women. Much of women’s work goes uncounted, limiting successful design of policies to aid women’s paid and unpaid work activities. Whether based on Censuses or on household surveys, estimates of female labor force participation are affected by a number of issues related to the survey procedure. In Pakistan, researchers and civil society organizations such as the Aurat Foundation also have undertaken efforts to highlight this issue.²²² The Federal Bureau of Statistics (FBS) has attempted to address measurement issues by introducing an additional measure of labor force participation for women in the Labor Force Survey (LFS). As we discuss below, these definitional changes will only partially solve the measurement issue. More adaptations in the survey procedure are needed.

Reference period of survey matters

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

3. The reference period of the survey is important because it shapes the reporting of participation in work activity, especially if such activity takes place sporadically or during certain seasons. The duration of the reference year affects women most, since they tend to engage in seasonal work. One study has estimated that during peak-demand periods in the crop season, rural women participate three to six times more than during slack periods.²²³ Women’s weekly or monthly participation, about which the LFS and PIHS respectively ask, may not reflect participation over a year-long period. For example, of those who reported working in the month preceding the survey, PIHS also asked about the number of months worked in the previous year. A tabulation of this data shows the seasonal nature of women’s work. Only about 41 percent of rural women worked for the full 12 months in the year preceding the survey. The remaining women worked on average for less than five months. In contrast, almost 82 percent of rural men reported working the full 12 months.

4. A study from rural Punjab found that shortening the reference period from a year to a week considerably lowered the estimates of labor force participation by women from 76 percent to 60 percent.²²⁴ Another study using the 1991 PIHS, which covered the four provinces, found that increasing the reference period from a week to a year significantly affected participation rate estimates of rural males and rural and urban females, but not urban males.²²⁵ The increase in the length of the reference period resulted in the participation rate of urban females rising from 19 to 25 percent, but the rate of urban males remained essentially unchanged, as it rose from 65 percent to 66 percent. Increasing the reference period raised the rural male participation rate from 70 to 76 percent and the rural female participation rate from 46 to 57 percent.

²²¹ This section draws mainly on Mansuri, 1994.

²²² Mansuri (1994), Chaudhury and Khan (1987), Mumtaz and Khan, 2000

²²³ Chaudhury and Khan, 1987.

²²⁴ Zeba Sathar and Shahnaz Kazi, 1997, Women’s autonomy, livelihood and fertility: A study from Rural Punjab, PIDE.

²²⁵ Mansuri, 1994.

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

Depth of questions asked matters

6. The study conducted using the 1991 PIHS notes that the conventional mode of questioning respondents about productive activity relies largely on what is the norm in developed (and largely urbanized) economies.²²⁶ In developing countries, activities related to agriculture predominate in rural areas, and large informal markets predominate in urban areas, where production often is home-based and mostly unregulated. The standard mode of eliciting information appropriate to developing country settings therefore is likely to yield much poorer estimates of labor force participation, particularly for females. This is so for a number of reasons. Unpaid employment of family members is extensive in both agricultural and home-based production activities. The culturally-determined division of labor in this context usually assigns to women work that can be effectively combined with household chores such as cooking, cleaning and child care. This confines a substantial part of women's productive efforts to the private domain of the household, making it less visible. Women's economically productive work often must be completed in spurts interspersed with other household chores, moreover, making women's unpaid family labor appear even more marginal and hard to detect.

7. To better capture women's work in these settings requires survey questions about participation in a detailed range of activities, as does the PIHS of 1991 and PRHS of 2001. Such detailed questions include queries about work on one's own or on sharecropped/rented land over the two crop seasons, and about work with livestock, home-based work, paid agricultural and non-agricultural work. The LFS estimates labor participation based on response to one question asking about work for pay or profit.²²⁷ As a step towards better measurement of labor force involvement, the LFS recently has started gathering data on housekeeping and related activities that include agricultural tasks (such as agricultural operations, processing of food, livestock operations, and so on) performed by rural women as part of their daily household chores, *in addition to* household maintenance tasks and child care activities.²²⁸ While including these tasks considerably increases the LFS female labor participation rate in rural areas (from 16 to 49 percent), this "improved" rate captures labor other than that which contributes to the family farm or enterprise. In contrast, the estimated female labor force participation rate used by the PRHS is based purely on economic activities – paid and unpaid. The LFS practice of including tasks related to household care in the list of labor activities thereby obscures estimates of the extent to which women participate in economically productive work.

Socio-cultural practices affect data gathering

8. In a strongly sex-segregated society like Pakistan's, surveys using female enumerators to elicit information from women generally are better able to gather data on a range of topics, including data on work performed by women. Female enumerators tend to have better access to women in the households selected for the survey. In a setting where female work – especially paid work – has negative connotations, a male respondent such as the household head is likely to under-report female participation in labor.²²⁹ For example, a study from rural Punjab found that female participation in paid agricultural

²²⁶ Mansuri, 1994.

²²⁷ See Federal Bureau of Statistics (FBS), 2003: Pakistan Labour Force Survey, 2001-02.

²²⁸ FBS (2003).

²²⁹ See Chaudhury and Khan, 1987 and references therein. Also see Sathar and Kazi, 1997 (page 17).

work was 38 percent if based on women's reports, but only 14 percent if based on husbands' reporting of their wife's participation in paid work.²³⁰ The 1991 PIHS, the 2001-02 PIHS and the 2001 PRHS use female enumerators to ask about women about their work activities. Even though the LFS interviews each eligible²³¹ member of the household directly about his or her work activities, from the available documentation it is not clear whether the LFS uses female enumerators to interview women and girls. This potentially could have a significant impact on its ability to accurately capture the extent of female work.

²³⁰ Sathar and Kazi, 1997.

²³¹ Aged 10 or older.

