

Uneducated and Unhealthy: The Plight of Women in Pakistan

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THE MACRO PICTURE

The title of this paper is self-explanatory. It discusses underinvestment in female education and health and the deleterious effects this has on not only women themselves but on the future generation which women bring forth and nourish. This underinvestment is more pronounced in the rural areas of Pakistan where the bulk of the population resides and where low levels of education, lack of awareness and access to medical facilities pose a major threat to the development of a healthy and productive society.

Combining macro-level data on population growth rates, female mortality and literacy with two micro-level studies based on extensive participant observation and in-depth interviewing in two Punjabi villages, the data presented in the paper aims to sensitise the readers of the realities of women's social existence and of the complexities of female neglect specifically in terms of education and health. The paper also highlights some of the dominant cultural notions regarding women which become instrumental in hampering women's access to education, information and other structures of power. The confinement of women to narrow domestic and powerless domains has far-reaching and negative consequences of which statistics portray a picture.

The view that biology is destiny has been subjected to a lot of criticism and debate in academic circles. Academics no longer hold the position that specific roles and tasks universally belong to either men or women because of physiological differences and that women because of their relative lack of muscular strength and reproductive roles are better equipped to be domestic, nurturant, affective, docile followers see for instance Leibowitz (1975); Mead (1935, 1950) and men to be the providers. The division of Pakistani society (especially the rural areas) into public/private and male/female domains reflects the view that women and men, on the basis of their physiological differences are compatible with performing only specific roles in society. What is crucial to note is the underlying inequality and hierarchy which the public/private, male/female divisions embody by excluding women from participating in realms in which the highest powers of society are felt to reside see Ortner (1974). Permeating all levels of society, these divisions hamper

women's access to structures of power such as education, information, employment and political participation [Shaheed (1992)] on the one hand and on the other, emphasise upon their natural roles as private beings and as nurturing mothers. In contrast, they permit men access to the public/cultural domains and hence to valued positions and rewards of society on the basis of their sex. This, in larger cultural pictures, trivialises women and their worth and assigns value to men and their roles in society see Rosaldo (1974); Ortner (1974). Manifesting itself on the national level, it subconsciously determines the direction of development planning which negatively affects women.

Whereas given the regional, ethnic and geographic diversity in Pakistan, women cannot be categorised as a homogeneous group, gender disparities that can be explained in terms of health, education, employment, to name a few, apply to women throughout Pakistan in varying degrees. Macro statistics reflect women's situation in Pakistan. Pakistani women lag behind not only their male counterparts in terms of literacy but female literacy rates in Pakistan remain as one of the lowest in the world. While basic literacy is denied women, a strong cultural focus and value on their reproductive roles is reflected in fertility rates which are one of the highest (6.8 children per woman).¹ Correspondingly the population growth rate which is in the vicinity of three percent per annum has been steadily increasing ever since the birth of Pakistan.

These figures are a reflection on the larger cultural perceptions of what women are and should be—thus assigning low priority to female education and offering women social rewards in reproductive activities and in domestic caretaking roles. (See Tables 1 and 2.) Ironically, the dominant cultural attitudes that have emerged are those that view female education as a stepping stone to women's emancipation, (resulting in female employment, economic independence and enhanced mobility in the public domains) and as negatively related to effective domestic management and child raising and as jeopardising the traditional patriarchal structures of society. Underinvestment in female education, coupled with underinvestment in health has negative effects on the country's development. In Pakistan, maternal mortality rates (600 to 100,000 live births) are amongst the highest in South Asia. These rates are again symptomatic of a much general pattern of female deprivation [Summers (1992)]. High female mortality is related amongst other factors largely to assigning low priority to female education and a higher reproductive burden resulting in multiple pregnancies, coupled with more cultural value being assigned to males and subsequently to their health. Low focus on women's health is reflected in the inadequate medical facilities available to women

¹In addition to the status accorded to women on the basis of the number of children they bear, other factors such as the need for children to provide cheap labour on family farms, their contribution to household work and family income, high infant mortality, need for old age financial security and protection and religious beliefs that discourage family planning remain accountable in varying degrees for high birth rates.

Table 1

*Number of Primary, Middle and Secondary Schools in Pakistan
for Males and Females: 1980-81 and 1990-91*

(in Thousand)

| | 1980-81 | 1990-91 |
|------------------------|-------------|--------------|
| Primary Schools | 59.2 | 115.6 |
| Male | 40.6 | 85.4 |
| Female | 18.6 | 30.2 |
| Middle Schools | 5.3 | 8.5 |
| Male | 3.9 | 5.2 |
| Female | 1.4 | 3.3 |
| High Schools | 3.5 | 8 |
| Male | 2.5 | 6 |
| Female | 1 | 2 |

Source: [Government of Pakistan (1992)].

Table 2

*Literacy Rates (in Percentage) for Males and Females in Pakistan:
1981 and 1991-92*

| | Total | Rural | Urban | Year |
|--|--------|--------|--------|----------------------|
| Literacy Rate 1981 (26.2%) | | | | |
| Male | 35.05% | 26.64% | 55.30% | 1981 ^a |
| Female | 15.99% | 73.30% | 37.27% | |
| Estimated Literacy Rate 1991-92 (34%) | | | | |
| Male | 45.50% | — | — | 1991-92 ^b |
| Female | 21.30% | — | — | |

Source: ^aCensus Report of Pakistan (1981).

^bGovernment of Pakistan (1992).

especially in the rural areas. With a total of 1057 maternity child-care centres and 464 rural health centres, the bulk of the rural female population lacks access to basic health facilities [Government of Pakistan (1991-92)]. As a result, it has been

reported that every year approximately 28,000 mothers die during childbirth and of all females aged 15–49 years, slightly less than one-third of all deaths are directly or indirectly related to some maternity problems [Rukanuddin and Farooqui (1988)].

Men perceived as the bread winners receive both nutritional and educational priority—women, on the other hand, remain relatively illiterate and malnourished. Whereas according to the WHO definition of health which is not merely related to the absence of disease and infirmity but also a "state of complete physical, mental and social well-being"—the nutritional and health status of women and mothers in particular becomes an important determinant of the country's future—its children—whose health is intricately and crucially related to the health of their mothers. Research has shown the effects of early malnutrition on retarded cognitive development and school performance amongst children (CNFPP-1988–1990), on brain cell growth which may affect mental capacity, making children susceptible to brain damage, nutritional blindness, liver malfunction in addition to lowering their resistance against communicable diseases such as measles and tuberculosis [World Bank (1979)].

THE MICRO PERSPECTIVE

Located at a distance of approximately 40 kilometres from Islamabad, Rajpur² (pseudonym) a village in Rawalpindi District has virtually no medical facilities available. The lack of such facilities affects women more gravely than men who are not bound by mobility restrictions and have more access to facilities outside the village. There are no female doctors nor any trained birth attendants (TBAs) on the dispensary staff located at a distance of approximately 3 kilometres from the village. Two local women act as *Dais* (midwives) and handle childbirth. Lacking any formal training, they function on the basis of experience alone and have little knowledge of comprehending complications arising at the time of labour. Because women, more often than men, remain outside the mainstream of education and awareness about hygiene, unhealthy environmental and sanitation conditions in the village affect women much more as compared to men. Scarcity of water and cultural norms inhibiting women's excessive visibility in the village gives rise to the practice of defecating in the fields only in the dark (before dawn or after sunset). Using mud instead of water for cleansing purposes results in many problems and infections of the gynaecological order and also complicates pregnancy and childbirth.

As in the rest of rural Punjab, women in Rajpur remain dominantly responsible for the cleaning of cattle sheds and animal waste. Standing barefoot in cattle dung, cleaning the cattle shed daily and scooping the dung with their bare hands, women are more likely to develop health problems and tetanus (the

²Data used in this paper is based on fieldwork conducted by the first author of this paper (in 1989–1990) for her Ph.D. dissertation in Anthropology.

symptoms of which are attributed to spirit possession and evil shadow). Women also are more prone to respiratory problems due to inhalation of smoke while cooking (using mud stoves and wood as fuel) in poorly ventilated spaces especially during winters.

Local perceptions about illness (prevalent mostly due to lack of education, awareness and access to modern health facilities) and home remedies sometimes prove more detrimental than useful to health. For instance, women in Rajpur commonly believe that drinking plain milk during pregnancy negatively affects the development of the child and after delivery impedes in post-partum convalescence. Therefore milk, if to be taken at all must be mixed with tea leaves or taken in some other cooked form. This affects not only women themselves but also the health and growth of their children. Village 90SB (South Branch) where a socio-medical study of child disease was conducted,³ illustrates a point in discussion. 90SB, located at a distance of 25 kilometres south of Sargodha city and linked to the main highway by a metalled road lacks infrastructure, providing no sanitation, drainage or medical facilities for its 3,000 inhabitants. A medical centre at a distance of 4 kilometres is poorly equipped to cater to health concerns of the nearby villages. The rare presence of the doctor adds to the villagers plight. The majority of births are attended by local midwives who are untrained and illiterate. Unhygienic practices such as cutting the umbilical cord of the new born with a knife scrubbed with ash and sand enhances chances of infection and tetanus in both the mother and child.⁴

Factors such as poverty, lack of education, awareness and access to medical centres combined, reinforce the prevalent perceptions about the phenomenon of disease and the efficacy of the local therapeutic techniques and spiritual healers, believed (or at best hoped) to cure illness. For instance Epilepsy, Measles and Merasmus (caused by both inadequate protein and insufficient intake of food/calories—resulting in excessive loss of weight, muscle and fat), in children are regarded as spiritual diseases caused by spirit possession or evil shadow. Merasmus is treated mostly by home remedies such as feeding houseflies mixed with butter to the child and bathing the child over a pit in which a dead snake has been placed. Failure to recover then results in frequent visits to spiritual healers and exorcists.

Since children (especially male) are highly prized, their illness is largely attributed to evil spirits or is taken as a result of the evil eye of others. Women because of their lack of education and awareness about modern medicine expend both time and energy trying to pinpoint the evil doers. What is crucial to understand is that when effective domestic management and childraising is negatively associated with education and when emancipation is largely perceived as a corollary

³Data was collected in 1989-1990 by the second author of this paper for her Master's thesis in Anthropology.

⁴Village statistics were not available, however it has been reported that neonatal tetanus which could be prevented by immunising mothers before and during pregnancy accounts for about 15 percent of child deaths and iodine deficiency in pregnant women causes about 7 percent of full term births to be still born or to die within the first month of life [World Bank Report (1989)].

of it, the goals and aspirations of female education remain minimal. When meagre amounts of the country's budget are allocated to issues such as education and health—individual discrimination becomes national discrimination. By underinvesting in the above domains—the nation only underinvests in its own progress.

Women's lack of education perpetuates further the rigid public/private dichotomy. Uneducated women remain unequipped to gain access and establish contacts with the public world. Since men are culturally unrestricted in terms of developing links with the outside world, working for wages outside the home, comes to be perceived as a male prerogative and the domain of men *par excellence*. Not only that, other domains involving any kind of financial transactions outside the domestic realm are also monopolised by men. Although as observed, women in Rajpur participate extensively in the production and processing of crops and perform activities such as harvesting, weeding, winnowing, and storing grain,⁵ but as the crop is processed and made ready for sale, men take over at this stage as they alone are permitted access to the world of business and exchange. Ironically both the credit and return for the finished commodities go to the person who makes the sale. Rajpur women, intensively involved in activities relating to livestock tending (such as milking, harvesting fodder, preparing cattle feed, processing dairy products) cannot buy or sell animals in the market. All monetary transactions are conducted by and amongst men and payment is made to the male heads of the household "even for work done by women" [Shaheed (1992), p. v]. This public/private dichotomy takes away from women the control over the utilities they themselves produce and thrusts it into the hands of men. The income-earning power of men gives them an upper hand on women and makes them appear in the larger cultural pictures as the only providers—enhancing their worth on the one hand and trivialising women and their work on the other. Women get trapped in the vicious circle of neglect not only within their own homes but on the national level as well.

The primary school in Rajpur speaks of the government's under investment in education. Comprising of two small rooms and a courtyard, two male teachers manage all 5 classes. Because of inadequate space, classes are held out in the courtyard with children squatting on the bare floor with books in their laps. At the time when research was conducted, the total enrollment in the school was 72, out of which 41 were boys and 31 girls. It was of interest to note that the higher the grades the smaller the number of students. As a rule boys go to school in Bisali before and after completing the primary level. Exceptions aside, girls do not study beyond the primary level since they are traditionally restricted to travel unescorted outside the village. Boys, free of such restrictions attend school beyond the primary level. Parents associate no immediate rewards in educating the girls. More male than female respondents reported that education (particularly studying outside the village—beyond grade 5) spoils the girls and diverts their attention and interests away from

⁵For more details on the distribution of male/female and joint activities in the production and processing of crops, see Ibraz (1992).

the affairs of the household and makes them more *azad*—liberated. Studying beyond the primary level is considered as orienting girls to take up a career which to most parents remains abominable. Many cultural factors remain in direct conflict with female education.⁶ For those belonging to the lower socioeconomic group, money spent on a daughters education is a waste. For those who are financially better off, sending daughters to schools results in lack of family prestige and a poor reflection on the family's ability to provide effectively for the daughters. One of the male respondents expressed his views candidly; "I have enough money to feed and clothe my daughter. I do not want her to go to school so that she can get a job in the future and be able to earn money". While another one replied; "if all they have to do eventually is to light up the oven and take care of the children, then why bother sending them to school". Since daughters are considered in the cultural eyes as *Paraee*—as those who belong to someone else and as *Vehray de Chiryan*—birds of a courtyard who flock in, peck on the grain and upon doing so fly away—giving nothing in return—like guests who come for a visit and leave ultimately for their respective destinations; reduces parents' incentive to invest in their education. As opposed to daughters, sons are considered *Apna*—one's own. Having a son means that the doors "always remain open" for the parents in their old age and period of financial dependency. Furthermore, the dowry given to girls at the time of their marriage adds considerably to the parent's financial concerns, reinforcing the view that daughters "empty their parent's houses" as opposed to sons who "fill them up" by bringing in wives with their dowries and by bringing home cash.

THE ENDLESS CYCLE OF DISREGARD

The following case-study of a Rajpur household illustrates some of the key points of this paper.

This particular household comprises of 5 members—parents and 3 children. The sons aged 15 and 10 attend school in the nearby town, while daughter Bina does not. Bina attended the village school up to grade 3 when she developed an ear infection resulting in temporary loss of hearing. She could no longer attend school. Bina's mother (who is uneducated herself) tried curing the infection with local remedies such as pouring goats milk and ash in her ears, taking her to a spiritual healer outside the village, but nothing worked. Her parents were genuinely concerned with Bina's loss of hearing and thought that this would seriously jeopardise her future prospects of marriage as no one would "take away a deaf girl". The thought of Bina being a constant drain on the family's resources was disturbing. Her father finally took her to the city hospital for treatment and she fully recuperated after a few months. Even though she got her hearing back, she was

⁶See Anwar and Bilquees (1976) and Hafeez (1980) for related perspectives and some interesting parallels in perceptions regarding female education.

never sent to school again to avoid excessive visibility outside her house and hence avoid an evil eye. Bina now helps her mother with household chores.

Like other women in Rajpur, Bina's mother gives her two sons and husband (who works as a daily wage labourer in the city) a more nutritious breakfast than herself and her daughter. The men eat eggs, butter and *roti* with tea, whereas the women eat only *roti* with tea. Both Bina and her mother are of the view that the boys need more food and strength because they study and use their minds and the father because he works and brings home cash. They believe that the men work harder whereas the women work at home, in the fields and take care of the livestock.

Bina is a beautiful girl but with lustreless blue eyes and matted gold hair which speak of undernourishment and neglect. In her own make-belief world like many other girls, Bina waits for her prince charming to feed and clothe her well—quite oblivious of the vicious and endless trap of disregard. Being uneducated and unhealthy herself, Bina will continue the race of The UNEDUCATED—The UNHEALTHY.

REFERENCES

- Anwar, S., and F. Bilquees (1976) The Environment, Attitudes and Activities of Rural Women: A Case Study of a Village in Punjab. *The Pakistan Development Review* 15:3.
- Hafeez, S. (1980) The Girls Primary Schools in Rural Areas—Challenges and Possibilities. Paper presented in the Women's Division, Government of Pakistan's National Conference on Cultural Issues Concerning Women in Education. Islamabad. March 29–April 3, 1980.
- Ibraz, T. S. (1992) Cultural Perceptions and the Productive Roles of Rural Pakistani Women. *The Pakistan Development Review* 31:4.
- Leibowitz, L. (1975) Perspectives on the Evolution of Sex Differences. In R. Reiter (ed) *Towards an Anthropology of Women*. New York: Monthly Review Press.
- Mead, M. (1935) *Sex and Temperament in Three Primitive Societies*. New York: William Morrow.
- Mead, M. (1950) *Male and Female: A Study of the Sexes in a Changing World*. New York: William Morrow.
- Ortner, S. (1974) Is Female to Male as Nature is to Culture. In M. Z. Rosaldo and L. Lamphere (eds) *Woman, Culture and Society*. Stanford: Stanford University Press.
- Pakistan, Government of (1991-92) *Economic Survey. Statistical Supplement 1991-92*. Islamabad: Finance Division.
- Pakistan, Government of (1992) *Pakistan Demographic and Health Survey*. Islamabad: NIPS and IRD/Columbia MD:Macro Int Inc.
- Rosaldo, M. Z. (1974) Woman, Culture and Society. A Theoretical Overview. In M. Z. Rosaldo and L. Lamphere (eds) *Woman, Culture and Society*. Stanford: Stanford University Press.

- Rukanuddin, A. R., and N. I. Farooqui (1988) *The State of Population in Pakistan, 1987*. Islamabad: National Institute of Population Studies.
- Shaheed, F. (1992) Preface in *Women in Pakistan: General Conditions, Approaches and Project Proposals for the Development of Vocational Qualifications of Women in the Province of Punjab*. Lahore: Vanguard Books Limited.
- Summers, L. H. (1992) Investing in All the People. *The Pakistan Development Review* 31:4.
- World Bank (1979) *Recognizing the "Invisible" Woman in Development: The World Bank's Experience*. Washington, D. C.: The World Bank.
- World Bank (1989) *Women in Pakistan: An Economic and Social Strategy. A World Bank Country Study*. Washington, D. C.: The World Bank.

Comments on
"Uneducated and Unhealthy: The Plight of Women
in Pakistan"

The paper presents some well known and much talked about issues related to the status of Pakistani women. Under the central theme of health and education this paper touches mainly upon cultural factors and the implications for family and child development. It provides a macro perspective followed by two micro-level cases, to highlight the similarities between the general and the specific.

The authors mainly project some fairly well-established facts about women's situation, so I do not propose to discuss the basic thesis about the existence of gender disparities in the health and education status in Pakistan, and the negative implications of this situation for family and national development. Instead I would like to focus on the composition and presentation of the paper.

While the diversity of situations in which Pakistani women live is briefly mentioned, we get an over-generalised position in both the macro and micro sections. In view of the mass of generalised literature on these issues, and especially as the objective stated in the Micro-Perspective was to sensitise readers about "the realities of women's social existence and the complexities of female neglect at the micro level", one would have liked to get a sharper picture at least of the situation in the two villages.

It is good that the paper is not overloaded with data, but some statements needed to be substantiated by male/female differentiated data, to lend greater credibility. Besides gaps in demographic information, the reader is also not much wiser about the physical similarities or differences between the two villages, one in Rawalpindi District and the other in Sargodha District. Especially as these were anthropological studies one would have liked to get a better idea of the community dynamics, marital and other family living patterns, ethnic and economic stratifications, male and female educational levels and occupations, outmigration trends, and age-based differentials in the female life cycle.

Because of this over-generalisation, the overall picture is one of total despondency and gloom. Not only does the women's situation appear desperate, there seem to be absolutely no variations and there is not even a glimmer of hope for the future. Women are projected as totally passive beings. Despite a few references to their economic contribution towards agriculture and livestock, their existing contribution to diverse aspects of national development is grossly underplayed. It is true that the access of the majority of girls and women to development options and support services for productive and reproductive roles is limited. Yet, research has clearly established both women's innate strengths and potential, and that the quantum of their active contribution in diverse fields is considerable despite low health standards and lack of education.

Cultural perceptions have been cited as crucial in determining the status of women, but factors which mould cultural attitudes have not been mentioned, e.g.,

the physical environment, the historical perspective, the economy, religion, and the feudal and tribal influences.

The paper is mainly concerned with rural women, but even so the statement is surprising. "Lacking in herself, she is thus least likely to contribute to the development of a healthy and progressive society. The problem pertains more critically to the rural areas—in the villages where healthy hands are an asset." One would assume that healthy hands would be an asset anywhere.

There is also ambiguity in the usage of certain terms. The term "structures of power" is used twice, and further elaborated as "education, information, employment and political participation". It is debatable whether these are actually power structures, or just facilitating factors since participation does not necessarily imply control even in the political field. Literacy and education seem to be equated, and it seems that rural women who have not gone to school are being considered as totally ignorant. The term "emancipation" is used twice in the context of education: "Ironically, the dominant cultural attitudes that have emerged are those that view female education as a stepping stone to women's emancipation (resulting in female employment, economic independence and enhanced mobility in the public domains) and as negatively related to effective domestic management and child raising". We are told: "when effective domestic management and childraising is negatively associated with education and when emancipation is largely perceived as a corollary of it, the goals and aspirations of female education remain minimal". In both instances the authors are referring to other people's negative interpretation of the word "emancipation" in terms of. However as presented, especially in the second instance the reader is unsure as to the authors' own position on this issue.

The most interesting part of the paper comprised the insights provided about nutrition and health-related perceptions, superstitions and practices in the case-studies. Having this as the central theme might have helped to break new ground and make a more meaningful contribution to the women-related literature.

The authors complain that little has been accomplished in terms of amelioration of women's problems. However the most significant gap in the paper is the inadequacy of the paper's own focus on recommended remedial action. Although the authors might feel that throughout the paper they were advocating better health and education opportunities for women, besides a change in societal attitudes no concrete suggestions are given.

Finally having come across mainly horror stories about women's situation in the last several years, one would also wish for more research on the possible determinants of positive change. It is very important to identify gaps and try to fill them, but perhaps success stories can also help us in designing plans which have a greater achievement potential.

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