

THE SOCIOLOGICAL ANALYSIS OF SOCIOECONOMIC FACTORS WITH REFERENCE TO THE HEALTH STATUS OF WOMEN IN PAKISTAN: THE SECOND OPINION-BASED STUDY

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ABSTRACT

Women related subjects are emphatically under the focus of the various national and international organizations. Taking this, health is considered as the major domain for women related issues which is highly attentive by the WHO. In this concern, Pakistani government has been urged to improve the abortive conditions of women's health. Currently, Pakistani women are perceived as at the sixth number in health risk factors at world level. However, the status of women in health related problems severely devalue the image of the country. Particularly, the existing study would examine the impact factor of women's health status. The objective of the study is to know the socio-economic barriers of medical treatment facilities for women. The researchers have analyzed secondary sources of various published and unpublished data in different journals and governmental reports. The secondary sources were based on various articles and periodical reports of private and governmental sectors on women's health status while focusing on the local, regional and national levels. Moreover, various research article results show that increasing private and public health centers at different locations have made easier access of health facilities to the local women at ground level. Therefore, their health-concerned issues initially have been discussed and solved at grassroots level. Finally, the current analysis of research study would portray the positive initiatives of the public and private health centers for improving and solving women health issues.

KEYWORDS: Socio-Economic, Impact factors, women's health, Health Status

INTRODUCTION

Women's status is based on heterogeneity owing to the socio-cultural context of the society. However, the diversity is substantial in the status of females across all ages, regions, classes and rural as well as urban settings. The division has various factors such as socioeconomic development, capital set up and the influence of feudal and tribal systems on females' lives. Moreover, women's living patterns are completely controlled by men's positions in the form of subordination of the patriarchal frame. (Ashraf and Ali. 2018) In this way, the gender-based system in Pakistan is abruptly working under some pre-settled principles of the society. The local values of the traditions and culture are embedded in a male-dominated society and these values are attached to the social context of gender values. (Magsi, et al. 2015). In this manner, male plays the role of breadwinner in the public domain while females' roles are considered housewives in the private arena. These role-based values create a gap in the resource-based investment on woman-related issues at the family to the state level. (Leslie, 1991).

This kind of low investment of human capital becomes a major cause of gender discrimination in all ranges of life for women. In the case of health, most Pakistani people are facing the issue of lack of health access and healthcare facilities are not available at the basic level across the entire country. Considering

women, the indicators of health largely affect the health of women and the situation in Pakistan is the worst in the case of women's health status. Pakistan is one of the countries where the life expectancy of women seemed lower comparatively than men. (Ashraf, and Ali. 2018). This statement is supported by the census of 1998 but may the current situation be changed. It is also observed in a study that the male child mortality rate is lower than the female infant mortality rate. The patriarchal patterns have abruptly involved the women's movement for a health concern that resultantly women are deprived of social, familial economic and health opportunities in all aspects. They are extendedly dependent on men and the dependency makes them low-moralized and mental sickness. Female social mobility is highly restricted hence they are perceived differential access to health services in comparison to males and females. (Rahman, and Hossain, 2003).

Moreover, nutritional deficiencies in females are common due to biases in the process of food distribution to women that lead toward the issues of nutrition deficiencies. Nutrition deficiencies are the major causes of various diseases in women that have a huge bad impact on their lives at various (Butt,2004). stages. Apart from that, early marriages come under the child marriage domain which is related to various health problems at early stages. Child marriage of females is a big loss of education

and awareness about basic health-related issues and it leaves a bad impact on psychological well-being. Early marriage of a female child creates an issue for future generations. A baby born from early married childhood is observed as more prone to health-related issues hence the early marriage of a female is prohibited for various such problems. (Muzaffar et al, 2018) However, the risk of depression emerges in the case of early marriages which shows that women's health conditions are prone to the worst situations in Pakistan. Women generally perceive that they have no control over their bodies because they do not get proper treatment for panic situations. (Butt, 2004). Importantly, the growing illiteracy rate among women is a big problem for the health upgrading of women. Health and education are related in the context of more education for females resulting in a positive health-based outcome. In this way, education is also an important factor towards female health workers to participate in social activities of creating awareness among other females. While considering the endemic situation females have a lot of burden in case of diseases. Women are under the stress of HIV and Aids and other sexually transmitted diseases due to lack of information hence females are more prone to be affected by such types of diseases. (Sathar, 1997).

Furthermore, the high rate of poverty makes situations worse for more oppressed women and children. However, poor households are largely under the stress of health-related issues because of scarce means of treatment and supply of adequate foods. However, low-income families are largely facing the issues of nutrition. In this way, poverty makes women under the stress of earning more in hard situations to support their families from starving situations. (Faridi et al 2009). Cultural depression is also a factor that makes women under the stress of social well-being hence they do not move freely for treatment without the consent of their male family members. Additionally, the poor mental and physical conditions of women leave negative impacts on the socioeconomic aspects of the entire society. (Hakim and Aziz, 1998). Precisely, health policies of the government are largely based on urban and tertiary levels that are biased in the sense of rural, poor families, cultural context, religious and minority groups of women and children. (Qureshi, 2007). The health policies of the government failed to upgrade women's health status, especially their basic health-related issues. In this way, a study argued that two things are vital in the context of women's health which is the socioeconomic conditions of women and the biological and psychological free will of women. The study gave pre-curative suggestions that women's socioeconomic upgrading would be based on different governmental programs to support women in all ways. (Faridi, Chaudhry and Anwar, 2009). In another way, the psychological and biological process would be framed by various civil societies and non-governmental organizations based on the support of officials to promote social awareness among them through

various programs at all levels. Moreover, the conceptual shift in the health sector from tertiary to primary level at various places in the country seemed a positive step for upgrading women's health status. This shift would focus on the basic health-related issues of women and children that create equality in the health sector for women. (Shaikh et al, 2008). Equality in the health sector may eliminate the gender-based imbalance. Importantly, the government has to focus on the primary health care system to support the low socio-economic families that would give positive outcomes in all ways for rural, marginalized classes, cultural barriers and all other forms of problems. In this way, work is needed at the grassroots level with the help of community support and lady health workers to expand social awareness among the local public about health importance, particularly women and children. (Jejeebhoy and Sathar, 2001).

OBJECTIVE OF THE STUDY

- 1) To analyze the health situation of women in the socio-economic domain
- 2) To define the basic hurdles to women's healthcare in respect of socio-cultural context
- 3) TO highlight positive measures for upgrading women's health status

REVIEW OF LITERATURE

A review of literature comes under the domain of research as a kind of summary of research topics. In simple terms, a review of literature is perceived as a survey of past or published books, articles and other sources to make arguments strong and more informative with the help of the material on the topic. It evaluates the previously published articles with the context of objectives.

Health is concerned with the human body and physical activities of disease resistance. A strong and working human being always becomes fit due to healthy exercise and using adequate nutrition in daily activities. In the case of women, health is largely in a panic situation due to various reasons such as low intake of nutrition and lack of daily based exercise which shows the health status of women seemed as under stress. (Butt, 2004). The poor quality of care is also a reason for an unhealthy life. The poor quality of care is associated with socio-economic aspects but weak supervision and health monitoring due to a shortage of doctors and other staff is also a blind picture. However, healthy habits have great importance in one's life to avoid the chances of diseases and live a happy life. In this way, study findings show that women who do not have time for exercise then they are highly prone to heart-related diseases. Exercise is the best way to prevent many diseases in human life and it is highly fruitful for bones and mental growth. (Bhutta et al, 2008).

In urban settings, women have less space and time for doing exercises based work hence they have more heart and breathing-related problems compared to rural women. While urban women have more and an adequate balanced diet which is a plus point for them but the issue of the quality of diet is under debate. However, a balanced diet is an important factor that maintaining a healthy lifestyle. (Qureshi and Shaikh, 2007) The adequate use of nutrition seemed to be helpful in health, well-being, development and growth. In the case of rural areas, a healthy lifestyle depends on their own fertilized and nutrient things affordable and landlord families otherwise the situation is horrible for rural and poor women in health aspects. (Shaikh and Hatcher, 2008). Some studies argue that women's health-related issues are widely linked with the socio-economic condition of a family while in this way the cultural and traditional values are also part of women's health status. Socio-economic and cultural issues highly affect women's health that can be controlled through governmental policies to empower women. Women's health status would be upgraded by some new policies in the medical field and social domains. (Ibid)

Furthermore, women's health is deeply connected to women's status in society that is framed in the cultural and social context. Women's health issues are largely ignored due to illiteracy and the patriarchal set-up of society hence a lot of women have no adequate healthy lifestyle. In this way, a woman has not been given the basic healthcare for initial treatment that is her due right. (Malik and Courtney, 2011). Mostly, educated families are aware of the health conditions of their female family members but to some extent, they are not financially sound hence they do not pay the health-related burdens. However, poverty and illiteracy are the major hurdles to women's health care at all levels. A family income is important for female health status which also decreases the chances of women's illness at ground level. (Chaudhry and Nosheen, 2009). According to a study that health-related issues to women are a kind of discrimination against women and women do not visit hospitals on time when they are feeling not well. Mostly they are not willing to discuss their issues with their family members due to various reasons. In this way, some studies support the health of women at gender-based biases against women hence they are fully and partially supported by their male family members. This inequality against women results in many women dying every year (Jutting, 2005). Women's dependency reduces the chances of socio-economic aspects that ultimately lead to various physical and mental health-related diseases. A study supports that educated and employed females have chances of treatment for a disease. Education and employment opportunities are highly positive signs for upgrading women's health. (Qureshi, 2003)

Precisely, socioeconomic factors of health are linked with healthcare, a healthy environment and human behaviour health aspects. In this way, socioeconomic factors are widely related to

women's health in various ways such as education, employment, income and social support to them. These indicators have deep positive relations for women and they get health facilities easily and quickly. A study defined that occupations of a family have positive measures for women's health. Some people are engaged in business activities then they are wealthy people and they easily have access to healthcare facilities for whole family members. However, women's health is based on major three aspects such as social, economic and cultural. These three measures are to some extent helpful as well as barriers to women's health. (Bloom et al, 2001). The high social and economic status symbolizes positive measures otherwise they have negative outcomes with women's social status. Social and culture are experienced as big barriers to women's mobility that create a huge difference in the health domain for women. A study conducted in rural areas of Pakistan shows negative results for access to health basic services for women. The rural areas of the country still lack basic or primary health services hence women are facing such health-related troubles. The rural health facilities are based on the 1998 census population but now the population statistics have been changed. The increased population in rural areas needs a new health setup within the context of population growth.

METHODOLOGICAL ANALYSIS

The research methodology is a technique to select research tools for data collection and interpret the data. Research methods generally start from a selection of topics and introduce the topic in the context of the research approach. Description of methodology is an important factor of the research to format the tools and techniques for the data collection process. The analysis of data and evaluation of the collected data are the parts of the research study. The sampling process is also part of the research methodology. The methodology of the current study is based on qualitative nature to build a valid argument about the topic with the help of secondary sources. The current research is narrated in the context of conceptual and descriptive analysis to support the objects. Various articles are selected for this research study to make an analysis of the variables in detail. The articles mostly have different approaches and aspects. A few articles were based on the health of women in a medical context but they ignored the socio-economic aspects. In this way, some articles have a direct link with social and economic analysis of the health of women but they did not correlate with the problematic and progressive context of the health of women in Pakistan aspects. The research has made links between the socio-economic and health aspects to meet the requirements of the objects.

Similarly, the analysis of health is also seen in the various articles on rural and urban-based. The current situation of women's health status is also examined as under risk. However, the national and international arguments have been developed with the support of the articles. In this way, economy, education,

social awareness and occupations are the favourable aspects of women's health status. Moreover, access to health has great positive measures for women and the role of basic health units is also favourable for women. The selected articles are widely related to the existing research hence they are reviewed and added as part of the study as adequate and supportive for developing logical and reasonable arguments. The articles were first analyzed concerning the objects of the study then they became part of this study. Furthermore, general discussion is created in literature with the context of variables, indicators and conceptual framework regarding the study. Mostly, the articles were based on medical aspects of the health of women, then the researchers tried to frame the social aspect of the research study while making an extensive review of socioeconomic aspects of health. A few articles proposed some cause and effect analysis of health and they also have policy-based descriptions for women health related issues. The review of the literature of these articles started a debate on discrimination in the context of gender. Finally, the research has framed some themes based on the research articles in the results and findings sections to put and elaborate things in smooth and understandable ways. The thematic analysis was used for developing a kind of discussion in the result sections.

RESULTS AND FINDINGS

This section of the research study defines the major findings of the study within the context of the collected data while applying the research methodology of the study. The section is based on the narration of the major findings without any biases and with logical arrangements. The findings and results of the study only show the outcomes of the field-based collected data or the analysis of the secondary data from various sources. However, the secondary source-based data are analyzed in thematic ways and various themes are framed according to the analysis of the research articles and objects.

a) Lack of adequate health services and community outreach to health centres

The lack of adequate health services means that basic health services are not given to the general public. The available health services are unable to provide the initial healthcare to the people. In simple terms, the current health services do not match the required services hence the health services lack proper health services. The unavailability of health services has a wide negative impact on the health conditions of people. (Akram and Khan, 2007). However, adequate healthcare covers various domains such as formal as well as informal ways of healthy lifestyles. The role of nutrition is great to develop an adequate lifestyle that prevents various unhealthy and medical-free lifestyles. A study supports that proper intake of nutritious food is part of adequate healthcare. Moreover, the lack of adequate health services covers a wide range of unavailability of medical staff and medicines that have a deep bad impact on the

community level. (Khan, 1998) Mostly, the rural communities have no access to healthcare centres hence they are at high risk of various diseases. In this case, females are highly under the stress of un-access to primary healthcare services. A survey report shares the fact that the rural areas of Pakistan have no direct access to basic health units, which is a kind of unfairness to the health of women and children particularly. The primary healthcare system of the country is weak, hence women and children of rural and poor communities face a panic situation. (Butt, 2004) Regular visiting to doctors is a positive sign of fighting any disease at an early stage. Visiting doctors is a kind challenging act for rural populations especially females because of the socio-economic setup of the society and faraway hospitals are the major reasons. Furthermore, poor medical equipment and incapable staff are the domain of inadequate healthcare services. The location of basic healthcare units comes under the healthcare aspects of the community approach. (Moss, 2002) However, the distance between the units keeps matters to create easy access chances for the general public. The near basic units create more visiting hour chances for women to take advantage of treatment frequently. Another study concluded that hospital visitors have bad experiences in the context of staff and the treatment requirements at basic levels while women are largely facing these issues. (Akram, and Khan, 2007). On one hand, the local hospitals have the issue of overcrowding which is a big barrier for women in respect of getting adequate healthcare services. In case of any emergency, the situations become panic for women due to overcrowding at the regional and local hospitals and health units. The overcrowding indicates that people have no more facilities for healthcare units and secondary health-based hospitals hence this situation is unfavourable for children and women. (Toor and Butt, 2005) Finally, private hospitals are highly expensive for treatment, especially for middle-class families which portrays the worst situation for women. However, private hospitals are the major sources of money making health services hence the unaffordable people have no chances for treatment over there. (Furuta and Salway, 2006).

b) Socio-economic aspects of health

Socio-economic aspects cover education, income, care, occupation and social support. However, a healthy diet and proper food intake as well as stress management are the major factors in health aspects. Nutrition and poverty issues are the major hurdles to an adequate healthy lifestyle. However, the lack of socioeconomic opportunities leaves a bad impact on public health. While the case of females with health conditions is at high risk. Proper education, permanent jobs and strong social networking are the factors of the socio-economic domain and these factors help out for a sustainable and healthy lifestyle. (Gill and Stewart, 2010). However, employment opportunities are the sources of income that create and fulfil basic wishes such as more education, family healthcare, proper food intake and so on.

On the other hand, limited job chances make more limitations over the human basic needs and want, resultantly the health of a family becomes affected widely. Some studies did not consider the socio-economic aspects of healthcare services but socio-economic opportunities are considered positive measures for women's health for developing health behaviour. In this way, the situations for social and economic opportunities are largely different for rural and urban settings, hence females in rural areas are in more vulnerable positions. Some kind of discrimination is also existing here against women due to the lack of huge social and economic changes for rural women in healthcare aspects. (Qureshi and Shaikh, 2007).

The five major factors come under the socio-economic analysis of health. The availability of these aspects leaves more positive outcomes in the healthy lifestyle of children and women to a large extent. The first factor is education at the individual to community level which creates consciousness among the segments of the community about healthy lifestyles and care. The second factor is employment which has a great impact on health because more income is observed as a positive step towards medical facilities for whole family members. Furthermore, income from various sources is a positive way forward in the medical field. Income inequality is a big loss for a healthy life that ultimately leads to negative aspects towards children and women of marginalized people. In this way, family structure and social support are important features for the health of women and children. The small family setup and socialized patterns work largely in developing the healthy lifestyle of a family. Finally, community safety is essential for the initial level. (Sathar and Kazi, 1997). The various domains would be highlighted in the community care for health-based activities and measures. The small basic units of health are highly positive measures for shaping community care for any disease. In this way, the local environment, social settings, communication and social mobility are essential ingredients for healthy activities. Lastly, the five measures of social and economic aspects are the major domains for upgrading overall women health status and they have experienced positive results in health domains. (Jejeebhoy and Sathar, 2001).

c) Analyzing positive measures for upgrading women's health status

The positive measures come under the domain of social and medical aspects of life. However, social closeness and integration among the family members would reduce the physical and mental stresses. Dealing with unconditional happenings with positivity and patience leads towards result-oriented outcomes for the whole life. A stress-free life has a deep impact on human health and social activities. A study supported this way that a positive attitude and thinking process have a much more durable and adequate impact on human health. (Ashraf and Amjad, 2018) Proper food intake with time has been

observed as a plus point for a healthy life. The usage of pure water in various ways has great importance for health conditions. Pure and fresh green vegetables and fruits also have satisfactory results for health. In this way, pure and fresh air and the environment are considered major ingredients for health and well-being. Clean and pollution-free surroundings are the gift of the Almighty that have directly and indirectly positive effects on survival. Educated and mentally sound women have deep connections to children's health and growth. In this way, consulting with physicians on due time for medical complications is observed as a progressive step toward a healthy lifestyle. (Hennink et al, 2005)

Trained and qualified female doctors and nurses have positive measures for the health of women. Most women patients prefer female doctors and staff for treatments hence the results show female doctors and staff are essential for women's health. In this way, advanced medical equipment and safe ways of treatment are considered more constructive result-oriented outcomes in health domains. In this concern, daily basis exercises have a durable impact on male as well as female that decreases many chances of medical complications at various stages of life. (Nusrat et al, 2009)

CONCLUSION AND DISCUSSION

Health defines complete fitness and free of any illness. The mental and physical condition of a body would be sound and capable of having disease-free conditions. In this way, "the [World Health Organization](#) (WHO) defines health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." According to this definition, the situation is completely different because people are at high risk of various medical complications in various ways. Moreover, women's health is a complicated discussion from a medical point of view but in socio-economic aspects, it has various points to be prescribed to achieve the due results and solutions for solving the issue at the ground level. Women's health status is largely connected with socio-economic aspects that are the major blocks in the way of upgrading their health condition. Family income and education have positive outcomes for women's health. The near distance of health centres and availability of the medical units are observed as plus points for women's and children's lifestyles. The trained medical staff and doctors have great links in upgrading women's healthy lifestyles. Furthermore, economic and social aspects have direct involvement in the upgrading health status of women. Concisely, health is a major and basic human need but a few studies explain that health sectors of government are poor and weak in rendering services in rural as well as urban settings. The poor performance of the health sector is a major cause of the unhealthy status of women. Poor families are usually visiting governmental hospitals and basic health centres but they are not receiving proper health facilities. On one hand, poor families have no such

amount to visit and pay the medical costs at private hospitals hence women are highly at risk in this situation. The performance of government hospitals is poor therefore people are less prone to visit them for treatment. Finally, health-related issues prevail for poor families due to low income and they cannot afford the medical expenses hence their women are highly at risk of diseases. Employed and economically sound families have access to medical facilities hence their women are at low risk and stress of diseases and they easily spend their amount on health-based activities. No doubt, socio-economic factors have a deep impact on the health of women in all aspects. The cultural context of social values is also a kind of barrier to upgrading women's health at a basic level.

REFERENCES

- Akram, Muhammad and Faheem Jehangir Khan. (2007). Health Care Services and Government Spending in Pakistan. *PIDE Working paper*,:1-32.
- Ashraf, Iram and Amjad Ali. (2018). Socio-Economic Well-Being and Women Status in Pakistan: An Empirical Analysis. *Munich Personal RePEc Archive*, 1-13.
- Bhutta ZA, Memon ZA, Sufi S, Salat MS, Cousens S, Martines J. (2008). Implementing community-based peri-natal care: results from a pilot study in rural Pakistan. *Bull World Health Organ*, 86:452–459.
- Bloom S, Wypij D, Das G. (2001). Dimensions of women's autonomy and the influence on maternal health care utilization in North Indian city. *Demography*, 38(1):67–78.
- Butt, Manzoor Ahmed. (2004). Women's Health Problems in Pakistan. *Middle East Journal of Family Medicine*, 2 (2): 1-17.
- Chandio, F. R. (2013). The role of gender in the rural economy of Sindh province of Pakistan.
- Chaudhry, I. S., & Nosheen, F. (2009). The determinants of women empowerment in Southern Punjab (Pakistan): An empirical analysis. *European Journal of Social Sciences*, 10(2), 216-229..
- Gill R, Stewart DE. (2010). Relevance of gender-sensitive policies and general health indicators to compare the status of South Asian Women's health. *Women Health Issues*, 21: 12-18.
- Hakim, A. and Aziz, A. (1998). Socio-cultural, Religious, and Political Aspects of the Status of Women in Pakistan. *The Pakistan Development Review*, 37, 727-746.
- Hennink M, Rana I, Iqbal R. (2005). Knowledge of personal and sexual development amongst young people in Pakistan. *Culture Health Sex*, 7 (4): 319-332.
- Jejeebhoy SJ, Sathar Z. A. (2001). Women's autonomy in India and Pakistan: The influence of religion and region. *Pop Dev Rev*, 27:687–712
- Jutting, C. M. (2005). Women's discrimination in developing countries: A new data set for better policies. *world development* , 33(7) 1065-1081.
- Khan A: Female mobility and access to health and family planning services. Islamabad: Ministry for Population Welfare and London School of Tropical Hygiene and Medicine; 1998.
- Leslie, J. (1991). Women's Nutrition: The key to improving family health in developing countries? *Health Policy and Planning*, 6, pp 1-19.
- Magsi, I., Memon, A.W., Magsi, H. & Mirani, Z. (2015). Socioeconomic Conditions of Sindh, Pakistan: Case of Kamber Shahdadkot District. *International Journal of Rural Studies*, 22(1): 27-30.
- Malik, S., & Courtney, K. (2011). Higher education and women's empowerment in Pakistan. *Gender and Education*, 23(1), 29-45.
- Moss, N. E. (2002). Gender equity and socioeconomic inequality: a framework for the patterning of women's health. *Social Science a Medicine*, 54, 649-661.
- Muzaffar, Muhammad, Zahid Yaseen and Aisha Ahmad. (2018). Child Marriages in Pakistan: Causes and Consequences. *Journal of Indian Studies*, 4(2), pp. 195 – 207.
- Nusrat S, Nazli H, Rizwana S, Hussain A, Gillani R, Khan NH. (2009). Socio-demographic characteristics and the three delays of maternal mortality. *J College Physicians Surg Pak*, 19 (2): 95-98.
- akistan Voluntary Health and Nutrition Association: Adolescent reproductive and sexual health: an exploration of trends in Pakistan. Karachi; 2000.
- Shaikh BT, Haran D, Hatcher J. (2008). Where do they go, whom do they consult, and why? Health-seeking behaviours in the Northern Areas of Pakistan. *Qual Health Res*, 18(6):747–755.
- Shaikh BT, Haran D, Hatcher J. (2008). Women's social position and health-seeking behaviors: is the health care system accessible and responsive in Pakistan? *Health Care Women Int*, 29(8):945–959.
- Toor, I. A., and M. S. Butt (2005) Determinants of Health Expenditure in Pakistan. *Pakistan Economic and Social Review* 43:1, 133–150.