

good effort!

arguments, structure, length of the answer and arguments is good.

improve the paper presentation and the references part.

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Elucidate current health status of women in Pakistan. What steps could be taken to improve the women status as a whole?

I. Introduction

o Overview

Women in Pakistan face multiple health challenges mostly due to gender gap in Pakistan. According to gender gap report 2022 Pakistan observes ~~to~~ over 5% gender gap in category of health and survival.

o This Statement

Women in Pakistan has a limited access to quality healthcare services mainly due to inadequate nutrition, poor education and cultural barriers.

o Abstract

Women health issues mainly go unnoticed, even when compared to men, women die from heart attack more frequently. Women in Pakistan suffer experience from depression and anxiety more severely. Also, they are frequently injured through sexually transmitted diseases.

II. Women health in Pakistan

A. Current status of women health in Pakistan

According to UN report, 48% of women in Pakistan have no say in their own health matters. The 5 major calculated health issues are listed below.

1. Maternal mortality

According to 2019 world population report, 178 women out of every 100,000 die while giving birth. Many women in Pakistan give birth to kids at home without any medical care supervision. Unskilled nurses often mismanage cases that eventually lead to the death of mother. Rural culture prevents women to visit hospital to having male doctors also leading to improper mother's care. medical supervision during pregnancy.

2. Breast cancer.

According to Pakistan medical association, around 83,000 cases of breast cancer are reported each year, and approxi-

—mately 40,000 women die from it in Pakistan. Factors like lack of awareness, limited access to diagnostic facilities and cultural barriers contribute to high incidence of breast cancer and therefore high ratio of deaths of women.

3. Iron deficiency.

According to global anaemia survey, approximately 85% of women in South Asia are anaemic due to during pregnancy leading to maternal mortality.

Also, according to World Health Organization (WHO) about 50% of women in Pakistan are iron deficient.

Besides, as per findings of Pakistan Demographic and Health Survey, 2017-18, 44% of women aged 15-49 in Pakistan are anaemic.

The principal cause is limited access to nutritious food owing to poverty.

4. HIV and Hepatitis.

According to National AIDS Control Program of Pakistan, estimated 160,000 people are living with HIV in Pakistan, with women accounting 37% of all cases.

According to a lady doctor in Sheikh Zaid women's hospital Lahore, approximately half of the women who visit hospitals for childbirth are diagnosed with hepatitis. Many of them neglect this issue due to financial crisis.

5. Depression

According to Pakistan Association of Mental Health, about 34% of women in Pakistan are affected by depression.

According to World Health Organization WHO, about 800,000 people die of suicide every year. Unreligious methods are adopted to cure it which further aggravates problem.

B. Barriers of Women Health Care in Pakistan

1. Cultural Barrier

Cultural beliefs and practices hold back improvement of women's health especially their reproductive health. These include son preference, pregnancy and childbirth taboos.

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Traditional contraceptives and abortion methods, sati, dowry killings and patriarchy

(Women's ~~and~~ health and barriers of culture and religion, National Centre for Biotechnology Information)

Similarly, women health activists consider traditional religious practices as retrogressive

2. Social Barriers

According to WHO, in many societies women are disadvantaged by discrimination rooted in social factors

Some social factors that prevent women and girls to benefit from quality health services are:

- unequal power relationships between men and women
- social norms that decrease education and paid employment opportunities
- an exclusive focus on women's reproductive role
- potential or actual experience of physical, sexual and emotional violence

(Women's health, WHO, 2023)

3. State Barriers

According to a survey by the Labour Force, compared to 64% males only, 18% females doctors are employed, in Pakistan. Also 6 out of 10 female medical post-graduates are unemployed in Pakistan.

(The Express Tribune, 2022)
As per PMC data, 271,560 doctors (female = 46.9% and male = 53.1%) are registered with PMC.

According to Dawn (2019), 80% of medical graduates are women, only 20% join profession.

Due to low ratio of women in medical profession, poor women requiring mothercare suffer at whole and women in rural areas suffer a little more.

III. Analysis on base of 4 major factors institutions

1. Family

Family, a most important institution of power, effectively determines women health status, especially in countries like Pakistan.

It provides lack of formal education and poor institution-nutrition for girls.

- Early marriages and multi-parity are some of the determinants of ill-health and discomfort for girls.

2. Community

- It provides lack of social support networks.
- It offers religious barriers and restrictions on women's mobility outside the home.
- It affects process of seeking health and hinders women's health status.

add examples/references to substantiate your arguments.

3. Health Care System

- It provides low availability and poor quality of health care service.
- Not very effective, particularly in obstetric care.

4. State

- It offers inadequate provision of female healthcare providers in primary healthcare facilities.
- It has been unable to provide sufficient resources for girls education and awareness of gender issues in all sectors.

IV. Analysis of women health status with respect to certain stages of life.

1. Childhood

Child girls particularly face malnutrition. According to WHO, women, infants, children are particularly at risk of malnutrition.

The National nutrition survey (NNS) 2018 confirmed micro and macro-nutrient deficiencies alarming in women of reproductive age.

The women in Pakistan are culturally taught to serve good food to male members of family and compromise with left over food of household resulting in nutrient deficient diet.

2. Teenage

Teenage girls particular face menstrual hygiene issues.

According to UNICEF, A ~~also~~ adolescent girls in Pakistan are often unaware or unprepared for the onset of menstrual (menarche) — mostly due to cultural silence surrounding women's reproductive health issues.

UNICEF highlights that schools in Pakistan lack proper hygiene facilities. 2017's UNICEF poll reveals

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that 44% of girls don't have access to basic menstrual facilities at home in Pakistan.

3. Motherhood

Pakistan has one of the highest maternal mortality ratios in South Asia.

The maternal mortality ratio in Pakistan is 486 deaths per 100,000 live births.

(National Institute of Health, 2018)

4. Old age

Health issues of older women remain unaddressed; mostly

According to global estimates 46% of population lives with some form of disability, which means around 8 billion people in Pakistan live with some form of disability.

Older women with disabilities frequently face abuse and violence, as well as lack of access to appropriate healthcare.

(Challenges for older women, The News, October, 2022.)

V. Critical Analysis

- Women in Pakistan, at every age of life are more vulnerable to health problems varying across different level of severity, than men. This is due to socio-cultural barriers and inefficiency of state level authorities that many women die to malnutrition, unhygienic menstrual conditions and lack of appropriate mother care close life.
- The lack of female doctors in hospitals and appropriate health care facilities for women in rural areas make the situation even worse.
- The unaddressed and untold stories of Pakistanis women significantly in old ages highlights the gender polarity and its gender insensitivity in health sector.

VI. Recommendations

Following steps should be taken to improve women health status as a whole.

1. Media engagement

Media engagement should not be done for idea promotion but for ideology generation.

2. Gender sensitive budget

More budget for female healthcare facilities in health sector of gender sensitive nature.

3. More research

Research should be promoted by state authorities for menstrual hygiene with special focus of awareness of its importance.

4. More female doctors

Recruitment of female doctors specifically in rural shaw areas should be effectively and efficiently enhanced.

5. Elimination of 'medical poverty trap'

State run medical facilities be enhanced / widespread in order to eliminate 'medical poverty trap'.

6. Involvement of NGOs

NGOs and CBOs should effectively engage into gender sensitive healthcare programs, through informal roots.

7. Vaccination

Vaccination for diseases threatening health of women be imported and distributed.

VII. Conclusion

Women in Pakistan face multiple health issues which usually go unnoticed. Pakistani women suffer severely from maternal mortality, depression and anxiety. The sufferings arise from deficiency of necessary micro and macro-nutrients and unnoticed ^{carriage} ~~inception~~ of anaemia, mental illness and HIV.

The socio-cultural barrier makes women silent on these health issues even after knowing about them. Lack of female doctors both in rural and urban hospitals makes women health status even more miserable.

With vaccination facilities, recruitment of more female doctors and gender sensitive budget status of women health in Pakistan can be improved.