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GENDER INEQUALITY AFFECTING INFANTS' MORTALITY IN PESHAWAR, PAKISTAN

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ABSTRACT

The present study entitled "Gender Inequality affecting Infants' Mortality in Peshawar, Pakistan" was conducted in different hospitals of Peshawar i.e. Zakia Minhas Hospital, Khyber Teaching Hospital, Johar-Khatoon Hospital and Kalsoom Maternity Home. The nature of the study was quantitative and interview schedule was used as a tool of data collection for collecting information from the sample size of 217 respondents selected through simple random sampling. A conceptual framework consists of independent variable i.e. gender inequality and a dependent variable i.e. child mortality was cross tabulated through the application of Chi Square test statistics to ascertain association between the dependent and independent variables. The study revealed a significant association (P≤0.05) of child mortality with the statements such as denial of basic education within poor household, infants deaths associated with inadequate nutrition, unfair distribution of resources within family, women's lack of access to social power, women are victims of domestic violent behavior, inequalities between male and female on the basis of biological and social differences, women lives are considered less valued than of boys, male dominancy over female since birth, gendered mortality inequalities, gendered based stereotypes leads to lack of access to fundamental rights, women's lack of access to health care, preferential treatment for boys. The study recommends providing free easy access of medical facilities to pregnant women, to empower women economically and politically, and educating them about various kinds of diseases through awareness program to reduce risk of infant mortality.

Keyword; *Gender, empowerment, Infant, Mortality.*

INTRODUCTION

Child mortality varies around the world: about 5.9 millions of children died before reaching their 5th birthday. Almost half of these were due the dieses that can be prevented and treated. However, the socio-economic condition of poor household is the key factor contributing in child mortality (Hou X, Man, 2013). About 45% of children died because of inadequate nutrition. Other social determinants including mother's income, education, and gender also affect infant mortality. Bryce et al (2003) found that children in rural remote areas die because of lack of healthcare, basic education, and poor household. Mother's education is crucial for child survival (Marmot et al, 2012). Brinda, Rajkumar and Enemark (2015) found that gender is associated with infant's mortality. The distribution of resources and women's access to social power is linked with positive as well as negative outcomes regarding infant's health. Woman in rural areas is an easy victim of man domestic violence (Jan et al, 2025).

Researchers in the field of health and infant's mortality have tried to find gender inequalities and its impacts on infant's mortality. However, the findings are divided into two categories. The first one explains inequalities on the basis of social and biological differences. The second one is the feminist ideology that sees inequality is the reason of patriarchal structure (Marphatia, Cole, and Grijalva-

Eternod, 2016). Women's live are not valued as much of the boys and they have the advantage over girls since birth. A recent study has found that gender inequality is associated with malnutrition, low weighted babies during birth and mortality. The findings interrogated the gender inequalities in term of female baby less survival chances than of male baby (Sahni, Verma, and Narula, et al, 2008). The results suggested that gender of the baby matters more and girls often seem to suffer from these inequalities, hence, verifying the idea that gender inequality affect infant's mortality.

Gender in fact is a social construct, with separate role for each man and female. However, certain stereotypes based on gender denied women access to their basic rights such as freedom, employment, nutrition, and heath care. Female mortality rate is increasing because of feticide, genital mutilation, and sexual and physical violence against them (Sahni et al, 2008). Ahead of affecting the health of female, these inequalities hamper economic growth of a country (Sen, 2003).

The United Nations has developed a strong strategy for gender equality and to overcome mortality under 5 years and to promote basic education. Huge funds have been released to empower women that will have major impacts on wellbeing and survival of infants (Human Development Report, 2010). Recent reports found that equality enhances economic growth and improves health outcomes (Chaaban and Cunningham, 2011). World Bank (2012) has suggested three different dimensions such as reproductive health, women participation in workforce and their empowerment for the betterment of economic growth, women and infant's health. These dimensions can empower a woman, access to healthcare and education, their representation in government and can probably reduce infant's mortality (Permanyer, 2010).

Research findings have showed that gender inequality stimulates maternal malnutrition which is the main cause of low birth weight. Such inadequate nutrition is associated with different diseases that decrease the survival chances of babies (Shah and Shah, 2010). Other studies tried to investigate the link between infant's mortality and domestic violence in rural areas (Sethuraman, Lansdown, and Sullivan, 2006). The mortality rate of children is the overall key indicator of development and health of a population (Yount, DiGirolamo, and Ramakrishnan, 2011). Lack of maternal education, inadequate nutrition, and violence can affect infant's health through various diseases.

Research in the field of inequalities between genders and health has a major concern in sociological research since 1970. The distinction was essential because all of the inequalities were produced socially. These inequalities not only affect women health but also affect infant's health. A culture that is against women exist all across the globe, however, the developed societies have mitigated the discrimination against women to great extent (Fauveau and Koeing, 1991). However, in the less developed nations, high fertility, illiteracy, and low paid jobs is still resulting in low status of women.

Zaidi (1996) had summarized five main causes of women's ill-health. The first one is lack of access to resources: health care, earning opportunities, education, medical care, prenatal care and malnutrition. The second is legal constraints: rights to have property, and a legal system that is male oriented. This system does not recognize and consider both genders as equal partners. The third cause is lack women participation: part of health planning, and participation in procedures. Unfortunately, most of the women related decisions are made by male's administrators or professionals. The fourth cause is discrimination against women: better treatment for boys, adequate nutrition, and food intake. Parents provide better treatment, food and health care facilities for boys. The fifth cause is our norms and values which discriminate the rights of women. Women subordination has been reinforced by our culture for centuries and male dominancy is sanctioned culturally that cannot be challenged.

An analysis showed that more children die when the discrimination increase against women. When woman is less educated, no access to health services and no control over finances, infant's mortality increases. This discrimination decreases the survival chances of infants. Exposure of a mother to violence can increase the chances of low birth weight babies. Lack of access to education is also a factor because un-educated mother cannot care their children properly. A women not having control over finances cannot spend on the wellbeing of their children. It has been noted that mother suffer from malnutrition during pregnancy in countries with higher gender inequalities.

Children early deaths occurs when their mother are not well treated. Brinda (2018) stated that neglecting a female child is also a common concept and women

are not given the authority to spend money on the health care of their children. Valentina-Gallo (2018) said that girls are more reprimanded in term of low survival chances in a society with unequal distribution of resources between male and female. This is due to the sexist ideology that prefers boys than girls. Being a mother of daughters is less valued than being a mother of sons. It is also difficult for a mother to provide everything necessary for the health of her daughters.

A report indicated that in 2015, 5.9 million children died due to the preventable diseases. These diseases were preventable but due to the poor socio-economic conditions and lack of access to basic health care were the main reasons behind million of infant's deaths. The higher the gender inequality is; the more girls will die. In the 3rd world countries, boys receive certain benefits such as health care and vaccination. They are considered as source of income and power in rural areas.

THEORETICAL FRAMEWORK

Health dilemma has been elaborated by major sociological perspectives. The functionalist perspective views that good health and sufficient medical facilities and care is essential for every society across the world. Talcot Parson (1951) stated that ill-health is a hurdle in playing our basic roles. A society cannot run smoothly if a huge proportion of population is unhealthy (Varul, 2010). However, the conflict perspective diverts its focus to the unequal and unfair distribution of health facilities (Weitz, 2013). Quality of health care varies across the world. There are inequalities in our system of health care including class, gender, and ethnicity. Discrimination on the basis of gender in health care had been a great concern for sociologist. Research studies have been conducted to investigate gender inequalities in the health system (Conrad, 2008).

Statement of the Problem

Gender differences exist all across the globe. These differences exist at home, workplace, resources distribution and even in hospitals. However, unlike the other differences, inequalities in hospitals and health care system leads to unhealthy life and mortality risks. This is due to the socially constructed stereotypes that affect women as well as their babies' health. These socially constructed concepts influence an individual's health and hamper or facilitate one's access to health services. Women live fewer years of healthy life. Inequalities, role conflicts, unpaid work have undesirable affects on her health and wellbeing. Inequality not only damages her mental and physical health but also affect the health of her baby. Girls suffer more by these inequalities because boys are given special focus and they have an advantage over girls since birth. Therefore, the present study aims to find out the association between gender inequality and infant's mortality in different hospitals of Peshawar, Khyber Pakhtunkhwa, Pakistan.

Objectives of the study

1. To explore gender inequalities in the health care system of study universe
2. To assess the association between gender inequality and infant's mortality
3. To suggest policy recommendations in the light of study findings

Conceptual Framework

Independent Variable	Dependent Variable
Gender Inequality	Infant's Mortality

• Denial of basic education • Malnutrition • Unfair distribution of resources • Lack of access to social power and health care • Victims of domestic violent behavior • Patriarchal structure • Gendered based stereotypes • Preferential treatment for boys	• Low birth weight • Pre-mature birth • Children deaths

Methods and procedures

The present study was conducted in four hospitals of Peshawar, Khyber Pakhtunkhwa, Pakistan i.e. Zakia Minhas Hospital, Johar Khatoon Hospital, Khyber Teaching Hospital, and Kalsoom Maternity Home. The current study used quantitative approach and interview schedule was used as a tool of data collection for collecting information from the sample size of 217 respondents selected through proportional allocation method. Simple random sampling techniques were used to select samples from the target population. A conceptual framework consists of independent variables i.e. gender inequality and a dependent variable i.e. child mortality was cross tabulated through the application of Chi Square test statistics to ascertain association between the dependent and independent variables.

Results and Discussion

Table Association of Gender Inequality and Infant Mortality

The above table depicts the result of chi square test of association between gender inequality and infant mortality. When respondents were asked whether denial of basic education within poor household affect infant mortality, most of the respondents were in agreement with the statement where a highly significant (P=0.000) association was observed with infant mortality. This result is consonant with the findings of Bryce J, *et al*, (2003) who found that children born in remote areas are at greater risk to die before the age of 5. The situation was worst when mother of the children denied basic knowledge and education.

Further, a highly significant (P=0.000) association was observed between the notion whether infants deaths associated with inadequate nutrition and infant mortality. Similar findings were observed by Hou X, Man (2013) that most of infant's deaths are due to the diseases that easily preventable but the socio-economic condition of poor household is the barrier to access affordable healthcare. About 45% of infants' deaths are due to the inadequate nutrition. When infants are not provided with proper nutrition, they die before age of 5 years.

A highly significant (p=0.000) association was found when asked whether the distribution of resources is unfair within family. Result showed that resources' distribution within family is unfair and female are often neglected. Furthermore, a highly significant (p=0.000) association was found between infant mortality and the statement when asked whether women have lack of access to social power. Results showed that in Pakhtun's society, male is dominant and women having no access to social power. Similarly, Marmot et al (2012) found that gender affects the access to resources' distribution and one's access to the social power. However, gender is not always associated with negative outcomes regarding health, it is associated with the positive outcomes also but mainly female gender suffers more.

Moreover, a highly significant (P=0.000) association has been found between the notion that women are victims of domestic violent behavior and infant mortality. Findings indicated that women often victimized to domestic violence. In this regard, Brinda , Rajkumar, Enemark, (2015) found that women most of the time are victims of male domestic violence which affect their health, hence, associated indirectly to infants health and mortality. In rural areas, domestic violence against women is a common concept.

Similarly, a highly significant (p=0.000) association was found between infant mortality and the notion that inequalities between male and female exist on the basis of biological and social differences. Results showed that the social and biological differences lead to inequalities between male and female in

Assessing Gender Inequality	Responses	Infant Mortality			Total	Statistics
		Yes	No	Uncertain		
Denial of basic education within poor household	Yes	121	29	8	158	x^2 =434.000 P= .000
	No	0	48	0	48	
	Uncertain	0	19	8	11	
Infants deaths associated with inadequate nutrition	Yes	152	12	8	172	x^2 =425.809 P= .000
	No	8	29	2	39	
	Uncertain	0	0	6	6	
Unfair distribution of resources within family	Yes	121	29	30	180	x^2 =385.785 P= .000
	No	0	29	1	30	
	Uncertain	0	5	7	12	
Women's lack of access to social power	Yes	122	38	12	172	x^2 =434.000 P= .000
	No	8	28	6	42	
	Uncertain	0	0	8	8	
Women are victims of domestic violent behaviour	Yes	142	8	18	168	x^2 =421.396 P= .000
	No	8	28	2	38	
	Uncertain	0	0	11	11	
Inequalities between male and female on the basis of biological and social differences	Yes	158	6	16	180	x^2 =409.984 P=.000
	No	6	20	0	26	
	Uncertain	1	2	8	11	
Women lives are considered less valued than of boys	Yes	163	18	2	183	x^2 =393.550 P= .000
	No	7	18	0	25	
	Uncertain	0	1	8	9	
Male dominancy over female since birth	Yes	144	20	12	178	x^2 =392.724 P= .000
	No	7	17	9	33	
	Uncertain	0	0	6	6	
Gendered mortality inequalities	Yes	150	8	8	166	x^2 =309.470 P= .000
	No	6	38	0	44	
	Uncertain	0	0	7	7	
Gendered based stereotypes leads to lack of access to fundamental rights	Yes	141	19	12	172	x^2 =260.087 P= .000
	No	0	34	0	34	
	Uncertain	0	3	8	11	
Women's lack of access to health care	Yes	140	14	35	189	x^2 =422.870 P= .000
	No	0	12	5	17	
	Uncertain	0	4	7	11	
Preferential treatment for boys	Yes	151	0	24	175	x^2 =434.000 P= .000
	No	0	24	5	29	
	Uncertain	0	2	11	13	

Pakhtun's society. Similar conclusion was drawn by Marphatia, Cole, Grijalva-Eternod (2016) that inequalities is due to the social and biological differences between male and female. The dominant structure of patriarchy is the key factor that keeps women inferior and suppressed.

Further, a highly significant (P=0.000) association was observed between women lives are considered less valued than boys and infant mortality. Results

showed that male is more preferred than female. Male in rural areas is considered as a source of income. When asking about a statement whether male is dominant over female since birth, most of the respondents were in agreement where a highly significant (P=0.000) association was observed. Results indicated that due to the patriarchal structure, male is considered dominant since birth. This finding was consonant with the results of Hunt and Batty (2009) who found that for decades it has been investigated that patriarchy and inequality on the basis of gender affect health of infants negatively. A common concept in rural areas is that male is a source of income and power, therefore, female's lives are less valued and male have several benefits over female since birth.

The table further depicts a highly significant (P=0.000) association between gendered mortality inequalities and infant mortality. Similarly, Sahni, Verma, Narula (2008) observed that girls chances of survival is low as compared to male. They are not even provided basic healthcare sometimes. Gender inequality increase infants mortality and female babies are suffer more often in countries with lower and middle income.

Furthermore, a highly significant (P=0.00) association was found infant mortality and the statement when asked about whether gendered based stereotypes leads to lack of access to fundamental rights. The findings indicated that gender stereotypes are the main reason of women lack of access to their fundamental rights. In the same way, Shani et al (2008) stated that it is because of stereotypes that prevent women's access to their basic rights such as freedom, education, health care and nutrition.

Results further depicts a highly significant (P=0.000) association between women's lack of access to health care and infant mortality. Results showed that women have no proper access to health care facilities. In the same way, Zaidi (1996) found that women's lack of access to healthcare is the main reason of their ill-health. Lack of resources and access to health care affects mother as well as infant's health.

Moreover, a highly significant (P=0.000) association was observed between preferential treatment for boys and infant mortality. Results indicated that male children are more cared than female. Similarly, Kaplan et al, (2011) found that male babies were preferred by parents especially in rural areas. They provide better treatment to boys as compared to girls and spend more resources on them.

It is concluded from the above findings that denial of basic education within poor household and inadequate nutrition affect infant mortality. Further the distribution of resources within family is unfair and women have no access to social power. Furthermore, women are victimized to domestic violent behavior and inequalities exist on the basis of social and biological differences. Similarly, male is considered dominant by birth and women lives are less valued. Gendered based stereotypes lead to lack of access to fundamental rights such is health care. Moreover, male children are more cared than female.

Conclusion and recommendations

The study concluded that basic education within poor household is a leading factor towards infant mortality. The distribution of resources within family is unfair, therefore, mother as well as baby suffered from malnutrition. Women have lack of access to social power within the social structure and are often victimized to domestic violence. Further, it was concluded that inequalities still exist on the basis of biological and social differences and male is considered dominant. Similarly, male children are more cared than female and female lives are less valued than male. Moreover, gender stereotypes lead to women's lack of access to their fundamental rights such as health care. Providing free easy access of medical facilities to pregnant women, empowering women economically and politically, and educating them about various kinds of diseases through awareness program to reduce risk of infant mortality were some of the recommended suggestions forwarded in the light of study findings.

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