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CULTURAL VALUES ABOUT GENDER EQUITY AND ITS IMPLICATIONS ON RURAL WOMEN'S HEALTH IN PUNJAB

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ABSTRACT
Gender equity is essential to achieve health coverage around the globe. Women and girls urban or rural, educated or illiterate, rich or poor all need adequate and easily accessible health services. In developing countries like Pakistan, there is much more difference between rural women and men regarding their health hazards. Rural women and men use different health services due to strong cultural barriers. Health implications among rural women are influenced by gender-biased issues. To evaluate the impact of cultural values and gender equity on rural women a study was designed and conducted in Punjab. The data was collected from the rural areas of Multan and Faisalabad districts. It was analyzed by statistical techniques, using Chi-square, Gamma Test, Pearson Correlation and Linear Regression. It was concluded that equity had a positive effect on the mental and physical health of women. The study aims to explore the socio-cultural values regarding gender equity and its relationship to women's health and to suggest policy measures concerning gender inequity and health.
Keywords: Cultural values, Disparities, Gender equity, Women, Health

INTRODUCTION

Restrictive cultural values and norms regarding gender affect everybody (Hawkes, 2018). In the health sector, gender is insufficiently addressed (Witter *et al.*, 2017). Gender equity in health describes a course of action that lessens partial and discriminatory inequalities between men and women based on health conditions and approach to health facilities. Although gender equity is frequently used instead of gender equality, both terms describe related initiatives aimed to reduce health inequities in different ways (World Health Organization, 2016). This study gives an understanding of gender studies with many aspects that have happened in the past and are taking place in the present social situations relating to women's inequities in different rural societies. It aims to explain the association of gender equity/inequity and the health of women and interpret the reality of cultural values, principles and privileges with a likeness to the reasoning of conflicting values. Canadian Association for the Advancement of Women and Sport and Physical Activity (2013) defines gender equity as a practice of apportioning capital, plans and policy-making justly to men and women. Gender equity needs to guarantee contact to the maximum for everyone to get the social, psychological and physical profits and advantages one gets from taking part in any physical activity. It does not mean common programs for men and women. Equity denotes steadiness, evenness and support for both genders. Hamid and Ayesha (2011) observed that Pakistani rural women face disparities and it all starts from an early age and remain deprived of education. Their health is ignored, get little nutritional food in their homes, see a lack of privileges and finally remain without involvement in diverse actions. Gender differences cause stress to rural women's health and influence their performance and entitlements. The quality of food and health care for rural women is uncertain, the availability of resources is questionable and facilities for family planning for women are lacking and there is a gender gap in socioeconomic factors between men and women. These conditions bring undesirable effects and the growth of the country goes does not improve (Kishor, 2005). This research focuses mainly on the constraints on equity for rural women in society. The questions are about the association of cultural values with gender equity/inequity in the health of women. It is a challenge to reduce gender inequity and gender disparities in most developing countries including Pakistan. The government of Pakistan (2012) reported that Pakistani rural women are

underprivileged regarding their essential requirements, especially medical needs, while educational facilities are practically non-existent. It also observed that these rural women perform an important part in agriculture and use a lot of time and energy in household chores, at work in fields and taking care of domestic animals. These women do not earn wages for this work, but rather facilitate their men-folk in lessening the expenditure at home and going out to earn. Women in villages have to encounter more cultural constraints and are supposed to remain at home and look after their families. Margaret Sanger Center International (2008) observed that gender equity is an individual's entitlement, and its endorsement in the shape of giving power to women is essential for growth, diminishing poverty, and finally helping nations to achieve their development plans including the Millennium Development Goals (MDGs). Babar (2007) further emphasized the need to change established views of women rather than to promote them in order to provide women more freedom in this fear-filled society. Many girls and women around the world suffer physical, emotional, and mental health problems as a result of gender inequality. One of the most direct and effective ways to reduce health inequities and confirm the effective use of health means is to take action to advance gender equity in health and to improve women's rights regarding health. However, given the scope of the issues and the number of people involved, this may not be possible. Extending and effectively using human rights methods and instruments can be an effective force for inspiring and key considerations, particularly the rural women (World Health Organization, 2020). The orientation of cultural value is a solid indicator of gender inequality in a given society. It features the different social qualities that can trigger more significant cultural values and gender equity. Furthermore, the current study reveals the gaps that exist in available research findings and, thus, highlights the need for further investigation. Through the current study, future researchers can conduct quantitative investigations to empirically test the association between cultural values and gender equity and the mediating role of conformity tendency.

Objectives of the Study

This study investigated the cultural values of equity and how they influenced women's health in their households. The objectives of this study are:

- **i)** To study the socio-economic characteristics of the respondents,
- **ii)** To examine the socio-cultural values regarding gender equity,
- **iii)** To investigate women's health problems,
- **iv)** To explore the association of cultural values about gender equity and women's health implications, and
- **v)** To find out the policy measures according to gender equity and about their health.

Hypotheses of the Study

Hypothesis: The higher the gender equity, the better will be the health of women.

Hypothesis: The higher the equity, the better will be the mental health of women.

Theoretical Framework

The theoretical framework followed for this study was a model presented by Moss (2002) titled, "Gender Equity and Socioeconomic Inequality", this framework is designed for a very major aspect, which is women's Health. This framework explains features and factors inducing women's health and describes how socioeconomic and gender inequality affect it, along with some cultural and demographic variables. The focus is on the variables that affect women's health in their households where they are to be provided with everything.

RESEARCH METHODOLOGY

The data for this study was collected from Multan and Faisalabad Districts selected randomly. The universe consisted of rural women with age 18 years and above who belonged to the union councils (UCs) of these two districts. Sampling was done through purposive sampling and multi-stage random sampling techniques. One tehsil each with a rural population was selected from each district by purposive sampling. Next, two union councils were selected from each of these tehsils by random sampling. Further, three villages were picked from each UC by using a simple random sampling technique. On the whole 12 villages from 4 union councils of two selected Tehsils, Faisalabad Sadar and Multan Sadar were selected randomly. Finally, a total of 500 (rural) women respondents were selected from the two zones of (rural) Punjab province by proportionate random sampling technique and face-to-face interviews were conducted through a pre-tested questionnaire. Statistical techniques such as Cronbach alpha reliability test, Pearson's correlation, Gamma, Chi-square and multiple linear regression were applied for data analysis.

RESULTS AND DISCUSSION

Table No. 1 Socio-economic characteristics of respondents

Education	Frequency	Percentage
Illiterate	257	51.40
>to Primary	78	15.60
>to Secondary	85	17.00
>to college	62	12.48
>to university	18	3.60
Total	500	100.00
Employed	-	-
Yes	161	32.20
No	339	67.80
Total	500	100.00
Occupation (n=161 employed)	-	-
Government service	20	12.42
Agriculture	59	36.64
Education	31	19.26
Health and medicine	17	10.56
Others	34	21.12
Total	161	100.00
Income	-	-
Up to Rs.15000	220	44.00
15001-25000	167	33.40
25001 and above	113	22.60
Total	500	100.00

Rural women had a literacy rate of (48.6%) and an illiteracy rate of (51.4%). Women with primary-level education made up (15.6%) of the total sample, secondary-level education made up (17.0%) and college education comprised (16.48%) of the total. Data described that women who were working formed (32.2%), while those who did not have work comprised (67.8%). The employment category showed women doing a job were (32.2%) and those without a job were (67.8%). According to household income, (44%) of women came from households with a monthly family income of up to Rs. 15,000, (33.4%) from households earning between Rs. 150001 to 25,000, and (22.6%) from households earning Rs. 25001 and above.

Table No. 2 Health problems of respondents

Respondents with health problems	Frequency	Percentage
Yes	231	46.20
No	269	53.80
Total	500	100.00
Health problems of sick respondents (n=231)		
Blood pressure	44	19.04
Sugar	23	9.96
Hepatitis	23	9.96
Tuberculosis	11	4.76
Pneumonia	25	10.82
Cancer	11	4.76
Kidney problem	10	4.33
Gyne-problem	26	11.26
Tonsils	6	2.60
Muscular problem	11	4.76
Migraine	17	7.36
Heart diseases	24	10.39
Total	231	100.00

The study's dependent variable is rural women's health issues. According to the aforementioned table (53.8%) of respondents had health issues, compared to (46.2%) who did not. The unhealthy women suffered from a variety of illnesses, including high blood pressure, migraines, kidney issues, and heart issues. According to the data, (45%) of respondents visited a doctor, compared to (55%) who did not; hence, a substantial majority could visit a male doctor, while just a small number could not. (19.05%) of people had high blood pressure, while the next greatest percentages were gynecological issues (11.26%) and cardiac issues (10.13%).

Table No. 3 Mental health problems of respondents

Respondents with mental problems	**Frequency**	**Percentage**
Yes	224	44.80
No	276	55.20
Total	500	100.00
Type of mental problems of mentally sick respondents (n=224)		
Depression	86	38.39
Hallucinations	48	21.43
Schizophrenia	42	18.75
Epilepsy	21	9.38
Hysteria	27	12.05
Total	224	100.00

According to the abovementioned statistics, rural women who were mentally ill mainly composed (44.8%) of the sample. They experienced hysterics, schizophrenia, epilepsy, hallucinations depression and hallucinations. Very few just about 12 percent of respondents, have sought medical advice. Some people were merely lazy, while others were disallowed.

Table No. 4 Respondents' responses towards cultural values about equity

Statements	**Strongly agree**	**Agree**	**Do not know**	**Disagree**	**Strongly disagree**
Equity between women and men	(31.2%)	(13.8%)	(7.8%)	(17.2%)	(30.0%)
Women should be allowed to save money	(29.2%)	(17.6%)	(15.8%)	(18.2%)	(19.2%)
Women should work of their own free will	(29.0%)	(16.0%)	(15.6%)	(17.0%)	(22.4%)
Women should give economic suggestions in their households	(33.0%)	(18.2%)	(09.0%)	(14.4%)	(25.4%)
Women are capable of establishing their business	(28.8%)	(16.8%)	(13.0%)	(24.4%)	(17.0%)
If a woman earns more there should be no problem	(25.8%)	(19.6%)	(16.6%)	(20.2%)	(17.8%)
A job is the best for a woman's independence	(25.6%)	(20.8%)	(15.4%)	(18.8%)	(19.4%)
When a mother works for pay children are better of	(24.4%)	(21.6%)	(14.6%)	(18.8%)	(20.6%)

The equity between men and women is discussed in the first statement of this variable. According to the responses that were gathered in response to this assertion, (45%) of women agreed that they have the same rights as males. About (8%) of people expressed no opinion, and (47%) disagreed. When asked if women should be permitted to save money, (47%) replied yes, (37%) said no, and roughly (16%) indicated they were unsure. (45%) of women were very enthusiastic about working of their own free will, whereas (37%) did not. When it came to making financial recommendations at home, (39%) of women believed that it was the responsibility of males, while (51%) thought that women should participate alongside men since they were intelligent enough to handle financial concerns. When asked if they were competent of starting their own business, (45.6%) of women said they thought they could, while (41%) opposed the idea and (13%) said nothing. In addition, (45.4%) of women thought that it shouldn't be difficult for a woman to work, while (38%) disagreed. When asked

about work (46.4%) of women claimed that it is best for them, while (38.2%) indicated it unnecessary and bad for women because they already have many important tasks at home to complete, such as having to take care of the spouse and children and doing the housework. In response to the last equity question, which asked whether children were better off when mothers worked and brought money home (46%) of the women respondents indicated that they agreed (39%) disagreed and (14.6%) stayed neutral.

Table No. 5

Hypothesis 1: ***Relationship between equity and health problems***

	Health Problems		
Equity	**Sick women**	**Healthy women**	**Total**
Low	(90.5%)	(09.5%)	(100)
Medium	(60.7%)	(39.3%)	(100)
High	(4.6%)	(95.4%)	(100)
Total	(46.2%)	(53.8%)	(100)

χ^2=250.898* Pearson's R=.697* Gamma=.921*
Sig.=.000 Sig.=.000 Sig.=.000
α=.05

Hypothesis 2: ***Relationship between equity and mental health problems***

	Mental Health Problems		
Equity	**Sick women**	**Healthy women**	**Total**
Low	(88.1%)	(11.9%)	(100)
Medium	(57.3%)	(42.7%)	(100)
High	(5.6%)	(94.4%)	(100)
Total	(46.2%)	(53.8%)	(100)

χ^2 =228.473* Sig.=.000 Pearson's R=.669* Gamma=.900*
Sig.=.000 Sig =.000
α =.05

The findings of H-1 show the cross-tabulation of the independent variable with the dependent variable support the model of this study that shows different variables associated with gender equity at the socioeconomic level and their effect on women's health. The Chi-square value is 250.898 and significant at .000 which is less than the alpha at 0.05, and so is the Pearson's correlation value of .697 highly significant. The findings also go with Razavi (1997) and Barrett (1995) who observed that gender equity is related to economic setup and the main objective is to treat the issues of disparities to improve the health of women as they aim to lower the fertility level and promote gender equity. Similarly, H-2 demonstrates the relationship between the specified mental health issues and equity, with a Chi-square value of 228.473 at a significance level of .000, which is lower than the alpha at 0.05. With a p-value of .000, the Pearson correlation value of .669 is significant. Similarly, the Gamma value is .900 and has a p-value of .000, making it extremely significant. This implies that mental health issues will decrease as equity increases. Ayub *et al.,* (2009) noted that social security and women's success mostly depended on having a satisfying marriage. Any restrictions in a woman's connection with her husband create an unsettling and anxious state that leads to depression. In addition, when women can't make decisions in a male dominant society they feel suppressed and their mental health worsens.

CONCLUSION

The finding showed that equity in the households supports the well-being and health of women. Women are less depressed and less stressed out when there is no discrimination and is allowed to lead their lives with dignity and fairness as compared to those where there is inequitable behavior of men. Women's health is maintained better. They are healthier mentally and have fewer mental pressures and diseases. The realization of involvement in health includes sustaining effort and practice for health improvements. Inequality is just unfair that is not acceptable and must be avoided. The approach of equity is mandatory between countries and within countries as well. The democratic approach attributes

(gender, age), location of residence (urban, rural, subnational), socioeconomic position (wealth, education) and other characteristics should be clear in the agenda 2030 development plan.

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