

Socio-Economic Consequences of Horizontal Gender Inequalities in Education and Health: Incidence from Pakistan

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Abstract

Women make almost half of the population of Pakistan and contribute significantly to socio-economic development. However, women have been suffering from horizontal and vertical multi-dimensional inequality of opportunities in all spheres of life especially in education and health. This occurrence of horizontal inequality poses serious socio-economic consequences leading to poverty, inequality, low productivity, ill health, low life expectancy and other inter-related problems. In the Gender Inequality Index (GII), the ranking of Pakistan is 135 compared with 127 for Bangladesh and 108 for India. Maternal mortality in Pakistan is highest among all the selected countries and region. It is 154 per 100,000 births. 32% of the children in Pakistan are out of school. Out of school female child constitutes 37% of the population while out of school male children are 27%. Education and health facilities for women play pivotal role in enhancing their productivity and socio-economic development. Mothers with no education have a high infant mortality of 69 per thousand while it reduces to only 32 per thousand for the mothers who have matriculation and above level of education. The study aims at to analyze the socio-economic consequences of horizontal multi-dimensional gender inequalities in education and health faced by the women in Pakistan.

Keywords: Horizontal Multi-Dimensional Inequality, Gender Inequality Index (GII), Virtuous Cycle.

Introduction

Yousaf and Rudi (2017) analyzed women disparities around the globe in the educational sector. They argued that despite all claims for gender equality and women empowerment in the world, their role in key positions in the academia and in universities in the world are shockingly low. According to their analysis, in twenty-seven European Union (EU) countries, women occupy only 15% of professorship posts. In developing countries like Pakistan, this situation is further miserable.

Rana et. al (2022) found that gender inequalities and widening discrepancy between men and women in several socio-economic aspects has posed multifaceted difficulties for the policy makers in Pakistan. Both inter and intra-regional horizontal inequalities are a universal challenge, faced by the world. Even developed countries are not free from it. These are found between groups with different identities, like black and white, women and men, in rural and urban, different segments of the society, etc. These types of inequalities may lead to various conflicts and hamper access to

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socio-economic facilities like education, health, land ownership, assets, and share in formal work, etc. Gender inequalities are more prevalent in developing countries like Pakistan.

Women make almost half of the population of Pakistan. They also contribute significantly to economic and social growth. Our agriculture and informal sectors significantly depend upon women labor force. Proper investment in women in the form of education, health, training financial empowerment, etc. may start a 'virtuous circle of prosperity and development in the country and bring socio-economic sustainable growth and productivity. However, human capital in general and women in particular, has been given a secondary importance, women usually has been suffering from multi-dimensional horizontal inequality of opportunities in all spheres of life. This deprivation leads to a chain reaction of many socio-economic problems like poverty, inequality, violence, psychological issues, etc. in the country. The provision of more opportunities to women in the form of education, better health, entrepreneurial and skilled training, etc. is a pre-condition for rapid socio-economic growth for her family and for the nation in entire.

Significance and Scope of the Study

The dimensions of family, women identity, health, education and women access to economic resources and employment significantly contribute to the socio-economic development and may starts a 'virtuous circle of prosperity and development'³ in the country. The study aims at to critically evaluate the socio-economic consequences of horizontal multi-dimensional discrimination in education and health faced by women in Pakistan which make half of the population of Country and to suggest policy recommendation to combat these problems based on the analysis.

Review of Literature

Jacobsen (2011)⁴ assessed the worldwide costs and socio-economic consequences from 1900 to 2050 due to gender inequality. The cost is measured in terms of the ineffective underutilization of women in production process. It is shocking to the world that multi-dimensional gender inequalities have charged significantly ranging from 4% to 37% of the world GDP per annum over the reference period. The loss triggered by gender inequality comprises 328 to 1019 % of total world GDP as of 1900, which is a range of \$6 to \$20 trillion in 1900 dollars.

Khosla et al. (2017) found out that around hundred million girls and women in the world are estimated to have undergone female genital mutilation and this situation is much worse in least developed countries. Despite all efforts by the international agencies like UNICEF, WHO, etc. widespread malnutrition, poor health could not be improved for women and girls.

Zhang et al. (1999) measured an endogenous growth model to find out an explicit gender biasness for developing countries. Sex preference and biasness towards male, lack to access to very basic rights of education, health and employment and human capital endowments difference were found to be the possible sources of gender discrimination.

Mahmood and Nayab (1998) analyzed the situation of gender counterparts in various aspects of a family life cycle in developing countries like Pakistan. They found out that women are generally play a pivotal role in informal sector like household activities, looking after children, rearing of animals in rural areas, informal working in the agriculture sector. However, despite this significant role, they are usually deprived of access to proper education, better health care facilities, entry into the labor market and availability of job opportunities.

³ 'Virtuous cycle of prosperity' is contrary to 'vicious cycle of poverty'

⁴ *Gender Inequality: A Key Global Challenge: Reducing Losses due to Gender Inequality*

Pasha et al. (1999) developed an index of gender inequality by using four key indicators which contribute significantly towards widening the gender inequality gap. These factors are (i) literacy rate, (ii) school participation rate, (iii) life expectancy and (iv) labor force participation rate. It was revealed that discrimination in the above four factors are causing a high degree of gender inequality in the Pakistan.

Data and Methodology

A mixed approach of both qualitative and quantitative analysis is carried out. Data on is used from the Pakistan Economic Survey (various issues), Pakistan Social and Living Standard Measurement (PSLM) and Pakistan Statistical Yearbook, Federal Bureau of Statistics (various issues). Human development indicators and data for international comparison are used from Human Development Report, UNDP (2023/24) and World Development Report (2023). The layout of the research is as follow: Section 1 contains the introduction, significance and scope, literature review and data and methodology. Gender discrimination in the form of education and health and the main findings and analysis are presented in Section 2. The last part contains the conclusions, policy recommendations and bibliography.

Multi-dimensional Horizontal Gender Inequalities in Pakistan Pakistan's Gender Development Index (GDI)

Table 1: Pakistan's GDI for 2023-24 relative to selected countries and groups

	Life expectancy at birth (SDG 3)		Mean years of schooling (SDG 4.4)		GNI per capita (SDG 8.5)		HDI values		F-M ratio
	Female	Male	Female	Male	Female	Male	Female	Male	GDI value
Pakistan	68.9	66.1	3.8	6.3	2120	8571	0.480	0.575	0.742
Bangladesh	76	71.5	6.8	8.0	3684	9387	0.635	0.694	0.927
India	71.0	68.5	5.5	7.6	2958	10696	0.582	0.684	0.819
South Asia	70.4	66.7	5.7	7.5	2958	10808	0.580	0.678	0.822
Medium HDI	69.9	66.1	5.8	7.6	3127	9638	0.587	0.675	0.871

Source: UNDP-HDR (2023-24)

Table 1 shows Gender Development Index (GDI) for Pakistan in comparison with some selected neighboring countries and groups. Life expectancy for female in Pakistan is 68.9 years compared with Bangladesh (76), India (71) and for South Asia, it is 70.4 years. Mean year of schooling for female in Pakistan is 3.8 compared with male which is 6.3. When compared with selected neighboring countries, it is 6.8 for Bangladesh, 5.5 years for India and 5.7 for South Asia. Similarly, women in Pakistan are facing deprivation in per capita GNI. The GNI per capita for female is \$2120 compared with male which is \$8,571. When compared with the GNI for women in other neighboring countries, it is again very low for the women in Pakistan. Female GNI in Bangladesh and India is \$ 3,684 and \$ 2,958, respectively while for Pakistan it is \$2120. HDI value for female in Pakistan is 0.480 compared with male which is 0.575. Table 1 shows that female HDI in Pakistan is lowest among the selected countries and groups. Female to male ratio for GDI 0.742 compared with Bangladesh, 0.927 and India, 0.819. While overall female to male ratio for GDI is 0.822. The above comparison shows that women in Pakistan are facing horizontal gender disparities in all socio-economic indicators. Furthermore, they are lagging behind the women in

other neighboring countries. According to Unilever (2017)⁵, gender discrimination is prevalent in almost all spheres of life, Girls are still lagging behind in primary school than boys. In many developing countries child brides are a common feature. Women are heavily saddled with domestic obligations like cooking food, rearing animal, looking after children, working in agriculture without any economic benefit or even credit. Overall share in the paid employment in the world for women is just around 20 % compared with men at 80 %. There is much underrepresentation for women in the senior political or business leadership. Women have least access to the formal sector like credit. Women entrepreneurship is usually found in the underpaid, and unregulated informal sector.

Pakistan's Gender Inequality Index (GII)

Tables presented by UNDP display Gender Inequality Index (GII) measurements from Pakistan which are compared to selected neighboring countries and regional groups. The gender inequality index value for Pakistan reaches 0.522 while Bangladesh maintains 0.498 and India has 0.437 and South Asia as a region averages 0.478. This value shows that gender disparities in Pakistan are the maximum compared with other countries and area given in table 2.

Table 2: Pakistan's GDI for 2022 relative to selected countries and groups									
	GII value	GII Rank	Maternal mortality ratio	Adolescent birth rate	Female seats in parliament (%)	Population with at least some secondary education (%)		Labor force participation rate (%)	
					Female	Female	Male	Female	Male
Pakistan	0.522	135	154	41.2	20.1	22.0	26.9	24.5	80.7
Bangladesh	0.498	127	123	73.3	20.9	43.7	50.5	39.2	81.4
India	0.437	108	103	16.3	14.6	41.0	58.7	28.3	76.1
South Asia	0.478	—	132	27.9	17.9	40.9	55.7	28.1	76.3
Medium HDI	0.476	—	152	37.8	23.0	40.5	55.6	34.2	75.7

Source: UNDP-HDR (2023-24)

The GII ranking of Pakistan is 135 compared with 127 for Bangladesh and 108 for India. Maternal mortality in Pakistan is highest among all the selected countries and region. It is 154 per 100,000 births. While in Bangladesh it is 123, in India 108, in South Asia 132 while mean of medium HDI countries is 152. Female seats in Parliament are 20.1% in Pakistan, compared with Bangladesh (20.9%), India (14.6%) and South Asia (17.4%). Labor force participation rate for female in Pakistan is 24.5% compared with male which is 80.7%. When compared with selected neighboring countries, it is 39.2% for Bangladesh, 28.3% for India and 28.1% for South Asia and mean of medium HDI countries is 34.2%. The above comparison again depicts the sad story of women in Pakistan who are facing gender disparities in all socio-economic indicators. Without development of female population, the goal of sustainable socio-economic development is only an illusion.

⁵Unilever Opportunities for Women, https://www.unilever.com/Images/unilever-opportunities-for-women_tcm244-500987_en.pdf.

Inequalities in Education (by Sex and Region)

Pakistan's education rate (10 years or more), gross enrolment rate (GER), net enrolment rate (NER), and gender parity index (GPI). As per 2007-08 information, male education outperformed female proficiency, which had reached 44%, to 69%. The PSLM Overview 2019-20 uncovered that while male proficiency in Pakistan was 73.4%, female education was 51.9%. During this time, the gender parity index (GPI) showed only a minor shift, ascending from 0.70 in 2014-15 to 0.71 in 2019-20.

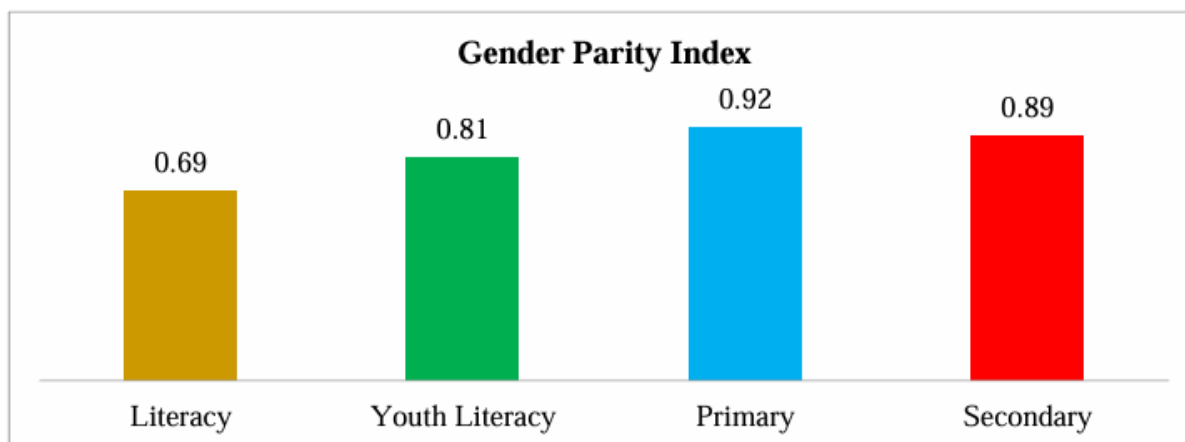
Table 3: Literacy Rate (10 years and above), Gross Enrolment Rate (GER), Net Enrolment Rate (NER) & Gender Parity Index (GPI) in Pakistan

Pakistan	Literacy rates (10 years & above)				GER Primary (age 5-9)				NER Primary (age 5-9)			
	07/08	08/09	2014-15	2020-21	07/08	08/09	2014-15	2019-20	07/08	08/09	2014-15	2019-20
Male	69	69	70	73.4	97	99	98	89	59	61	72	68
Female	44	45	49	51.9	83	83	82	78	52	54	62	60
Both	56	57	60	62.8	91	91	91	84	55	57	67	64
Rural	49	48	52	54.0	83	85	83	-	51	53	63	-
Urban	71	74	76	77.3	106	106	103	-	66	68	77	-
GPI	0.64	0.65	0.7	0.71	0.86	0.83	0.84	0.88	0.88	0.87	0.86	0.88

Source: *Pakistan Social and Living Standard Measurement Survey (PSLM) 2006-07; 2008-09; 2014-15; 2019-20 and Pakistan Economic Survey 2023-24*

The primary education gross enrolment rate featured 98% for male and 82% for female in 2014-15 but experienced decline to reach 89% for male together with 78% for female in 2019-20. The total number of enrolled students in 2014-15 showed 72 male students and 62 female students enrolled. New statistics indicate that primary education GER decreased to 68 for males while it dropped to 60 for females during the 2019-20 period. The GPI during 2014-15 stood at 0.86 according to PSLM statistics but it rose slightly to 0.88 for NER between 2019-20. Social awareness increased by demographic transition alongside socio-economic conditions helps reduce gender discrimination and promote female empowerment in society. Most of the population resides in rural settlements where women remain behind their male counterparts concerning education and health and other economic opportunities. The data regarding gender parity for youth literacy and primary through secondary and overall literacy can be found in figure 1. Horizontal gender inequality is visible at all education levels when compared with men.

Figure 1: Gender Parity Index for All Educational Levels



Source: Pakistan Social and Living Standard Measurement Survey (PSLM) 2018-19.

The results presented in figure 2 depict a very alarming situation of education condition in Pakistan and especially for female children. 32% of the children in Pakistan are out of school. Statistical data shows that out of school female child constitutes 37% of the population while out of school male children are 27%. The worst instance of child malnutrition occurs first in Baluchistan and afterwards in Sind and finally in Khyber Pakhtunkhwa and Punjab. The policy makers within Pakistan face substantial hurdles because of this issue.

Figure 2: Out of school children

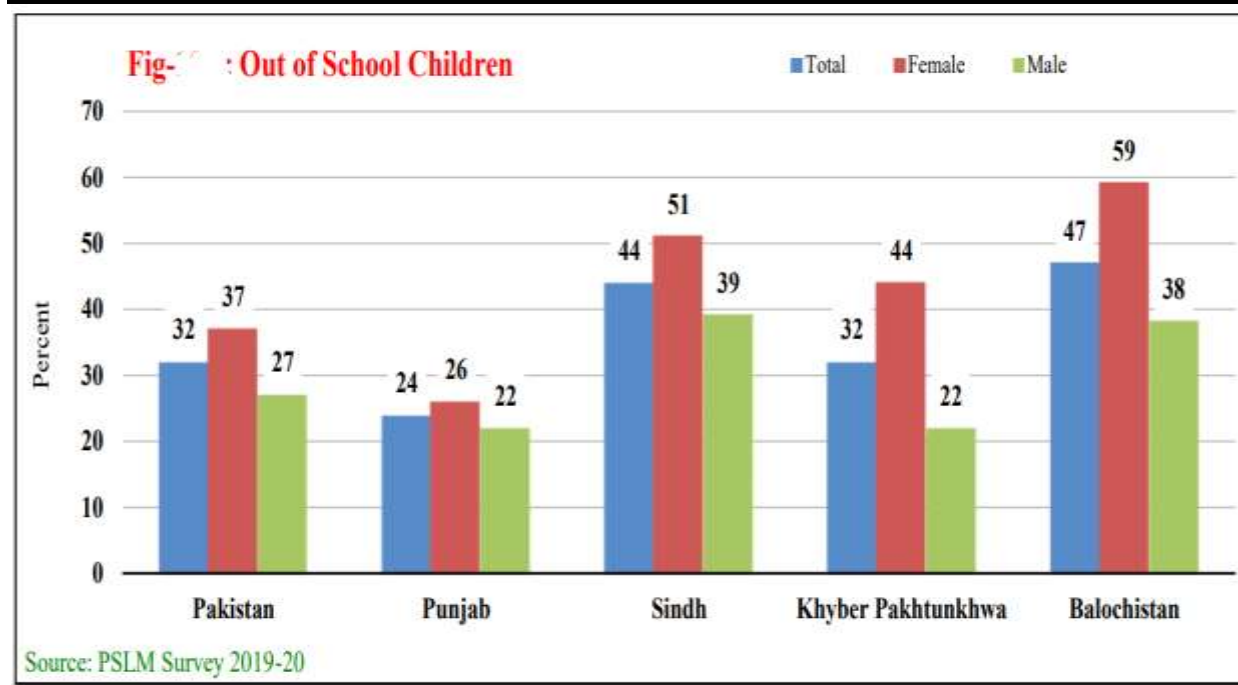


Table 4: Number of Educational Institutions & Number of Teachers by Level and Sex (2019-20)

Kind of Educational Institutes	Number of Educational Institutions (numbers)		Number of Teachers (numbers)	
	Total	Female	Total	Female
Primary Schools	183883	82660	507600	291100
Middle Schools	48257	24081	466400	340000
Secondary Schools	32971	14297	592800	363100
Arts & Sciences Colleges	2361	1104	61767	27413
Professional Colleges	743	82	19815	6445
Universities	131	12	39851	15808

Source: Pakistan Statistical Yearbook 2020 Federal Bureau of Statistics

When we make an analysis of number of female educational institutes and number of female teachers, horizontal gender inequality is also prevalent in these categories.

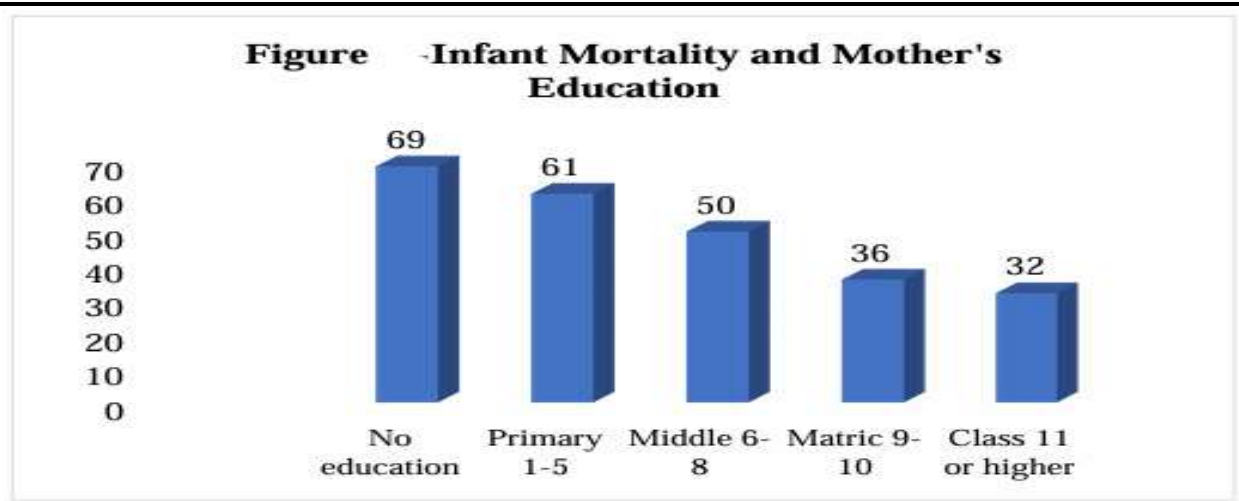
Table 4 shows the total number of educational institutions in the public sector of Pakistan. The total number primary schools are 183,883 out of which 82,660 are female schools. In case of middle level schools, female schools are equal to male schools, i.e. out of 48,257 middle schools, 24,081 are for females. In the category of secondary schools, out of total 32,971 schools, 14,297 are for girls. In case arts and science colleges, the number of female colleges is 1104 out of total 2361. So far as professional colleges are concerned, female professional colleges are only 82 out of total 743. As for as universities in the public sector are concerned, there are only 12 women universities out of total 131 public sector universities in the year 2019-20. When measured in percentage terms, 45% in terms of primary; 50% in middle; 43% in secondary schools, 47% in arts and science; 11% in professional colleges and only 09% in universities. So far as female teachers are concerned, female participation is good in school levels where they are almost 50% of the total school teachers. However, in case art and science colleges, professional colleges and universities teachers are concerned, female teachers constitute 41%, 32% and 39%, respectively. This shows that women are deprived in case of professional and higher education levels.

Gender Inequalities in Health

According to Moheyuddin (2005), in most of the developing countries where poverty is widespread especially in rural areas the gender disparities are found at very early stages of female children. When resources are limited, male children usually receive a larger share of education, health and nutrition compared with girls. Consequently, this low literacy and enrollment, poor health and malnutrition lead to fewer opportunities in the labor market. This discrimination starts a chain reaction of vicious cycle for women.

Good health of human capital may contribute a lot to the labor productivity for any economy. The 18th Amendment has provided more autonomy to the provinces to spend as per their need on education, health and other sectors. However, overall health situation in Pakistan has been in meager condition.

Figure 3: Infant mortality and mothers' education



Source: Pakistan Social and Living Standard Measurement Survey (PSLM) 2018-19.

The data in figure 3 shows that mother's education is inversely proportional to infant mortality. Mothers with no education have high infant mortality i.e., 69 per thousand while it reduces to more than half (32) for the mothers who have matriculation and above level of education.

Table 5: Public Expenditure on Health (Percentage of GDP)

Year	Expenditure
2000-01	0.58
2002-03	0.59
2004-05	0.58
2007-08	0.56
2009-10	0.53
2013-14	0.69
2015-16	0.45
2020-21	1.0
2021-22	1.4
2022-23	1.0

Source: Pakistan Economic Survey 2023-24

Table 5 shows the government allocation and priority on health. Public allocation on health was only 0.58% of GDP in the year 2000-01. It almost hovered around this figure up to 2015-16. However, there was an increase in the year 2020-21 and onward when allocation was increased to 1.0 of the GDP.

Immunization of Children by Sex

The Pakistan Social and Living Measurement (PSLM) Survey showed that 77% of male children and 76% of female children as well as 76% of both genders in Pakistan received complete immunizations against six preventable diseases (table 6).

Table 6: percentage of Immunization of Children Aged 12-23 Months

	2018-19		
	Male	Female	Both
Overall	77	76	76
Punjab	85	84	84
Sindh	74	72	73
KPK	75	67	71
Baluchistan	25	29	27

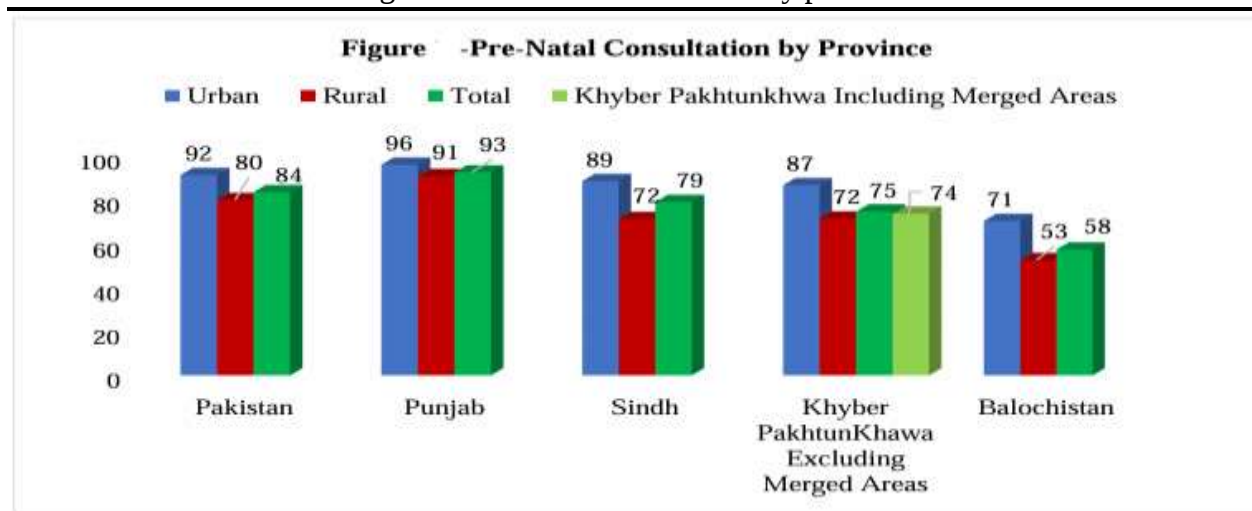
Source: Pakistan Social and Living Standard Measurement (PSLM) Survey 2018-19

Data in table 6 indicates that Punjab Province leads other Provinces in immunization rates and Baluchistan maintains the most unfavorable situation. So far as gender disparities are concerned, it is prevalent in all the four provinces.

Women Health

Maternal health is very important for children's health. Percentage of pregnant women visiting health facilities for pre-natal and post-natal consultation is depicted in the figure 4 and 5.

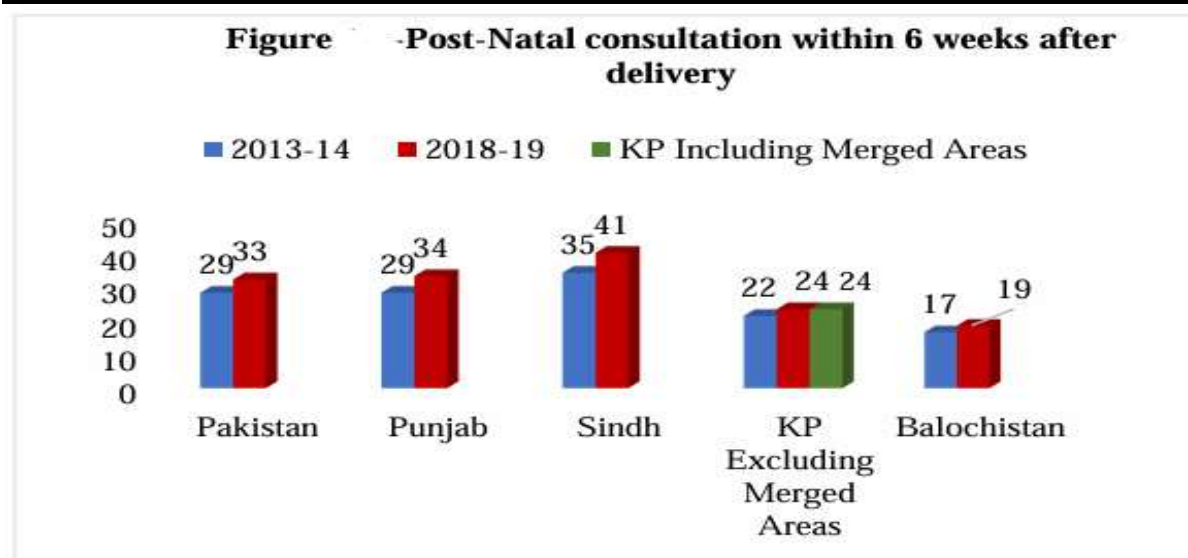
Figure 4: Pre-natal consultation by province



Source: Pakistan Social and Living Standard Measurement (PSLM) Survey 2018-19.

As per PSLM 2018-19, pre-natal consultation was 84 % for Pakistan. In urban areas, it was 92% and in rural areas it is 80%. The number of pre-natal consultations reaches its peak level in the Punjab while it falls to its lowest point in Balochistan.

Figure 5: Post natal consultation within 6 weeks after delivery



Source: Pakistan Social and Living Standard Measurement (PSLM) Survey 2018-19

Postnatal consultations combined with proper nutrition and antenatal medical services together with qualified birth attending staff lead to reduced maternal deaths and delay the onset of early pregnancies. The percentage of pregnant women visiting health facilities for post-natal consultation is given in the above figure. As per PSLM 2018-19, post-natal consultation was only 33 % for Pakistan. It was maximum for Sind, i.e. 41 and minimum for Baluchistan, i.e. 19%.

Burden of Disease

Persons in Pakistan suffer mainly from four major forms of Non-communicable Diseases (NCDs): cardiovascular issues, diabetes, cancer, and chronic respiratory diseases. Research illustrates that poverty together with inadequate nutritional care and limited health access contribute to women developing NCDs at higher frequencies than men do.

Table 7: Percentage of the Population with Coronary Artery Disease, High Blood Pressure and Mixed Anxiety/ Depressive Disorder for the Year 2007

	Male	Female	Total
Coronary Artery Diseases	23.7	30.0	26.9
% of the Population with High Blood Pressure (45 years and above) U=urban; R=rural	U-36.9 R-25.9	U-45.8 R-31.2	41.3
Mixed Anxiety/Depressive disorder	10-33	29-66	34

Source: Health Indicators of Pakistan, Gateway Paper –II, Sania Nishtar, 2007

Percentage of coronary artery diseases, high blood pressure, anxiety and depressive disorder have been given in table 7. The analysis shows that the above-mentioned diseases in women are higher compared with men in Pakistan.

The above analysis shows that horizontal and vertical gender inequalities in health are prevalent and could not be bridged overtime. Disparities are found in early childhood in poor families where male child is preferred over female child in education, health and nutrition. Resultantly, girls usually suffer from malnutrition. The maternal related conditions are also unsatisfactory. Husband

usually takes decision regarding health care, nutrition of wife and this is very vital in case of pregnant woman.

Conclusion and Recommendations

The analysis show that women in Pakistan are suffering from horizontal multi-dimensional inequalities, both inter and intra regions, in education and health. Discrimination against women starts from the very beginning, where in the poor families, especially in rural areas, male children are preferred over female children in the form of access to education, health and nutrition. The rewaj and social values also influence household decisions. Over-time, the quality of life for women has improved and women are actively playing their role in the socio-economic development. But despite all the efforts and improvements at the government level and role of NGOs, gender disparities persist in education, health and other spheres of life. The central problems lie with the mainstreaming gender concerns into overall planning, proper implementation, attention towards human resources development and provision of equal rights to women. Despite improvement in girl's education a substantial gender gap exists in terms of girl's literacy and enrolment rates.

Following way forward is required for bridging the horizontal and vertical gender disparities and improving women status in the country:

- Education is one of the most important measures to bridge the gender inequality gap. Education starts a 'virtuous cycle of prosperity' for women by increasing opportunities, more job opportunities, increased productivity, better health, decline in maternal and infant mortality, reduce in population growth rate, better and improved family life, few and good children and improved health and educational prospects for the next generation. Establishment of child friendly schools, availability of washrooms facility for girls, safe spaces, transport, child protection committees, involving parents and the community will increase female enrollment rate.
- Training and skill programmes for women. Most of the women work in the agriculture and informal sectors. Government programmes through NAVTTC and TVETA can provide better skills and training to working women and thus their productivity and income can be enhanced.
- Provision of employment opportunities and expansion of outreach of financial institution for female. As mentioned above, catering of vocational training can increase women share in formal sector employment. Furthermore, financial access to women should also be provided.
- Developing entrepreneurial skills among women: the involvement of women in entrepreneurial jobs will not only build-up their confidence but will also prove an engine of growth and enhanced productivity for them, for their family and for the country. Providing them with financial access, proper training, tax rebate, better working conditions will enable half of the population to contribute in the economy significantly.
- Women who are working in the informal sector should be provided better access to market for their product.
- Change in the mind-sets and creation an enabling environment: Last but not the least, in order to reduce the gender gaps, not only above recommended measures are required to be implemented, there is also need to change the mind-sets of the people through education, media, using of religious scholars, effective implementation of laws and policies for women and by creating an enabling environment in terms of their economic, social and political participation.

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