



RURAL CULTURAL VALUES OF SOCIAL JUSTICE WITHIN THE HOUSEHOLD AND ITS IMPLICATIONS ON THE HEALTH OF WOMEN IN RURAL AREAS OF FAISALABAD AND MULTAN

Saira Siddiqui ^{*1} Ashfaq Ahmad Maan ² and Izhar Ahmad Khan ³

ABSTRACT

The present study was conducted at University of Agriculture, Faisalabad, Pakistan during 2017. In this research study the rural cultural values of social justice were taken as parameter to check its effect on health of rural women in their homes. The main objectives were to study their social and economic conditions, social and cultural values regarding social justice and their health problems with respect to social justice. The rural areas of Multan District and Faisalabad District were selected for data collection. These districts are situated in the Province of Punjab, Pakistan. A sample of 500 women was taken. The data were collected through purposive sampling and multi-stage random sampling. The collected data were analyzed by using statistical techniques. The results showed that social justice was positively related with the health of women with chi-square value of 202.561 and pearson correlation value of 0.634. This showed that women who are getting social justice are healthier than those who are not. The regression coefficients of social justice with physical and mental health problems were 0.424 and 0.397, respectively, and showed that social justice was strongly associated with physical and mental health problems.

KEYWORDS: Social justice; rural cultural values; rural women; physical and mental health; Pakistan.

¹ Lecturer, Department of Sociology, Govt. College University, Faisalabad,
² Professor, ³ Assistant, Professor, Faculty of Social Sciences, University of Agriculture, Faisalabad, Pakistan.

*Corresponding author email: sairasiddiqui14@hotmail.com

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INTRODUCTION

In Pakistan families select their children's marriage partners and it is generally expected of children to refrain from mate selection on their own. In many cases forced marriages occur in disregard to mutual consent, feelings and freedom of children and goes as far as cruelly disregarding the minimum age for marriage (Amnesty International in the Asia & Pacific, 2012; Social Issues and Gender Index, 2009). In patriarchal Pakistani society women consisted half of the population but lacked equal opportunities to take part in national development. Women lived in fear and faced abusive forms of violence in their homes. Despite cultural, ethnic and linguistic diversity, Pakistani women invariably faced strikingly similar patterns of social injustice (Khan, 2006). However, women's situation as opposed to men was one of systemic subordination, determined by the forces of patriarchy across classes, regions, and the rural/urban divide (ADB, 2000). Regarding health effects, social justice indicated to reduce such social and economic conditions that brought a bad influence on the health of people. These are poor conditions, little learning, no guarantees and arrangements of health insurance and unavailability of

medicines and medical services that can lead to more diseases, disabilities and deaths (Levy and Sidel, 2005).

Socialization of men makes them strong, dominating, ruling and viewing women as their property, sex objects, and weak. Traditional roles mold women to be obedient, submissive and dutiful to men and keep them satisfied fulfilling their needs. They look up to protection from their male members and feel responsible for men's sexual behavior (Worell and Remer, 2003). Women remain vulnerable unless they have a guarantee of their ownership and inheritance of property to bring about needed welfare effects. One example is that of Bangladesh where men keep most of the resources under them and women remain deprived of many rights (Quimsumbing et al., 2000).

This investigation reflects on the actuality of degradations that rural women are vulnerable to in different regions of the world and for which their health suffers. Women disparities are repleted with characteristics attached to their identities, wellbeing, schooling, occupation, supplies, and kinfolk. As a matter of concern cultural values of social justice have been taken up to study the constraints that block women's

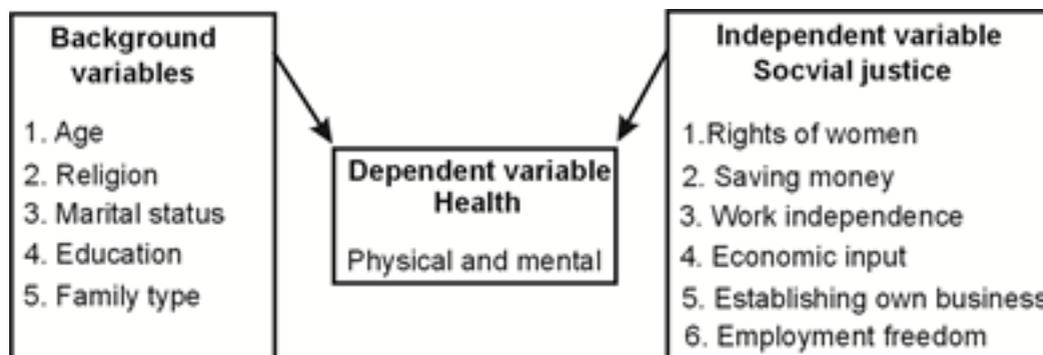
way to learning and get educated on equal footing as men. It would just be marvelous to see them get education, be provided basic amenities, security of basic privileges so that they get enabled to achieve emancipation and liberation with awareness of social justice for everyone. Center for Economic and Social Justice (2015) defined social justice as an attribute of founding foundations and establishments. When there is justice, impartiality and equality in our social organizations, there is an approach to decency and uprightness beneficial for both genders. With social justice there is a fair effort for co-operation and an aim to grow socially together. Women empowerment in Pakistan is very important and a challenging issue because of its specific regional and religious attributes. In comparison women are more wronged and tied to the social restrictions and conventions than men. This unreasonable conduct restrains their social freedom, lowers their social, legal and economic position in society. Women have less liberty in making decisions in domestic affairs (Awan and Ibrahim, 2015). There was a move from the members of a society that comprehended the monetary principles of utilization

and stressed their viewpoints about the condition of life. It displayed the mixture of diverse cultural values and how they associated with culture and gender (Inglehart, 1983). Women’s entitlements to the safety of their bodies and health have become a topic of growing interest for governments and associations such as World Health Organization (WHO) and the United Nations (UN) (Narayan, 2005).

The need was to know cultural values of social justice relate with the health of women living in their households. Women in rich and poor countries need to be continuously and rightly represented as they are to social and economic assets of all societies.

The present study was conducted to observe the socio-economic characteristics, social and control values of social justice, female health problems and the association of cultural values about gender and social justice of their health implications.

The given model is derived by taking into view Moss’ model (2002) and review of literature. A few indicators have been deduced to study the social justice variable and its effect on the physical and mental health of women.



METHODOLOGY

A cross-sectional survey was carried out for the collection of data from the rural areas of Multan and Faisalabad districts. The universe of the present study consisted of all the adult rural women of all the union councils of Faisalabad and Multan, Punjab. The sampling technique used for present study was purposive sampling technique and multi-stage simple random sampling. Former is the non- probability type of sampling and later is the probability type of sampling Nachmias (1981). One tehsil from each district was selected by using the purposive sampling technique, those tehsils were selected which consisted of rural population. At second stage, two Union Councils from each tehsil were selected by using simple random sampling respectively. Three villages from each Union Council were selected. Total 12 villages were selected randomly from the 4 union councils. From the 6 villages of each tehsil by using simple

random sampling 250 women respondents were selected and interviewed, sample from each village was selected according to its population by using proportionate random sampling technique. A sample of 500 women was drawn from the 12 villages of two zones of Punjab province. These respondents were rural females of the age group of 18 years and above. The data was collected personally from 500 women, through a self-administrated interview schedule included both open ended and close ended questions. The questionnaire was prepared in both versions (English and Urdu) for collecting information through face-to-face interviews. Attitude questions and contingency was constructed. The average time per interview was sixty to eighty minutes. Pre-testing was done to see if the questionnaire worked well, therefore fifteen interviews were taken before the actual data collection. The data was analyzed subsequently using statistical techniques.

RESULTS AND DISCUSSION

The age and the categories in the Table 1 show that 39.2 percent of the respondents belonged to the age group of 20 to 32 years, 34.8 percent were from 33 to 45 years, 15.8 percent of age 46-58 years and only 10.2 were 59 years and above.

In the above Table 2 showed majority 67.4% of the women were married; the unmarried were 22.6 percent, and the separated were 1.4 percent, divorced 1.2 percent and the widowed 7.4 percent. The respondents who had married by choice were 18.8 percent while those who had not, constituted 48.6 percent. The unmarried women consisted of 22.6 percent.

According to the type of family system 40.4 percent belonged to the nuclear family system and 59.6 percent to the joint family (Table 3).

The above given Table 4 and chart are showing the illiteracy rate of the respondents which is 51.4 percent and the literacy rate 48.6 percent. Women educated up to primary comprised of 15.6 percent, up to secondary 17.0 percent and up to college and above 16.48 percent; this showed a moderate level of literacy.

The employment category showed women doing a job were 32.2 percent, and those without a job were 67.8 percent (Table 5).

Table 1. Frequency distribution of the respondents according to their demographic characteristics

Age	f	%
i. 20 to 32 years	196	39.20
ii. 33-45 years	174	34.80
iii. 46-58 years	079	15.80
iv. 59-71 years	051	10.20
Total	500	100.0

Table 2. Distribution of the women according to their marital status

Marital status of women	f	%
i. Married	337	67.40
ii. Unmarried	113	22.60
iii. Separated	007	01.40
iv. Divorced	006	01.20
v. Widowed	.37	07.40
Total	500	100.00

Table 3. Distribution of the respondents according to type of family system.

Type of family system of respondents	f	Percentage %
i. Nuclear	202	40.40
ii. Joint	298	59.60
Total	500	100.00

Table 4. Distribution of the respondents according to their education

Education	f	%
i. Illiterate	257	51.40
ii. Up to primary	078	15.60
iii. Secondary	085	17.00
iv. College	062	12.48
v. Up to university	018	03.60
Total	500	100.00

Table 5. Distribution of respondents according to employment status

Employed	F	%
i. Yes	161	32.20
ii. No.	339	67.80
Total	500	100.00

In hypothesis 1 social justice is associated with health problems with Chi-square value of 202.561 which is highly significant and the correlation between social justice and health problems is also highly significant with Pearson's $R=0.634$. When social justice is low 88.1% percent women were sick and when social justice was at high level, 96.1 percent women were healthy. This means that higher the social justice, less will be the health problems, and that women who are getting social justice are healthier than those who are not.

While testing hypothesis 2. shows that the Chi-Square value of 178.888 is highly significant and the correlation between social justice and mental health problems is highly significant with Pearson's $R=0.596$. When social justice was low 84.1% percent women were sick and when social justice was at high level, 94.8 percent women were healthy. Levy and Sidel (2005) said that regarding health disparities, social justice meant reducing cultural and monetary disorders that harmfully disturbed people's health and so the communities. Many causes relating to social unfairness like poverty, medical care, illiteracy, and health insurance facilities, bring about higher percentage of adverse condition, such as affliction, infirmity, and fatality.

Table 6 shows that the regression coefficient value of Social Justice and Health Problems is 0.424 and that of Social Justice and Mental Health Problems is .397, meaning the association between Social Justice and Health Problems and with Mental Health Problems is highly significant. There is a strong and positive effect of Social Justice on health problems of women. According to Moss (2002) Women undergo psychosocial stresses. On top of this men's dominating behavior, their discriminatory attitude, the environment, the atmosphere created around women affects their health. They are then subject to inequality with little social justice. Socioeconomic factors given in the theoretical framework include education, income, income inequality, and occupation, as a few very strong, most consistent causal factors of health.

Hypothesis 1. Higher the social justice, lower will be the health problems of women social justice social justice.

Health Problems		Low	Medium	High	Total
Have health problems	f%	111 (88.1)	114 (1.8)	06 (03.9)	231 (46.2)
No health problems	f %	15 (11.9)	106 (48.2)	148 (96.1)	269 (53.8)
Total	f %	154 (100.0)	220 (100.0)	126 (100.0)	500 (100.0)

χ^2 value=202.651* Pearson's R=0.634* Gamma=.897* α = 0.05

Hypothesis 2. The higher the soil justice, lower are the mental health problems of women social justice.

Mental Health Problems		Low	Medium	High	High
Have health problems	f %	106 (84.1)	110 (50.0)	08(05.2)	224 (4.8)
No Health Problems	f %	20 (15.9)	110 (50.0)	146 (94.2)	276 (5.2)
Total	f %	154 (100.0)	220 (100.0)	126 (100.0)	500 (100.0)

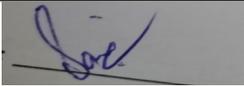
χ^2 value=178.888* Pearson's R=0.596* Gamma=0.860* α =0.05

CONCLUSION

The end result illustrates that if there is social justice in the households there are healthier conditions and women are found to have less mental pressures and diseases. With justice done in the households the women are happier and their physical and mental conditions remain better and they lead their lives with respect and fulfillment. This creates a household where women can look after their families and themselves in an environment conducive to happiness, good health and well-being as compared to those who face injustice by the members of their families and suffer from unhealthy mental and physical conditions.

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S. No.	Name of author	Contribution	Signature
1.	Saira Siddiqui	Planned and conducted the whole research	
2.	Ashfaq Ahmad Maan	Supervisor	
3.	Izhar Ahmad Khan	Co-Supervisor	