

Analyzing The Presence Of Women's Wards Facility In Government Hospitals Of Karachi

Khalid Mahmood Iraqi

Department of Public Administration
University of Karachi

Asma Manzoor

&

Seema Manzoor

Women's Studies
University of Karachi

Abstract

Changing global trends have made people more aware and conscious about their health and attainment of quality life by accessing healthcare services. But countries like Pakistan are not able to maintain quality healthcare services for common people. The healthcare service providers are not able to face challenges in this regard. The system of healthcare in Pakistan faces many issues and challenges of imbalance and insufficiency regarding deliverance and access to effective and quality healthcare services. The governments should develop an appropriate health system whose mechanism can be easily accessible for people especially women. For this purpose data from public hospitals has been collected to analyze specific issues within the boundaries of a specific environment and situation, because proper and accurate data availability can assure the effective policy making mechanism. In this study data has been collected by semi-structured interview schedule. Three public hospitals (Civil, Jinnah and Abbasi Shaheed) were selected as a universe of the study, and the respondents were purposively selected for conducting interviews in detail. The findings of this study reveal that in developing countries like Pakistan the healthcare services are not provided adequately in the public sector. People do not have easy access to healthcare opportunities for many reasons among which one reason is poverty, which leads to ill health and low health status. This growing dissatisfaction leads to imbalance societal gap, which demands appropriate measures and policies by the government. Government hospitals have some women specific wards but public private partnership has not been very effective, despite the establishment of Act and collaborations in public-private domain.

Keywords: Women's Specific Wards, Government Hospitals, Basic Health Facilities, Health Policies, Gender Based Budget.

تلخیص

عالمی دنیا کے بدلتے ہوئے رجحانات نے لوگوں کو صحت کے حصول کے حوالے سے زیادہ باشعور بنا دیا ہے جس کی وجہ سے ان میں معیار زندگی کو بہتر بنانے کے احساس پیدا ہوا ہے۔ لیکن پاکستان جیسے ترقی پذیر ممالک میں لوگ صحت کی

دیکھ بھال اور اس کے حصول سے نابلد ہیں۔ صحت کی خدمات فراہم کرنے والے ادارے صحت سے جڑے چیلنجز سے مقابلہ کرنے میں کامیاب نہیں ہو پاتے۔ پاکستان میں مؤثر اور معیاری صحت کے حصول تک رسائی بھی ایک بہت بڑا چیلنج ہے۔ حکومتوں کو مناسب صحت کا نظام تیار کرنا چاہیے جس کے ذریعے لوگ، خاص طور پر خواتین کے لیے رسائی ممکن اور آسان ہو سکے۔ موجودہ تحقیقی مقالے میں مخصوص سرکاری ہسپتالوں کو منتخب کیا گیا ہے تاکہ مؤثر معطیات جمع کیے جاسکیں۔ اس مطالعے کے لیے نیم ساختہ مصاحباتی شیڈول کے ذریعے تین سرکاری ہسپتالوں (سول، جناح اور عباسی شہید ہسپتال) سے معطیات جمع کیے گئے۔ ان ہسپتالوں کو کائنات تحقیق کے طور پر انتخاب کیا گیا تاکہ یہاں موجود عملے سے انٹرویو کیے جاسکیں۔

کلیدی الفاظ: خواتین کے مخصوص وارڈز، سرکاری ہسپتال، بنیادی صحت کی سہولیات، صحت کی پالیسیاں، صنفی بنیاد پر جٹ

Introduction

Change in global economic trends has affected the industrial as well as service sector, which encompass all the social aspects of life including education, healthcare, communication and etc. unlike all other sectors, service sector has become the most demanding, leading factor and has shown enormous growth towards the global output. Services are basically inseparable and variable in nature, thus, they become more challenging for maintaining quality (Kotler, Bloom, & Hayes, 1984). For this purpose many health organizations provides health facilities nationally and internationally in terms of their ability to deliver, efficient and quality health to improve quality of life and life expectancy (UNDP report, 1990). The demographic trends, population needs, globally changing socio-economic and political scenario demands new and efficient healthcare systems to meet the current and upcoming needs (WHO 2007). According to Malik, since the healthcare system is undergoing innovations, therefore, the organizations must intervene for improving the health facilities standards worldwide (Malik, 2013). Healthcare service sector has also taken the form of an industry and is much competitive now and it includes value by its effectiveness, adequacy and proper recruitment of staff and updated equipments (Porter, 2010). Its effectiveness will increase more if it becomes affordable and easily accessible to everyone.

Park quoted in his research that the Alma Ata declaration focused on the concept of *health for all*, this declaration focused on attainment of health across the globe for people to have productive life. Implementation of this declaration is not so east, because countries like Pakistan is still facing major health challenges. Back in 1963 WHO proposed that hospitals should be a place where patients feel

comfortable while getting their treatment (Park, 2002:11-44). Developing countries including Pakistan face severe health issues, which cannot be resolved without proper health policies. For this purpose steps should be taken in right dimension to fill the gaps and loop holes in order to facilitate people in attaining easy access to healthcare system. Huge number of population even in Pakistan does not have access to health resources, especially in rural areas. Though it is a basic human right, but still millions of people suffer from low health status due to poverty and lack of political will. In other words, it can be said that the existing healthcare system is not satisfactory at all, thus better health services should be provided as per requirement and demand (Park, 2002:1-11).

The civil society has always been criticizing the role of government in this regard and emphasized to increase the health budget. Many other aspects also highlighted by the civil society like increase in taxes on pharmaceutical products has made treatment out of the reach of poor people, limited public sector influence, and poor performance of government hospitals and staff (Nadir, 2003). The victim of poor health and healthcare usually belong to lower class, who can rely only on public hospitals, free medicines and free treatment and they suffer most due to shortage of staff, funds and government hospitals. There is not enough capacity to accommodate patients from local communities and for patients who come from rural areas. These hospitals also lack in providing separate wards for women. Normally gyne ward and labour rooms are established, but that too with insufficient equipments and medical facilities. Surgical tools and equipments are not properly sterilized, which can be a threat to the lives of patients. The used surgical instruments and syringes are reused and thus allowing and increasing the risk of spreading viral infections and transmitted diseases. Even the hospital waste is not disposed properly and is sold again by the lower or cleaning staff. This practice has been reported repeatedly, but no proper action has been taken yet by the authorities. These issues become more intense due to the employment of ghost staff on the posts of sweepers, nurses, technicians and doctors (Nadir, 2003). The health issues in urban areas are more intensified because of the huge migration from rural and urban settlements, who either come for treatment or to become urban dwellers (Park, 2002:11-22). Every person or a researcher may vary in this regard and can have different perspective, but still these are some common problems which cannot be denied, therefore, these issues are highlighted and analyzed in the current study by focusing Jinnah, Civil and Abbasi Shaheed hospital.

Main Challenges Regarding Separate Wards for Women in Public Hospitals

The main challenges are as follows:

1. Lack of infrastructure

2. Shortage of staff
3. Shortage of funds
4. Less capacity to accommodate patients
5. Poor quality services

Lack of Infrastructure

The healthcare system lacks in providing adequate infrastructure and above all effective policies cannot be designed without the political involvement. Khan identifies that due to the centralized health care system federal government has the controlling power and the provincial governments only have the implementation role. This centralization is also a major hindrance in the adequate policy making, which holds back the role of stakeholders, civil community and NGOs in health planning, legislation and its proper implementation. This communication gap and trust deficit between federal and provincial governments causes lack of implementation and the health programs and policies become non-effective, though government has a realization that good governance is a key to setup an effective system and acknowledged this fact in the National Health Policy 2001. This realization is not a solution, because it demands proper measures to be taken (Khan, 2007). The studies have highlighted that the policy makers are not qualified and they do not even have the experience regarding healthcare system, because they never have been the part of any advisory board. Besides policy making, its implementation and monitoring is equally important, which should be conducted by the team of non-corrupt qualified people (Gohar, 2002).

Shortage of Staff

Lack of human resources also contributes in poor health infrastructure. The deficiency of medical and technical staff occurs at many levels: at regional level, public-private sectors and in urban and rural settlements. In rural areas doctors and technical staff is normally not willing to serve due to lack of facilities and even in urban areas they are more into private health sector for profit and monetary benefits. As per the above mentioned factors the medical treatment and access to healthcare system has gone beyond the reach of poor people in the country (Pan American Health Organization, 2002).

Less Capacity to Accommodate Patients

Due to increase in population growth and heavy influx of rural migration the burden on government hospitals is becoming more intense; thus, leaving public hospitals over burdened and less capable to serve the influx of patients from urban as well as rural areas. The ill-planned cities and uncontrolled local migration has

intensified the issues in all sectors. Over populated cities causes scarcity of resources and deprives people from availing basic facilities (M. D. et al., 2008). This problem can be resolved by providing economic means, basic facilities and healthcare services in rural areas, because rural population migrates to avail basic utilities which are not present there.

Poor Quality Services

Fastest growing population leads to poor quality of health for patients and government hospitals seems to be struggling to provide health facilities (N. Chandra, 2012). The services of these hospitals are constantly deteriorating and thus making private health sector more efficient and expensive and out of reach of common people. Public health sector is constantly taking measures to improve the availability of health facilities for common man, but due to lacking in manpower, qualified staff and required financial assistance these measures become ineffective (D. N. Jha, 2012). Without resolving these issues quality health cannot be assured neither in public sector nor in private sector (B. S., 2012).

Shortage of Funds

Health budgets are neglected in both federal and provincial level, because the concerned authorities do not realize the importance of providing health facilities as the basic human right to people is of key importance for national development. Due to lack of education and awareness normally people demands for roads and basic utilities like water and electricity instead of health and education. Therefore, politicians and concerned authorities are also not serious in paying attention to healthcare facilities as a basic provision (CPDI, 2018). There are many other factors involved in lowering the health status in Pakistan for example, illiteracy, lack of access to health resources and etc., almost every year 30,000 maternal mortality deaths are reported (Choudhry, 2005). Though, many measures have been taken by the government, but still these efforts are insufficient and ineffective (Ambruso, 2005). In the government hospitals health facilities are not provided properly, especially women suffer more, because women specific wards lack to facilitate women (Zafar, 2008). Since women's health is not given much importance therefore, poor maternity care increases the maternal mortality rate, especially in rural areas (Hulton, 2000). The significance of quality healthcare services and the role of hospitals have been seen as a relationship of service provider and quality healthcare through researches which are conducted recently (Brown, 2007).

According to Haddad, maternity care should be given importance, because the main consumers are women (Haddad, 2000). The opinion and perception of patients is very important for maintaining the quality care (Proctor, 1998),

because their health requirements provide the framework for making policies (Becker, 2008). Similarly Salomon argues that to set the dimension of quality health care for women, their satisfaction and perception is very important (Salomon, 1999). It is observed that usually researches based on women's health issues focuses on maternity service provisions (Mahmood, 1999), but still not much attention is given to maternity related issues (Tejjiligen, 2003). Normally women's health issues are restricted to their reproductive health issues only; which is a biggest limitation in providing them overall healthcare facilities (Rudman, 2007). As per current scenario of weak health status, especially for women it is needed that public and private sector should work in collaboration to compete the challenges and consumership (Dozier, 2001).

Some Critical issues of the Health Sector

- Weak institutional system and lack of community participation in healthcare system
- Centralization in healthcare system deprives the provinces' rights
- Lack of qualified and experienced people in policy making
- Inadequate health facilities and low budget, especially in rural areas
- Poor health infrastructure
- Ineffective implementation and monitoring system
- Lack of public and private collaboration in healthcare sector
- Lack of women specific wards in the government hospitals

In 1970s the concept of gender mainstreaming became common to improve women's participation in the production sector, whereas, in 1990s it was realized that by neglecting women's health, women's subordination will increase more intensely (The Commonwealth Secretariat, 1999).

Review Literature

“The state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (World Health Organization, 1946).

According to the WHO, social well-being is equally important along with physical and mental health and the absence of illness is not supposed to be the state of perfect health. Among all basic necessities of life, health is considered as the most important requirement to attain quality of life. This definition encompasses all social and communal activities that promotes, sustains and maintains health. Health related activities include healthcare service providers, policy environment within the community, patient's welfare and issues of their relatives.

The principle goal of any health services framework is to encourage the accomplishment of ideal scenario of well-being to the network through maintaining the health quality and quantity. Similarly the other global target of well-being betterment is to consider health services is the responsibility for its administration and deliverance. This relates not exclusively to the general betterment of people at individual and mass level, however to the nature of the medicinal services consideration (Reinhardt, 1998). The structure of the health services framework is intricate and incorporates different sorts of providers. These providers practice in various frameworks of pharmaceuticals and health facilities by public private collaboration (Bhat, 1993).

Expanding the accessibility, access to healthcare and raising consciousness about the administrations and technological advancement for the administration of health issues, raising hopes for the general population, and the consistently expanding expense of health services are very challenging, which must be managed by the healthcare system. The improvement of the health care sector is because of various connecting factors. These variables incorporate the development of family unit wages, the deficiencies of the general well-being, and the impacts of different government measures on the task of various health services providers (Alejandro, 1997). The private well-being and health sector has a very significant role regarding healthcare facilities framework. Through a wide system of health deliverance system, this area obliges the requirements of both urban and rural populace and has extended generally to fulfill expanding needs.

By examining the satisfaction level in regard to health facilities, no noteworthy efforts were noted among public and private hospitals in connection to conduct of doctors, attendants, getting convenient appointment for consultation, examination system, delayed treatment, charges, data maintenance and keeping patients history, correspondence, medical attendants' frame of mind, dealing emergency cases, proper way and time to deal patients. On the other hand, the patients are also unaware about their rights and accessing the medical and health facilities. People do not consult doctor until their disease become severe and at initial stage self-medication is seen as a very common practice in the developing nations. Thus, it is also important to focus on people's awareness raising programmes along with improving the health sector.

Attainment of health and well-being is a basic right of every person, which is undeniable neither lawfully and nor ethically in any part of the world. It is the privilege of patients to get conscious and noble treatment and medical services they need, yet sadly, a larger part of the general population in many developing nations. As Verdonk, asserted that inaccessibility of appropriate health facilities and absence of staff negatively affects people (Verdonk, 2008). The essential health services facilitations are significantly underutilized as a result of low

quality treatment, irresponsibility, no guidance, no awareness and absence of properly trained medical staff (Babar & Juanita, 2010).

In contrast to public hospitals, it is found that private hospitals are giving better medical and health facilities to the patients and furthermore contributing a positive role so as to bring down the burden on public health sector. Patients also prefer to get treatment from private hospitals due to efficient health system. Though the private sector is very expensive, but people are compelled to drift towards private hospitals due to the low quality healthcare in government hospitals (Dr. Arab et al., 2012). But still the expenses of private health sector is not affordable by everyone, therefore, patients from middle class and lower class are pushed back to public sector (Landman, Jonathon & Khanyisa, 2001).

In Pakistan, private hospitals being so expensive still offer quality services and treat patients politely, doctors give proper time to patients and they are treated with special care, by giving proper health conditions and better environment, surgical tools and equipments are properly sterilized, accessibility of medicinal tests and pharmacy store facility is also available within the hospital premises. The general affectability among patients is that private health facility give better medicinal services, since they care for their patients honorably, which tempts people to avail services from private health sector. Hygiene and cleanliness is also maintained regularly and patients are given extra care regarding their health issues.

In Pakistan, deliverance of adequate health services has always been a major issue, thus, the services in this sector are unjustifiably dispersed, which makes the access to healthcare and well-being difficult for low income and lower class people thus, increasing the mortality rate and low life expectancy. There are three things which ought to be clear regarding the treatment in public hospitals: 1) medical treatment in government hospitals is partially free i.e. patients have to pay charges to certain extent. 2) Other than medical expenses, some other expenses are also involved like daily livelihood. 3) There are some other costs involved which they bear due to poor quality of health facilities, wrong diagnosis, post treatment expenses and some other health related issues which causes them long term expenses (Stenford, 2001).

Poor governance is noticed in all public sectors. Similarly, in health sector, poor governance is also seen as a characteristic throughout, which damages the reputation of the health sector and deteriorates the availability of healthcare. Low health budget, burden beyond the capacity, old and dysfunctional medical equipments, incompetent doctors and medical staff, are some of the reasons which demonstrates the poor health condition in government hospitals. Above all poor

hygiene maintenance can transmit infections and contamination among non-contaminated patients by becoming a carrier (Moolchandani, 2001).

It is also reported that the hospital staff is irregular and most of them are ghost workers, for instance, technicians, sweepers, and even physicians do not report on their duty hours. Health Economics Unit (HEU) of the Ministry of Health (2002-2003), Government of Bangladesh has also identified, by indicating those doctors, nurses and lack of medicines are also contributing components in bringing down the status of public healthcare services. There is irreconcilable situation for those working at the Government Hospitals and also practicing privately (Deogonka, 2004). Government Hospitals seriously disintegrate the social well-being of poor people and white collar class patients who cannot bear the cost of decent treatment at private hospitals.

Health Economics Unit added in their 2004 analysis that public hospitals fail to meet the demands of patients in terms of availability of blood, staff's attitude, and providing medicines for free. The equipments are not properly sterilized which transmits diseases. In countries like Pakistan the ratio of patients and doctors is not balanced i.e. as per findings there are 77 qualified doctors per 100000 patients, which is definitely a very alarming health situation (Health Economics Unit, 2004). The doctors working in public hospitals try to influence the patients to visit their private clinics, which is purely unethical (Patel, 2007). These doctors even sometimes advise the patients to get admitted in private wards or to wait for their turn in order to get their bed (Jonathon, Terri and Stephen, 2006).

Half of the population in Pakistan constitutes of women (Trading Economics, 2012). But, still women have a low status and have very low access and control over the resources, lack in fulfillment of rights, lack of power sharing and social imbalance (Saigol, 2011). Women are discriminated in all spheres of life whether private, public or communal. Men have dominating and superior status and definitely they enjoy better quality of life than women (Anaeme, 2012). In the ranking of the Gender Empowerment Measure (GEM), Pakistan has secured the 82nd position having the value 0.377 (UNDP, 2007–2008). According to the Finance Division of Pakistan (2012–13) the maternal mortality rate in Pakistan is very high and the Millennium Development Goals (MDGs) aims to bring it back to rank 140 from 260th rank.

Theoretical Framework

Concept of Theory

There is no such universally accepted standard definition of theory, which can draw a definite and precise concept of theory. But it provides a logical explanation and is normally termed as scientific theory. According to Ornstein and Hunkins

(1993), theory is used to interpret, criticize and unify existing laws and can also be used to revise them. It is a way to generalize and formulize data. It can be understood as a guide line to do some action, to give opinion, or to explain some philosophy. Whereas, Stanley and Wise (1983), thinks that some people consider theories as a mysterious phenomenon, which is given by intellectuals. This concept enables people to identify between experts and non-experts by perceiving theories through an comprehensive approach. Many researchers have analyzed the health services by using the theoretical framework offered the theoretical model which helps to identify the target group, methods, and issues, analyzing the problem and support. On the other hand health services primarily focused on assessing the results of policies rather than the mechanism (Lipsey M., 1990).

Health Services Model

Robert & White (1976) argues that Health Services Model is about the health care facilitation to practice the provided facilities of health, while this structure would establish health services system and philosophies lined up services for individual usages. Health objectives to the overall society are clearly defined, but areas are roughly identifiable. These domains of facilities differ culture to culture and country to country and people having particular disorders would expect to attain health under one formal framework, while another framework comparatively might have disorder to other social organizations. It is simply found that health care and facilities framework depends on access, affordability, awareness and availability of commodities which people easily enjoy. Similarly empowerment theory found that low-income families have less and no access to the health facilities and suffer barriers to get treatment and medical services particularly for women and children, while hospital welfare organizations help the families for getting medical services (M.N. & D.J., 1996). The hospital welfares and patients' welfares are available at government hospitals for providing help to the patients and their families financially as well as socially for the respect of human well-being. Meanwhile, people of different ethnicity and class come to the government hospitals of Karachi from all over the country. These welfare organizations help them to get knowledge and awareness about healthcare services.

Theory of Equity of Access to Care

Lu & Ronald (1981) presented the theory of equity of access to care, which explains that people receive medical services on the basis of need. There is a variation in services and usage of facilities based on utility and diversity of administering the necessary components of related factors. Variety is either a component of the accessibility of administrations or how they are composed or other inclining or empowering attributes of the people themselves implies that administrations are not impartially circulated.

Model of Value of Access to Mind

Lu and Ronald created a model of value of access to mind and said that it exists when administrations are conveyed based on individuals' requirement for them. Disparity is recommended, nonetheless, if administrations are circulated based on statistic factors, for example, race, family pay, or spot of living arrangement, as opposed to require (Lu & Ronald, 1981).

Objectives

1. To find out the status of women's health at government hospitals in Karachi Pakistan
2. To find out what are the basic health facilities required for women.
3. To find out what health services government hospitals are providing towards women.
4. To find out what specific women's wards exist in government hospitals of Karachi.
5. To find out what steps government is taking to improve the access of women to health services.
6. To find out what benefits women have to avail from pre-existing health policies
7. To find out are there any efforts have made by the collaboration of public-private sector.
8. To find out do government allocate separate budget for women's health.

Methodology

This study analyzes the presence of women's wards facility in government hospitals of Karachi and provides the understanding about the quantitative understanding of health status of Pakistani women. It also aims to highlight the steps taken by the government regarding access of women to healthcare services in government hospitals in Karachi. Data is collected purposively to establish a clear perception about the research topic. For this purpose staff from the selected hospitals was interviewed and the data was then tabulated to interpret the true picture to obtain reliable and authentic results. Semi structured questionnaire was used as a data collection tool, which was then presented in the form of simple tables. Three government hospitals in Karachi, i.e. Jinnah Hospital, Abbasi Shaheed and Civil Hospital were selected as a universe of the study, and the respondents were purposively selected for conducting interviews in detail. Basically the study aimed to find out the health status of women and the presence of women's wards facility in government hospitals of Karachi.

Study Purpose

Through quantitative exploration the health trends and the government initiatives were targeted to highlight the situation of female health access in government hospitals in Karachi to examine what facilities are provided to women in public hospitals.

Purpose of Review

The current study has focused on three major aspects: first of all on a comprehensive and reliable source of data regarding healthcare services in Karachi. Secondly on data analysis and finally incorporating various researches to elaborate the results further and thus authenticating the current research.

Study Population

Three government hospitals in Karachi, i.e. Jinnah Hospital, Abbasi Shaheed and Civil Hospital were selected as a universe of the study, and the respondents were purposively selected for conducting interviews in detail.

Sample Size

The purposive sampling technique of non-probability sampling has been used for this study to obtain data from the respondents. A total sample of 50 staff members of the selected hospitals took part in this study.

The Procedure of Sampling

Three government hospitals (Jinnah Hospital, Abbasi Shaheed and Civil Hospital) were purposively chosen on the basis of services and basic healthcare facilities provided to women and separate female wards in government hospitals. The sampling size was then determined from each hospital to collect data adequately.

Questionnaire (Tool for Data Collection)

A semi-structured questionnaire was designed in Urdu language to ensure that the respondents can understand the questions easily and can provide the relevant information without any hesitation. The questionnaire aimed to seek authentic and reliable information based on the research topic i.e. healthcare, basic health facilities and separate wards for women. Initially questionnaire was pre-tested in order to make certain that the questionnaire is perfectly designed before the data collection.

Ethical Considerations

Before conducting the research the researchers obtained the clearance from the selected hospitals administration. The respondents were given the assurance that any information provided by them will not be used against them or the hospital. The researchers strictly followed the rules and regulations provided by the administrative staff of the selected hospitals.

Results and Discussion

Table: 1
Distribution of respondents according to does government hospitals provide basic health facilities specially to women

Basic health facilities for women	Frequency	Percentage
Free medical treatment & Free consultation	25	50%
Health awareness	5	10%
Family planning guidance	20	40%
Total	50	100%

Above table has shown the basic facilities provided to women at government hospitals in Karachi, it shows that 50% of respondents said that government hospitals provide them free medical services including free consultation and medication, patients' admission at the hospital, and emergency services as well whereas they have to pay heavy fees for these services in private hospitals, while 40% of respondents said that they get family planning guidance and only 10% people responded that government hospitals make people aware about health care and give information about female specific diseases and how to monitor themselves. It has been observed that a very less budget was allocated for the health sector, for the fiscal year 2017-18, the overall estimated health expenditures at federal and provincial level was around Rs. 384.57 billion which was 31.75% higher from the actually released budget which was 291.90 billion (Dawn, April 27. 2018).

It has been found during the survey for development in the health sector that the lowest budget has been allocated for health sector for Sindh while highest at KPK. Majority of the poor class and low income class people go to the government hospitals for free medication and health care services because they cannot afford the high medical bills of private hospitals. Thus long queues of patients were seen there waiting for their turn to get the health services at government hospitals. (Khaliq & Ahmed, 2018)

Table: 2
Distribution of respondents according to diseases among women

Diseases among women	Frequency	Percentage
Depression/Anxiety	15	30%
Reproductive issues	25	50%
Cancer	10	20%
Total	50	100%

According to the above data 50% women suffers from different reproductive health issues due to illiteracy and lack of awareness about women specific health problems while, 30% women generally suffer from depression and anxiety due to different family issues they were facing in their life and found no one to listen and help them out, usually they said that they have no say in the society and they find no way out to get of it and 20% of the women were suffering from different types of cancers out of which colon and breast cancer were common.

Table: 3
Distribution of respondents according to categorization of women specific wards

Categorization of women specific wards	Frequency	Percentage
Maternity wards / Gynecological wards	25	50%
Burns wards	10	20%
Cancer wards	15	30%
Total	50	100%

This table shows that Government hospitals have 50% women specific Maternity / Gynecological wards dealing with different maternal and birth related issues as well as other gynecological issues for providing better health facilities to mother and child, whereas 30% government hospitals have cancer ward for treating women cancer patients, while 20% burns wards where mostly women burn victims were admitted for treatment of their serious burn wounds which is the cause of any criminal incident or violent case like acid burns, stove burns, petrol burn etc.

Table: 4
Distribution of respondents according to collaboration of public-private sector

Collaboration of public-private sector	Frequency	Percentage
Help in making policies	5	10%
Health based surveys	20	40%
Mobile health facilities	20	40%
Awareness program & seminars on Health issues	5	10%
Total	50	100%

Data has shown that government hospitals have public-private collaboration for health services and public awareness about diseases and cure. This public-private partnership helps in collecting data through health-based surveys and mobile health services as 40% each respondent said respectively whereas, 10% each respondent said public-private collaboration and networking help the state in policy making for the health sector and arrange symposiums, seminars & awareness camps on health issues.

In addition, healthcare spending in provinces is comprised of developmental and non-developmental activities. An analysis of provincial budgets for the last two years reveals that more focus has been given to current expenditures.

Table 5
Distribution of respondents according to gender based budget allocation

Gender based budget allocation	Frequency	Percentage
Yes	50	100%
Total	50	100%

According to the above table all the 100 % respondents said that there is a gender-based budget allocated for providing health services for both men and women.

Table: 6
Distribution of respondents according to pre-existing health policies in government hospitals

Pre-existing health policies in government hospitals	Frequency	Percentage
Sindh public-private partnership act, 2010	15	30%
Health Card	5	10%
Patients' Welfare	30	60%
Total	50	100%

Data has shown that 60% of the respondents said that there is patients' welfare society at the hospital, 30% respondents said that they have public-private partnership act while 10% said that there is a policy of health care. Healthy society and economical stability of any state has a positive linkage. Universally there are more provision of medical aid and health expenditure. As mentioned earlier Pakistan has low health budget and public policies are less prioritized. Although government has increased collaborations for medical aid and trying to fulfill the target of Sustainable Development Goals (SDGs) 2016. Hence the public-private partnership act is a great measure to step ahead.

Table: 7
Distribution of respondents according to government measures to improve health services

Government measures to improve health services	Frequency	Percentage
Gender based budget	10	20%
Free examination & awareness raising	15	30%
Easy access to health care services	25	50%
Total	50	100

Above data shows that 50% of the respondents said that government is constantly trying to provide easy health services which are approachable for people particularly to women, 30% of the respondents said that government takes measures for providing health awareness while, according to 20% respondents gender-based budget is allocated for providing better health services and facilitate both the genders. Government hospitals provide without charge services as compare to private medical services which are largely costly and only afford by the economical sound people while majority of our country are living under the poverty line. They only have access to the public hospitals. These hospitals arrange awareness raising and capacity building programs for these common people.

When raising the question about gender based budget, various policies have been introducing particularly focus on health issues regarding women. Primary health facilities and easy access to health services for women is the major objective of such policies. However there is a need to establish an infrastructure which should be gender sensitized.

Conclusions

It is commonly very known fact that health sector in Pakistan is deeply ignored as well as women's health. Majority of Women in Pakistan belong to lower socio-economic status and suffer malnutrition and medical issues. There is a lack of medical practitioners, personnel, insufficient expenditure, and resources. The maternal mortality and infant mortality rate are going higher due to lack of access to resources. Women face gender biasness for the treatment due to patriarchal society. Gender Inequality Index and human development Index reflects gender disparity in women's health, economical empowerment and decision making. When raising the question about women, health and gender budgeting, it is found that maternal mortality rate, infant mortality rate, malnutrition and immunization are major areas which should be continuously researched.

Results of the present study shows that there is gender sensitive budget but previous studies show lack of gender sensitized budget allocation. This study found that there is a need to increase separate women wards. Basic health facilities have been providing at no cost on the name of treatment and medicines. The only women wards are maternity and gynaecological wards dealing with women reproductive issues. Women patients suffering from other disorders get admit to the hospitals in general wards where both males and females patients are commonly admitted and their attendants (male and female) also stay with them, which of course creates uncomfortable environment for women patients and attendants as well. Only cancer ward in the public hospitals is established separately, while in burn wards majorly treats burned women. The private health sector is very costly, which is a major problem for poor women. It is also observed that awareness raising programs and basic services are provided and organized with a public-private partnership in order to facilitate poor women. Health sector provides services on the basis of public and private collaboration. Furthermore, community-based organizations also work for facilitating basic health services to rural and suburban areas. Gender based budget and its sustainability is a major problem, however, the government has set the national policy for improving health sector throughout particularly for women and children. While these policies can be improved through collecting sex desegregated data to monitor the social services, health services provisions and reviews the health targets particularly for women. The 18th Amendments of Ministry of National Health Services, Regulation and Coordination and Sustainable Development Goals 2016 have positive effects on the health sector to providing quality and affordable health services to women.

Overall the reviews and literature reveal that women's health and provision of social services is a holistic approach and should be adopted to improve health sector particularly for women and girls. There is also a need to pay attention on women's malnutrition, women specific diseases and to provide them social and health services which includes women specific wards only in public hospitals particularly.

Limitation and Delimitations

Since the aim of this study was to find out the overall scenario regarding Presence of Women's Wards facility in Government Hospitals of Karachi, therefore it was quite a challenge to interview respondents from all the selected government hospitals, because such researches are usually not conducted. Somehow, it became possible to interview hospital staff from different hospitals, by visiting different wards. Poor access to healthcare services is a deep rooted social issue; because, in developing countries health is not given a high ranking priority. Therefore, interviewing hospital staff and getting information from them was not

an easy task. By using personal links and assistance, interviewing became possible. Latest researches regarding the issue have not been conducted since 2005; therefore, same statistics are being quoted even by the UN in the current decade.

Recommendations

Health sector and its related issues should be addressed by the government seriously and there is a need to increase budget for health sector. Along with that government should also initiate to provide health facilities to poor and unprivileged class by giving them the right of access to quality health care services. Free medical camps and free medication and quality healthcare should be provided to needy people in public hospitals and even in private hospitals. Government hospitals should assure that the medical equipments and facilities are available for the patients. All the equipments must be in working properly, because, negligence in this regard is totally unacceptable. There should be a complaint cell to assure that the complaints are addressed in order to monitor the healthcare system. The role of government in healthcare sector should be very effective to develop the health environment more beneficial for every sector of the society, especially the poor, women and children from both urban and rural settings.

- Policymakers should formulate gender sensitized policy and arrange mobile health services with trained medical practitioners, particularly for women.
- There is a need for adequate data collection for the health system at government hospitals and available facilities so that it can be found how much need of women personnel and gender-based health needs.
- Government allocates budget on the basis of gender equity and equality which helps in the improvement of women's health. We can easily analyze the disparity in needs and facilities.
- The public-private collaborations are helpful for resolving health issues. Private health sector provides cheap and accessible health facilities.

References

Alejandro, Herrin (1997). *Private Health Sector Performance And Regulation In The Philippines*, in edited book titled, *Private Health sector growth in Asia Issues and implication* by William Newboarner, John Wiley & Sons, Ltd., pp.157.

- Ambruso, L.D., Abey & M. Hussien, J. (2005). Please Understand When I Cry Out In Pain: Women's Accounts Of Maternity Services During Labour And Delivery In Ghana, *BMC Pub Health*, vol. 5140, pp.1-11.
- Anaeme, F. O. (2012). Reducing Gender Discrimination and Violence against Women through Library and Information Services, *Library Philosophy and Practice (e-journal)*.
- B. S., Perappadan (2012). *Private hospitals advertise at AIIMS to recruit doctors*, *The Hindu*, available at <http://www.thehindu.com/todays-paper/tp-national/private-hospitals-advertise-at-aiims-to-recruit-doctors/article3389387.ece>.
- Babar & Juanita (2010). *Health Service Utilization in Pakistan*, District Survey Report, pp. 1-6.
- Becker, D. & Tsui, A.O. (2008). Reproductive Health Service Preferences And Perceptions Of Quality Among Low Income Women: Racial Ethnic And Language Group Difference, *Persp Sexual Reprod Health*, vol.40, pp.202-211.
- Bhat, R. (1993). The Private/Public Mix In Health Care In India, *Health Policy And Planning*, vol. 8(1), pp.43-56.
- Brown, C.R. (2007). Where are the patients in the quality of health care?, *Int J Qual Health Care*, vol. 19(3), pp.125-126.
- Centre for Peace and Development Initiatives (CPDI) (2018). *Shadow Development Budget for the Health Sector*, Pakistan, Centre for Peace and Development Initiatives, p.12.
- Choudhry, T.M. (2005). *Maternal Mortality And Quality Of Maternity Care: Implications For Pakistan*, (Masters thesis), Karolinska Institutet, Sweden, Available at: <http://openmed.nic.in/1370/>.
- D. N., Jha (2012). All India Institute Of Medical Sciences Faces Exodus Of Top Doctors, Times of India, available at http://articles.timesofindia.indiatimes.com/2012-05-03/delhi/31555155_1_faculty-association-voluntary-retirement-faculty-members.
- Dawn (April 27. 2018) Daily Dawn, Available at <https://www.dawn.com/news/1404081>

- Deogonka (2004). Socio-Economic Inequality and its Effect on Health Care Delivery in India, *Electronic Journal of Sociology*. Produces by CAPP.
- Dozier, A.M. (2001). Development Of An Instrument To Measure Patient Perception Of The Quality Of Nursing Care, *Research Nurs Health*, vol. 21, pp.506-517.
- Dr. Arab, N., Daraz, U. Khan, T., Khan W., & Hussain, M. (2012). AN Analytical Study of patients' health problems in public hospitals of Khyber Pashtunkhwa Pakistan, *International Journal of Business and Social Science*, vol. 3(5), pp.133-143
- Finance Division of Pakistan. (2012-13). *Economic Survey of Pakistan*, Islamabad, Pakistan, Ministry of Finance.
- Gohar, Wajid D.A. & Al Massoud, H.A. (2002). *Prospects, Prerequisites and Challenges for Developing a Healthcare Quality Improvement Strategy for Pakistani Healthcare System*, *Pak Seventh Int Conv Qual Improv*, pp.1-7.
- Haddad, S., Potvin, L., Roberge, D., Pineault, R. & Remodin, M. (2000). Patient perception of quality following a visit to a doctor in a primary care unit, *Family Practice*, vol. 17, pp.21-29.
- Health Economics Unit (HEU) (2004). *Report: Ministry of Health and Family Welfare Government of the People's Republic of Bangladesh*, Institute for Health Policy.
- Hulton, L.A., Mathews, Z., & Stone, R.W. (2000). A framework for evaluation of quality of care in maternity services, USA, University of South Hampton, pp. 1-4.
- Jonathon, P. Ehsani, Terri, Jackson, and Stephen, J. Duckett (2006). The incidence and cost of adverse events in Victorian hospitals 2003-04, *The Medical Journal of Australia*, vol. 184 (11), pp. 551-555.
- Khaliq, Fatima & Amed, Waqas (2018). *State of Health Sector in Pakistan*, Pakistan, SBP Staff Notes, p.10.
- Khan, M.M. & Van, den Heuver W. (2007). The impact of political context upon health policy process in Pakistan, *Public Health*, vol. 121(4), pp.278-86.

- Kotler, P., Bloom, P. N. & Hayes, T. J. (1984). *Marketing professional services*, NJ, Prentice-Hall, Englewood Cliffs.
- Landman, W.A., Johann, M. & Khanyisa, H. N. (2001). *Chris Hani Baragwaneth Hospital Ethics Audit*, Research Report No 2. Ethics
- Lipsey, M. (1990). *Theory as method: Small theories of treatments*, In: Sechrest, L., Perrin, E., Bunker, J., (eds), *Research methodology: Strengthening causal interpretations of nonexperimental data: Conference proceedings*, Washington, Agency for Health Care Policy and Research, pp. 33–51.
- Lu, Ann Aday and Ronald, M. Andersen (1981). Equity of Access to Medical Care: A Conceptual and Empirical Overview, *Medical Care*, Vol. 19(12), Access to Medical Care: Progress, Problems and Prospects, pp. 4-27.
- M. D., John, S. J., Chander and N., Devadasan, (2008). *National Urban Health Mission: An analysis of strategies and mechanisms for improving services for urban poor*, Background paper for National Workshop on Urban Health and Poverty, New Delhi, organized by Ministry of Housing and Urban Poverty Alleviation, Government of India, Available at: http://www.academia.edu/855928/National_Urban_Health_Mission_An_analysis_of_strategies_and_mechanisms_for_improving_services_for_urban_poor.
- M.N., Koroloff and D.J., Elliott (1996). Linking low-income families to children's mental health services: An outcome study, *Journal of Emotional & Behavioral Disorder*, vol.4, pp. 2-11.
- Mahmood, T. (1999). *Consumers' expectations, experience and satisfaction with emergency and accident care service in PIMS*, (Master's Thesis), Quaid-e-Azam University, Pakistan.
- Malik, K. (2013). *Human Development Report 2013: The rise of the South: Human progress in a diverse world*, *The Rise of the South: Human Progress in a Diverse World* (March 15, 2013). UNDP-HDRO Human Development Reports.
- Ministry of Health. (2003). *Annual Report of Director General Health 2002-2003*. Ministry of Health, Government of Pakistan.
- Moolchandani, M. (2001). *3 Reasons why Government Hospitals in India should provide good quality health care*, Tata Institute of Social Science. Mumbai, India.

- N., Chandra, (2012). *Delhi hospital pays high price for excellence, India today, 2012*, Available at: <http://indiatoday.intoday.in/story/delhi-hospital-pays-high-price-for-excellence/1/200025.html>.
- Nadir, A. (2003). Deficiencies of medical system in Pakistan, *Pak J Med Edu, vol.1*, pp.6-9.
- Ornstein, A.C. & Hunkins, F.P. (1993). Curriculum — foundations, principles and issues. Allyn and Bacon, Boston, MA, USA, p. 184.
- Pan American Health Organization. (2002). *Health in the Americas*, Washington, D.C, Pan American Health Organization, p.99.
- Park, J.E. (2002). *Health care of community. In: Bhanot M, Preventive and social medicine, (22nd ed.)*, Jabalpur, India, pp. 611-22.
- Park, J.E. (2002). *Man and medicine: towards health for all. In: Bhanot B, Preventive and social medicine, (22nd ed.)*, Jabalpur, India, pp. 1-11.
- Park, J.E. (2002). *Concepts of health and diseases, In: Bhanot B, Preventive and social medicine, (22nd ed.)*, Jabalpur, India, pp. 11-44.
- Patel, V. (2007). *Mental Health of Young People: A Global Public-Health Challenge, Pakistani Foreign Medical Students & Graduates Report*, pp.1302–1313.
- Porter, M.E. (2010). What is value in health care?. *New England Journal of Medicine*, vol. 363(26), pp. 2477-2481.
- Proctor, S. (1998). What determines quality in maternity care? Comparing perceptions of childbearing women and midwives, *Birth*, vol. 25, pp.85-93.
- Reinhardt, U. (1998). Quality in consumer-driven health systems, *International Journal of Quality in Health Care*, vol. 10(5), pp. 85-94.
- Robert, Kohn and Kerr, L. White (1976). *Health Care: An International Study*, New York, Oxford University Press.
- Rudman, A., EL-Khoury, B. & Waldenstrom, U. (2007). Women's satisfaction with intrapartum care – a pattern approach, *J Adv Nursing*, vol. 59, pp.474–487.

- Saigol, R. (2011). *Women's Empowerment in Pakistan*, Islamabad, Aurat Publication and Information Services Foundation.
- Salomon, L., Gasquett, I., Misbah, M. & Revaud, P. (1999). Construction of a scale measuring inpatients' opinion on quality of care, *Intern J Quality Health Care*, vol. 11, pp.507-516.
- Stanley, L. & Wise, S. (1983). *Breaking out: feminist consciousness and feminist research*, London, UK, Routledge and Kegan Paul.
- Stenford, M. (2001). An Analysis of Patient Complaints in an Observation Unit, *Journal of Social Science and Medicine*, vol. 18(2), pp. 151-158.
- Teijiligen, E.R., Hundley, V., Rennie, R.M. & Graham, W. (2003). Maternity satisfaction studies and their limitations: What is must still be best, *Birth*, vol. 30, pp.75-82.
- The Commonwealth Secretariat. (1999). Conceptual Background. In *The Gender Management System Handbook*, London, UK, Published by The Commonwealth Secretariat.
- Trading Economics. (2012, August 16). *Population; Female (% of Total) in Pakistan*, Retrieved August 16, 2013, from Trading Economics: http://www.Trading_economics.com/pakistan/populationfemale-percent-of-total-wb-data.html
- UNDP, U. (1990). *Human Development Report 1990: Concept and Measurement of human development*, UNDP.
- UNDP. (2007-2008). Gender Empowerment Measure. Retrieved August 20, 2013, from Human Development Report: http://hdr.undp.org/en/media/HDR_20072008_GEM.pdf
- Verdonk, P. (2008). Sickness Absence as an Interactive Process: Gendered Experiences of Young, Highly Educated Women with Mental Health Problems, *Patient Education and Counseling*, vol. 73(2), pp.300–306.
- World Health Organization (WHO). (1946). *Preamble of the Constitution of WHO as Adopted by the International Health Conference*, New York, WHO, Available at <https://www.who.int/about/who-we-are/frequently-asked-questions>.

World Health Organization (WHO). (2007). *Everybody's Business: Strengthening Health Systems to Improve Health Outcomes WHO's framework for Action*, Geneva, WHO.

Zafar, R. & Cross, A. (2008). *Reproductive Health: Pakistan Demographic and Health Survey 2006-2007*. NIPS, USAID, Islamabad, Pakistan, pp.101-122.

Dr. Khalid Mahmood Iraqi is Professor in the Department of Public Administration and Former Dean, Faculty of Management Sciences, University of Karachi.

Dr. Asma Manzoor is an Assistant Professor in the Centre of Excellence for Women's Studies, University of Karachi.

Dr. Seema Manzoor is an Assistant Professor in the Centre of Excellence for Women's Studies, University of Karachi.