

# Does The Availability of Basic Amenities Affect the Quality of Life for Women in Tribal Areas? A Cross-Sectional Analysis

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**Abstract-** This research article embodies the evolution of the lack of basic facilities for FATA women in the context of female quality of life (QoL) at Kurram agency in Khyber Pakhtunkhwa, Pakistan. A sample size of 279 was proportionally allocated to 4 randomly selected villages for data collection through the structured questionnaire technique. In addition, descriptive and inferential statistics were employed in the analysis. The study discovered that tribal women had a lack of doctors, schools, sanitary conditions, and transportation, as well as a low calorie intake per day, undernourishment, and a proper diet. It was also discovered that lack of proper diet, extreme undernourishment, excessive child bearing, female mortality rate, lack of schools and hospitals, and lack of springs, rivers, and pond water are all strongly related to female quality of life (QoL) in the study area. As a result of the government's lack of effective control over tribal areas and running the government through FCR, the government should be held accountable for female low quality of life (QoL). The study recommends improving female quality of life (QoL) in FATA by integrating FATA into Pakistan society, replacing FCR with constitutional rights, providing all basic services, and discouraging all norms and practices based on patriarchy, misinterpretation of religion and culture through the use of clergy, NGOs, and other government functionaries.

**Index Terms-** Basic Facilities, Quality of life, Female Health, FATA, Chi-square Test

## I. INTRODUCTION

There are various definitions and concepts put forwarded for quality of life (QoL). Huges and Corner (2004) disclosed that quality of life (QoL) include physical and environmental factors that included accommodation, access to public services such as shops, transport, libraries and other leisure outlet. Social environment includes family members, social network and the level of family support available from family members. Social-economic factors call for the standard of living, money available to a person and other means of wealth. Cultural factors consist of age, gender, class and religious tendencies of the persons. Health factors refer to general health and mental health being of the person and physical mobility. Pakistani women have been greatly affected in respect of access to health facilities. There is also lack of basic health facilities to women. The burden of female domestic work combined with reproductive duty cause not only physical health problem, but also acute psyche problems. Women condition in FATA is worse than average Pakistani women. Tribal society is conservative in nature having rooted joint family system. Women face cultural taboos in connection with consulting doctor which are based upon false traditions and self-religious beliefs. Generally, there is high mantle anxiety prevailed in Pakistan and specially among women generated due to bad economic condition and lack of social support (Ibrahim and Farina, 2005).

Likewise, Government of Pakistan (1998) censuses stated that Kurram, Tirah and some other areas are extremely fertile. A 50 percent cases reported by the health department at health centers were because of malnutrition. According to the 1998 Housing Censuses Reports in Federally Administered Tribal Area (FATA), there was a worse hygienic conditions of the whole region. Only ten percent of the population has adequate access to sanitation in the shape of toilets, solid waste disposal and drainage. SPDC, (2003-03) reports stated that the mortality and fertility rate among FATA women stood at 380 as compared to 276 in Khyber Pakhtunkhwa districts. Experts believe that 80 per cent births in FATA takes place at home. There are no facilities available for women health care.

Moreover, according to Pakistan Demographic household survey report, education, wealth and location of homes are contributing factors which can play an important role in the improvement of mother's health. The factors which are responsible for women health is the poverty, kinship pattern, number of pregnancies, inadequate gap between births and weak position of women in society. Most of the women in FATA have high level child birth rate which is more than six and some have up to ten. Most of parents and their children reside under one roof or a single room, without the provision of any bathroom which can affect the health of all family members. Due to extreme level of discrimination against women in tribal society, the health facilities are not being accessed and fulfilled properly. Many times, quality of female life is compromised due to lack of basic health awareness. The burden of female household duties combined with reproductive one result both physical health problem and acute psychological problems. The United Nation Food and Agriculture Organization reported that women have a low calories and protein on the border area of Pakistan with Afghanistan. Fifty-six percent of the population has food insecurity and health threats Ibrahim & Farina (2005). According to the 1998 Housing Censuses Reports in Federally Administered Tribal Areas, there were a worse hygienic conditions in FATA. Only ten percent of the population has adequate access to sanitation in the shape of toilets, solid waste disposal and drainage (GOP, 1998).

Furthermore, Livestock and Agriculture are the main income sources of livelihood in tribal area of Pakistan. Women involvement in both the sectors is more than man but they always depend upon on the male members while doing so. Women have to do a lot of work both at homes and in the fields. However, this is unpaid and unrecognized. They have the capacity to sell milk, eggs, homemade products, preserved vegetables and fruits in market but could not do so, due to purdah and culture values (FATA, 2007). They are not only worse condition in many ways but also affect quality of life of female from different angles. One can hardly find even a facility of life in FATA for according to multinational standard. Similarly, undernourishment is another major problem faced by women and children in FATA. According to United Nation Food and Agriculture Organization (FAO) women have a low calories and protein in all the above countries border areas right from Iran, Pakistan and Afghanistan. Further, Fifty-six percent food insecurity and health threats were found in these areas (PDSS, 2007-08). Federally Administered Tribal Areas (FATA) have high level mortality rate. It is difficult to approach to basic healthcare because mountainous areas and local norms and tradition that hinder mobility of women. Most of women died during the pregnancy due to lack of transport and communication services. Millennium Development Goal (MDG) founded that more than 350,000 women died from preventable problems related to pregnancy and childbirth every year. Women in tribal areas have limited access to preventive antenatal and postnatal health services. It means that there is no better awareness and access to health regarding quality of food that further resulted serious problems relating to female pregnancy specially to save the life of mother and her infant from weak condition. The study further views that all these improvements will come only if we start awareness campaign at community level to educate women related to health issues (Dawn, 1995). Keeping in view the above stock of literature the present study was designed to explore the basic facilities while affecting QoL in female at tribal areas through sociological lens.

## II. MATERIAL AND METHODS

A cross sectional based study was carried out at Kurram Agency. It has 3 administrative divisions namely Lower Kurram, Central Kurram and Upper Kurram. The major tribes living in Kurram agency are Turi, Bangash, Mangel, Maqbal, Ghiligi, Maso Zai and Ali shirzai. The Agency is covering a total number of 3,380 sq. km with total population and household of 448,310 and 39435 respectively (1998 Census Report). It is the third largest Agency of FATA. Due to the size of the area and population, it is not possible to collect data from the entire Agency. So the data for the present study was collected from the tribe of Ali Shirzai. According to 1998 Census Report the total households of Ali Shirzai tribe were 4495 households resultantly 279 sample size was selected as per Sekeran criteria. However, for present study, data was collected from 4 randomly selected villages namely Tindo, Wrasta, Mirbagh and

Tandoori. The selected villages in Kuram Agency not only represent the pure Pashtun culture but also have been the victim of insurgency in FATA which ultimately affected the quality of female's life particularly. Therefore, all the households belonging to Ali Shirzai tribe was the potential respondents of the study confident about their work and takes a jump to start the paper writing. Further, proportionate sampling method was used to select the sample size from each of the selected villages, while lottery method of simple random sampling method was used to pick the samples from each of the selected village. An interview schedule has already been designed in the light of the objectives of the study. It was pre-tested in the study area and necessary changes were made in the interview schedule in the light of pilot survey. For the collection of information from the potential respondents 3 females were trained and then they were approached directly to respondents of the study (females) in order to make it possible to collect data from them while keeping all ethical considerations in prior view of the tribe.

The collected data for this research was statistically analyzed with the help of Statistical Package for Social Sciences (SPSS 20). The data was categorized and presented in the form of percentage and frequencies. Moreover, chi-square test was applied to measure the association between dependent (female QoL) and independent variables (Lack of Basic Facilities). Following statistical procedure was followed to calculate the chi-square (McCall and Robert, 1975).

### III. RESULTS AND DISCUSSIONS

#### UNIVERATE ANALYSIS

The Table-I states that 73.1% of the respondents reported that tribal women don't have access towards quality of food while 26.9% of the respondents viewed that women have access towards quality of food. As far as the doctors and lady health workers are concerned in tribal area, 88.2% of the respondents disclosed that there are few doctors and lady health workers availability in tribal area whereas 8.6 and 3.25% were either disagreed or not sure about the statement. Regarding other statement, 91.0% of the respondents were of the view that springs, rivers and ponds water are the primary source for drinking and domestic use whereas 5.7% of the respondents did not use spring, rivers and ponds water. Similarly, 54.5% of the respondents reported that women bring water from long distances while 45.5% of the respondents disagreed that women bring water from long distances. A 75.6% of the respondents again agreed that there is lack of schools and colleges for girls in our area whereas 16.8% respondents disagreed while 7.5% were unaware about the destruction of school and colleges. A 48.0% of the respondents again reported that the hygienic conditions of housing are worse in tribal area while 40.5% of the respondents disagreed that the housing conditions are worse in tribal area and 11.5 percent respondents were uncertain. A 68.1% of respondents were of the opinion that they have bath room facilities while 31.9% of respondents reported that they don't have bath room facilities. Lack of transport and communication was also of the other major problem for the people of tribal area. A 59.5% of the respondents reported that they have transport and communication problem while 26.9% respondents had no problem and 13.6% of respondents had no information regarding the problem of transport and communication. Due to transport problem, 58.1% of the respondents reported that most of women died during pregnancy while 39.4% of the respondents disagreed with the statement and 2.5% of respondents were uncertain. In connection with excessive child bearing is also one of the problem for tribal women, 68.1% of the respondents said that due to these reasons the number of women have health problems whereas 31.5% of the respondents did not agree with the statement. About the health related problems, 59.1% of the respondents agreed that women do not eat proper diet in FATA whereas 38.4% were disagreed. A 69.5% of the respondents further reported that they have extreme undernourishment problem while 23.3% negated the statement while the remaining 7.2% were not sure. A 76.7% of the respondents stated that they have low calories and protein intake while 21.1% respondents said that they don't have low calories and protein intake. About statement regarding female mortality rate, 44.4% reported that it is not high while 30.8% of respondents reported that it is high whereas 24.4% of the respondents were found uncertain.

**Table-I Perception of Sampled Respondents about Lack of Basic Facilities**

S.No.	Statement	Yes (%)	No (%)	Uncertain (%)
1	Tribal women don't have access towards quality of food	204(73.1)	75(26.9)	0(0.00)
2	Few doctors and lady health workers available in tribal areas	246(88.2)	24(8.6)	9(3.2)
3	Springs, rivers and ponds water is the primary source for drinking and domestic use	254(91.0)	16(5.7)	9(3.2)
4	Women in your family brings water from long distance	152(54.5)	127(45.5)	0(0.00)
5	There is lack of schools and colleges for girls in your area	211(75.6)	47(16.8)	21(7.5)
6	The hygienic condition of housing is worse in tribal area	134(48.0)	113(40.5)	32(11.5)
7	You do not have bath room facility in your house	89(31.9)	190(68.1)	0(0.00)
8	Lack of transport and communication is also one of the problem for women when go out	166(59.5)	75(26.9)	38(13.6)
9	Most of women have been died during pregnancy due to lack of transport problem	162(58.1)	110(39.4)	7(2.5)
10	Excessive child bearing resultant severe health problems to females	190(68.1)	88(31.5)	1(4)
11	Women do not eat proper diet in FATA	165(59.1)	107(38.4)	7(2.5)
12	Extreme undernourishment problems among FATA women	194(69.5)	65(23.3)	20(7.2)
13	Tribal women have low calories and protein intake	214(76.7)	59(21.1)	6(2.2)
14	Female mortality rate high in FATA	86(30.8)	124(44.4)	69(24.7)

## BIVERATE ANALYSIS

### Association between Quality of Life (QoL) and Basic Amenities

The Table-II highlights a significant association of quality of life with various statements relating to lack of basic facilities in the study area. This included, women do not eat proper diet ( $P=0.000$ ), extreme undernourishment problem found among tribal women ( $P=0.000$ ), excessive child bearing resultant severe health problem for female ( $P=0.000$ ), springs, rivers and ponds water are the primary source for drinking and domestic use ( $P=0.001$ ), female mortality rate is high in FATA ( $P=0.001$ ), lack of schools and colleges for girls in tribal area ( $P=0.002$ ), there are few doctors and lady health workers available in tribal area ( $P=0.004$ ), hygienic condition of housing is worse in tribal area ( $P=0.004$ ), women do not have access towards quality of food ( $P=0.031$ ), women do not have bath room facilities ( $P=0.025$ ), women bring water from long distance ( $P=0.035$ ) and there is lack of transport and communication problem ( $P=0.50$ ). The statements found non-significant included women died during pregnancy due to lack of transport problem ( $P=0.066$ ) and tribal women have low calories and protein intake ( $P=0.207$ ). Furthermore, results as a whole describe lack of basic facilities such as quality of food, health care, access to education, availability of bath rooms, transport facilities and drinking water supply to the female in the study area. They further resulted unhygienic conditions, high mortality during pregnancy, excessive child birth, proper diet and extreme under nourishment conditions for the females in the study area. These results were also supported by Muhammad and Sathar (2000) who dismantled that quality of female life is affected due to lack of basic health facilities. The physical and psychological problems are also found among tribal women. Similarly, GOP (1998) statistic reports that springs, rivers and ponds are the primary source of water for drinking and domestic use in FATA. According to the 1998 Housing Censes Reports in Federally Administered Tribal Areas, there was a worse hygienic conditions in FATA. Only ten percent of the

population has adequate access to sanitation in the shape of toilets, solid waste disposal and drainage. Muhammad, (2000) reported that women have a low calories and protein intake in the border area of Pakistan with Afghanistan.

**Table-II Association between Quality of Life (QoL) and Basic Amenities**

Statement	Quality of life			Chi square & P-Value
	Yes (%)	No (%)	Uncertain (%)	
Tribal women don't have access towards quality of food				
Yes	97(34.8)	95(34.1)	12(4.3)	$\chi^2$ - 7.391 (P=0.025)
No	26 (9.3)	38 (13.6)	11 (3.9)	
Uncertain	0 (0.0)	0(0.0)	0 (0.0)	
There are few doctors and lady health workers available in tribal areas				
Yes	112(40.1)	118(42.3)	16(5.7)	$\chi^2$ - 15.148 (P=0.004)
No	11(3.9)	9(3.2)	4(1.4)	
Uncertain	0 (0.0)	6 (2.2)	3 (1.1)	
Springs, rivers and ponds water is the primary source for drinking and domestic use				
Yes	117(41.9)	121(43.4)	16(5.7)	$\chi^2$ - 18.866 (P=0.001)
No	6(2.2)	6(2.2)	3(1.1)	
Uncertain	0.(0.0)	0(0.0)	0(0.0)	
Women in your family brings water from long distance				
Yes	57(20.4)	79(28.3)	16(5.7)	$\chi^2$ - 6.693 (P=0.035)
No	66(23.7)	54(19.4)	7(2.5)	
Uncertain	0 (0.0)	0 (0.0)	0 (0.0)	
There is lack of schools and colleges for girls in your area				
Yes	105(37.6)	87(31.2)	19(6.8)	$\chi^2$ - 16.662 (P=0.002)
No	15(5.4)	29(10.4)	3(1.1)	
Uncertain	3 (1.1)	17 (6.1)	1 (0.4)	
The hygienic condition of housing is worse in tribal area				
Yes	72(25.8)	55(19.7)	7(2.5)	$\chi^2$ - 15.548 (P=0.004)
No	44(15.8)	59(21.1)	10(3.6)	
Uncertain	7 (2.5)	19 (6.8)	6 (2.2)	
You do not have bath room facility in your house				
Yes	30(10.8)	48(17.2)	11(3.9)	$\chi^2$ - 6.964 (P=0.031)
No	93(33.3)	85(30.5)	12(4.3)	
Uncertain	0(0.0)	0(0.0)	0(0.0)	
Lack of transport and communication is also one of the problem for women when go out				
Yes	84(30.1)	67(24.0)	15(5.4)	$\chi^2$ - 9.465 (P=0.050)
No	27(9.7)	42(15.1)	6(2.2)	
Uncertain	12(4.3)	24(8.6)	2(0.7)	
Most of women have been died during pregnancy due to lack of transport problem				
Yes	77(27.6)	71(25.4)	14(5.0)	$\chi^2$ - 8.821 (P=0.066)
No	40(14.3)	61(21.9)	9(3.2)	
Uncertain	6(2.2)	1(0.4)	0(0.0)	
Excessive child bearing resultant severe health problems to females				
Yes	101(36.2)	77(27.6)	12(4.3)	$\chi^2$ - 22.509 (P=0.000)
No	21 (7.5)	56 (20.1)	11 (3.9)	
Uncertain	1 (0.4)	0 (0.0)	0 (0.0)	
Women do not eat proper diet in FATA				
Yes	86(30.8)	70(25.1)	9(3.2)	$\chi^2$ - 22.302 (P=0.000)
No	37(13.3)	59(21.1)	11(3.9)	
Uncertain	0 (0.0)	4 (1.4)	3 (1.1)	
Extreme undernourishment problems among FATA women				
Yes	98(35.1)	77(27.6)	19(6.8)	$\chi^2$ - 22.461 (P=0.000)
No	23(8.2)	38(13.6)	4(1.4)	
Uncertain	2(0.7)	18(6.5)	0(0.0)	
Tribal women have low calories and protein intake				
Yes	101(36.2)	95(34.1)	18(6.5)	$\chi^2$ - 5.892 (P=0.207)
No	21(7.5)	33(11.8)	5(1.8)	
Uncertain	1 (0.4)	5 (1.8)	0 (0.0)	
Female mortality rate high in FATA				
Yes	35(12.5)	43(5.4)	8(2.9)	$\chi^2$ - 17.926 (P=0.001)
No	68(24.4)	44(15.8)	12(4.3)	
Uncertain	20 (7.2)	46 (16.5)	3 (1.1)	

#### IV. CONCLUSION

Quality of Life (QoL) is one of the emerging concepts in the developing and developed world. A number of incentives and gender-based policies have been made to improve the quality of female life in Pakistan. However, the study reveals that, bringing improvement in the quality of female life was not the main goal of tribal people. Due to lack of basic facilities such as lack of doctors and lady health workers, hygienic conditions of housing, use of ponds, springs and river water for drinking water, nutritious diet, excessive child bearing and schools and colleges were also the main problems responsible for low female QoL in tribal area. The study recommends improving female quality of life (QoL) in FATA by integrating FATA into Pakistan society, replacing FCR with constitutional rights, providing all basic services, and discouraging all norms and practices based on patriarchy, misinterpretation of religion and culture through the use of clergy, NGOs, and other government functionaries.

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