

# Gender and Natural Disasters in Pakistan: Understanding Social Vulnerabilities and Equitable Ways Forward



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## Background

- The long-term Global Climate Risk Index ranked Pakistan as the fifth country most affected by recurring natural hazards.<sup>1</sup>
- Globally, natural disasters death rates are higher for women.<sup>2</sup> Women's caretaking, and unpaid labour also increases; their paid work lost.<sup>3</sup>
- The Lady Health Worker Program (LHWP) was created in 1994 to provide primary healthcare to marginalized groups in Pakistan.
- Natural disasters, including floods and droughts, are expected to become more frequent and more intense due to climate change.<sup>4</sup>



Figure 1: This study collected primary data from three provinces in Pakistan



Figure 2: Lady Health Workers (LHWs) provide health education and services to marginalized communities in Pakistan

The objectives of this study include:

1. Understand the gendered differences in vulnerability to natural disasters and coping responses in Pakistan.
2. Evaluate the potential of disaster response efforts to address these differences.

## Methodology

### Political Ecology of Vulnerability<sup>5</sup>

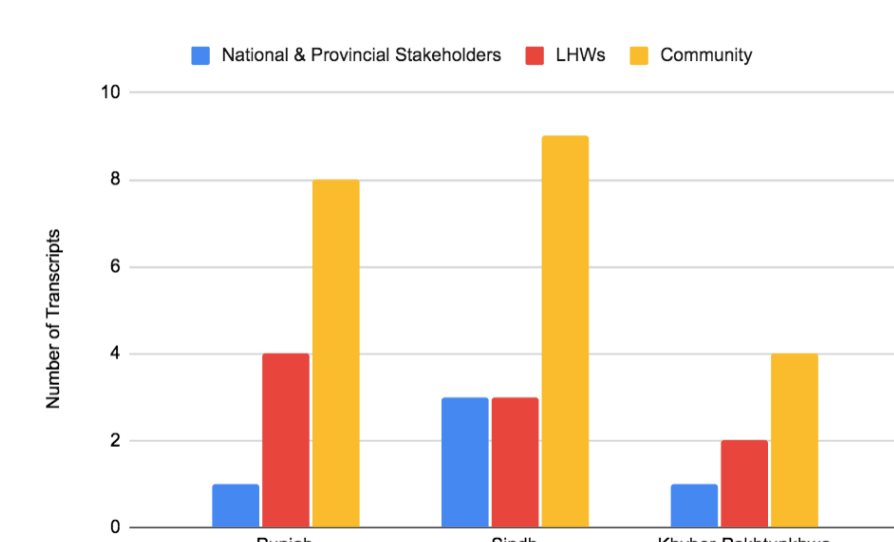
- Vulnerability has 2 components:
- External: exposure to shocks
  - Internal: ability to cope with shocks

### Feminist Political Ecology (FPE)<sup>6</sup>

- Include smaller scales of analysis
- Gender experiences are not universal
- Gender lens at all levels of analysis

Figure 3: Political Ecology of Vulnerability and FPE theoretical frameworks guided the data analysis

- Interviews and focus group discussions were conducted (n=35) in Nov 2020, with national and provincial stakeholders (disaster authorities, public health officials, nongovernmental organizations), LHWs, and community members across Sindh, Punjab and Khyber-Pakhtunkhwa provinces.
- Thematic analysis of transcripts was done using an inductive approach.



Graph 1: Number of transcripts analysed with each stakeholder group by province

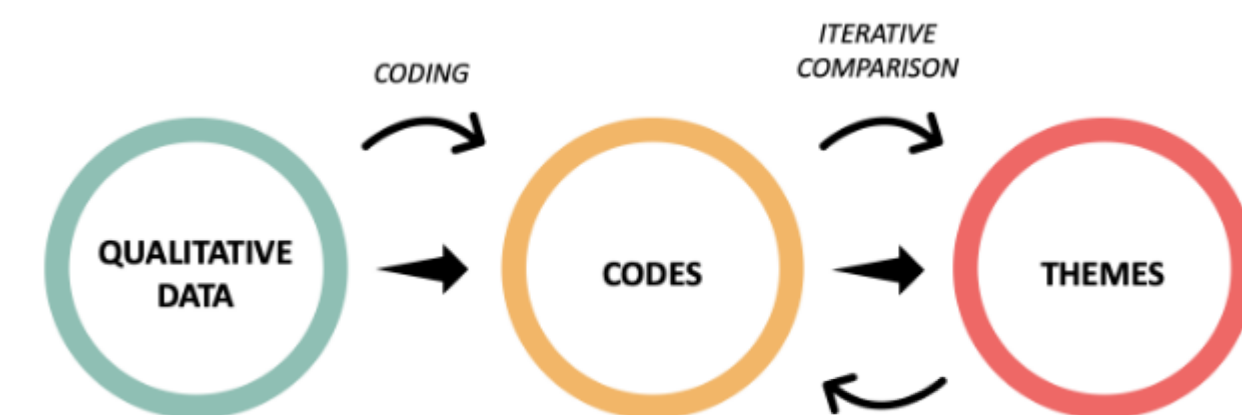


Figure 4: Thematic analysis process, including coding transcripts and iteratively developing themes

## Results & Discussion

Many themes about flood conditions emerged from the data, including:

- **Transportation & Infrastructure:** damage to roads led to decreased food availability, and reduced ability to access healthcare at hospitals
- **Mental Health:** loss of loved ones and assets led to domestic tension and threatened mental health in households, in some cases leading to suicide
- **Food & Nutrition:** loss of livelihood, agricultural activities and livestock, as well as damage to infrastructure, led to hunger and malnutrition
- **Water & Sanitation:** contaminated water supplies led to an increase in diarrhea, dysentery, malaria, skin diseases, scabies, typhoid and cholera
- **Agriculture & Livestock Loss:** agricultural land was submerged, and crops were damaged; livestock died in the flood or were sold to support families

### Theme 1: Gendered Labour & Migration

- Men migrated to cities to seek wage labour following a flood, while women stayed home, burdened by flood conditions, or resided with relatives.
- Women experienced a triple burden of labour, as they were responsible for productive, reproductive, and community labour, much of which is unpaid.
- LHWs faced many challenges in supporting households following a flood, as they had limited training, were also experiencing adverse impacts from floods, and had not received an adequate supply of resources.

### Theme 2: Sexual & Reproductive Health

- Family planning services from LHWs were inaccessible following floods, leading to undesired pregnancies and women's increased reproductive labour.
- Women often had to seek family planning services in secret, as household men expected women to continue bearing children. Men were often not receptive to LHWs who advocated for family planning services.
- Increase in sexual violence in relief camps and child marriage.
- Lack of access to sanitary products for menstruating individuals, due to cost.

### Theme 3: Patriarchal Culture

- Cultural norms dictate that boys and men should eat before women and girls, leaving females hungrier when there is limited food availability.
- Women underrepresented in disaster management leadership.
- Women considered responsible for poor sanitation conditions during floods.

## Recommendations

To reduce vulnerability:

- Strengthen infrastructure in rural areas, including roads, homes & bridges.



Figure 5: Roads damaged by floods lead to challenges in importing food & other goods, and accessing health facilities



Figure 6: Crowded relief camps overlook women's cultural and health needs

- Create relief camps that are attentive to women's cultural and health needs.
- Collect gender disaggregated data to allow for more targeted and equitable delivery of resources and support following a natural disaster.
- Provided LHWs with comprehensive disaster training, and material support. Include men in community care roles, including community health workers.
- Address threats to food security, including loss of agricultural land and livestock during disasters.
- Integrate community empowerment and capacity building into disaster preparation and management, as opposed to a reactionary top-down response.

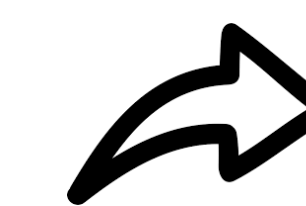
## Conclusion & Next Steps

Future steps in this project include:

- To date, a policy brief and a blog post have been drafted to spread awareness about gendered vulnerabilities, and lobby governments to change their practices. These and other knowledge products will be shared widely, and are intended to be used to inform interventions.
- Complete data analysis for other disasters, including droughts.



**Promote** the Social Determinants of Health.



**Advance** equitable disaster management.



**Build** disaster-resilient communities.

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