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Resettlement experience: Examining the Socio-Demographic Changes, Life Satisfaction and Life Quality of the Residents Displaced by Mangla Dam Raising Project in Pakistan

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ABSTRACT

A small scale survey research was conducted to examine the socio-demographic impact of displacement induced by a development related project in Pakistan. It also examined the project affected people's satisfaction with resettlement planning and implementation process and post-project quality of life. Quality of life was measured through change in occupation of the respondents, decline in household expenditures and quality of health, housing, education and access to basic amenities. Face to face interviews were conducted with the head of each sampled household. The findings of the study revealed that livelihood restoration and social acceptance by the host communities were the major concerns of the displaced residents. Conducting in-depth and longitudinal studies can promote development strategies that address the most important concerns for local populations, enhancing the long-term sustainability of development projects.

Keywords: Mangla Dam Raising Project, Project Affected Person, Social Impact Assessment and Development Induced Displacement

INTRODUCTION

Mangla dam was constructed in 1967 to overcome the water shortages faced by Pakistan's agriculture sector. In the Mangla reservoir, an average of 57 million tons of sediments is deposited every year. As a consequence, by now Mangla has lost over 1.4 MAF of its gross capacity. Since most of the dead

storage capacity of the reservoir has already been lost, the future sedimentation will rapidly encroach upon its live storage capacity. That will rapidly reduce the water regulating capability of the reservoir and increase the flood spillages. The continued shortage of water has nonetheless, highlighted the need for building additional water reservoirs and hydropower to expand agriculture and to fulfill the food and power requirements of the rapidly growing population.

A provision was made raise the dam by 40 feet in the original design at the time of construction of the Mangla dam. To make these provisions, an additional amount of US\$ 18 million was spent on construction, which amounted to 3% of the project cost. The ten power generating units at Mangla were installed in stages between 1967 and 1994. All these units are designed for the raised Mangla conditions. In fact the units are presently being under-utilized. Therefore, project up gradation has been deemed essential to maximize the utilization of these installed units as per design capacity. In addition, the project has a strong economic, social and environmental justification which rules out the “No Project Option”.

The upraising of Mangla dam affected a large proportion of population socially and economically. For the implementation of the proposed project about 8000 houses containing 44000 people had to resettle in nearby areas. Large number of people lost their livelihood, houses and social relations due to submergence of their houses and land in the reservoir area of the dam. This study focuses on a range of socio-demographic effects of relocation. The development projects that displace people involuntarily can generally give rise to economic, social and environmental problems. Involuntary resettlement may cause severe long term hardship, impoverishment, and environmental damage unless appropriate measures are taken to mitigate these impacts.

The displaced population was compensated and resettled in the newly

developed city and four townships on the periphery of the reservoir. An institutional setup was devised and implemented to properly implement the resettlement of displacees. Grievance redressal mechanism was devised during planning and implementation of the project. The focus had been on the physical resettlement of the dislocated population and not on their livelihood restoration, and social development needs.

Most of the communities living around Mangla dam sites for centuries were not only physically displaced but some of them also lost their livelihoods. It resulted in the displacement of thousands of people from their ancestral homes and habitats. The displaced populations faced various risks like inferior quality of land offered at far-off places, homelessness, marginalization, food insecurity, inadequate cash compensation, delayed or incomplete resettlement and lack of community participation in planning and implementation of the dam projects. This study delves into diverse aspects of lives of dislocated population. It encompasses impacts of this development projects on non-material i.e. social and cultural aspects of life.

INVOLUNTARY RESETTLEMENT AND QUALITY OF LIFE

Development Induced Displacement is a phenomenon that is mostly 'crisis-prone' as defined by Robinson (2003), and especially if it is a forced resettlement. Forced displacement can lead to the loss of livelihood, culture, identity and lives. Cernea's (2004) Impoverishment Risks and Reconstruction (IRR) model, developed in the 1990s, can be used to identify the impoverishment risks resulting from forced displacement. According to Cernea this model can be utilised for research purposes along with predictive function, diagnostic function and problem solving function. These risks might include landlessness, joblessness, homelessness, marginalization, food insecurity, loss of access to common property resources, increased morbidity and mortality, and social disarticulation. Social disarticulation involves the loss of social fabric, vanishing of social ties and facing troubles

to forge out new social ties. Involuntary resettlement disrupt the existing social capital and it also provides the opportunity to rebuild the new one (Quetulio-Navarra et al., 2012)

Cernea (2000:30) explains that “forced displacement tears apart the existing social fabric. It disperses and fragments communities, dismantles patterns of social organization and interpersonal ties; kinship groups become scattered as well. Life-sustaining informal networks of reciprocal help, local voluntary associations, and self-organized mutual service are disrupted. This is a net loss of valuable social capital that compounds the loss of natural, physical, and human capital. The social capital lost through social disarticulation is typically unperceived and uncompensated by the programs causing it, and this real loss has long-term consequences”. Cernea further states that dismantled social networks that once mobilized people to act around common interests and to meet their most pressing needs are difficult to rebuild, particularly in projects that relocate families in a dispersed manner, severing their prior ties with neighbours, rather than relocating them in groups and social units (Cernea, 2000:30).

Although displacement caused social and community disarticulation, in other studies, other changes may take place. The breakdown or weakening of old cultural values, power relations, gender statuses, and clan allegiances brought about by displacement may stimulate change and innovative adaptation (Keller, 1975, Kibreab, 1999; 2003:58).

Forced displacement ushers both economic and social consequences. Displaced residents face problems to generate livelihood due to limited resources. The social consequences entail loss of community feelings. Displacement tends to fragment the communities by tearing apart the kinship relations. Involuntary resettlement may force the members of same community to reside in different places. This phenomenon leads to vanishing of close knit ties.

Social Impact Assessment (SIA) is one of the tools to assess the socioeconomic needs of those who have been forced to displace. SIA is

usually carried out for incorporation of social dimensions during designing of development projects in general. Particularly, SIA is the process of predicting the future consequences of a current or proposed action, and managing these through project design, mitigation and compensation processes so that the negative impact are minimized and the positive benefits are enhanced. It is an instrument to identify and assess the potential impacts of a proposed project or activity on local community and wider society and through integration with the project design, to evaluate alternatives and design appropriate mitigation, management and monitoring measures.

The basic purpose of the SIA is to reduce the adverse impact or mitigate the impact for the locals as well as community. Vanclay (2002b: 388) defines SIA in the following manner: “Social impact assessment is the process of analyzing (predicting, evaluating and reflecting) and managing the intended and unintended consequences on the human environment of planned interventions (policies, programs, plans, projects) and any social change processes invoked by these interventions so as to bring about a more sustainable and equitable biophysical and human environment”.

The goal of social impact assessment is to drive improvements that increase the value of programs to the people they serve. Social impact assessment helps organizations to plan better, implement more effectively, and successfully bring initiatives to scale. Assessment also facilitates accountability, supports stakeholder communication, and helps guide the allocation of scarce resources.

Principle 1 of the Rio Declaration (1992), affirmed that human beings are at the centre of concerns for sustainable development. Funders, social investors, non-profits, and social enterprises are united by a common goal: social change. Vago (1989) states that resettlement entails a process of social change. A social change brings social disorganisation. It may entail breakdown or disturbance of social and organisational structure. Breakdown of social structure can weaken the communities affected. It can disrupt the

life coherence. Different parts of the community may “decouple” and threads loosen. This social disorganisation leads to conflict of norms and values, decline of social bonds (Vago, 1989). This situation may lead to a form of anomie (Durkheim) where people do not know how to cope with new realities. Forced dislocation brings the residents into brave new world: a world of unknown and uncertainties. In such situations personal resources assume prime importance to cope with the new realities. However, adaptation to new situations also depends upon the behaviour of host communities where the displaced people are being resettled. The settlers face problems to strike out new social ties with host communities. Competition for scarce resources is likely to create ill will and social friction among new settlers and host communities.

Forced displacement may change property ownership status. The new settlers are forced to migrate to other areas to earn livelihood. Displacement also mars the psychological capital of the residents (Cernea, 2003). Resettlement effects the overall satisfaction of displaced residents (Li & Song, 2009). Development projects e.g. dams lead to enhancement of life quality. Satisfaction with life is closely related to quality of life. Mohammadi *et al.*, (2012) conducted a study in Iran to examine the life quality of flood affected resettled communities. They found that the displaced villages that were better integrated represented greater quality of life as compared to those that were not integrated.

Many of the most challenging socioeconomic impact of dam construction relate to the migration and resettlement of people near the dam site or in the catchment area (Bartolome & Danklmaier, 2000; Cernea, 2003; Egge & Senecal, 2003). This primary impact results in a wide array of subsequent social impact, including changes in household size and structure (Lerer & Scudder, 1999); changes in employment and income-generating opportunities; alteration of access and use of land and water resources; changes in social networks and community integrity (Fuggle & Smith, 2000) changes in the nature and magnitude of various health risks (Lerer &

Scudder, 1999) and often a disruption of the psycho-social wellbeing of displaced individuals (World Commission on Dams, 2000b).

OBJECTIVES OF THE STUDY

- To analyze the socio-demographic changes incurred by resettlement induced by Mangla Dam Raising Project (MDRP).
- To assess the satisfaction level of project affectees with regard to resettlement planning and implementation.
- To investigate the impact of MDRP on the life quality of PAPs.

METHODOLOGY

There were 8,000 houses comprising 44,000 inhabitants displaced due to MDRP. The displaced populations were resettled in five planned areas namely New City near Mirpur and Small Towns in Chaksawari, Islamgarh, Dudial and Siakh of Azad Jammu and Kashmir. A sample size of 56 respondents (PAPs) was selected from the 56 households of all above mentioned planned towns by using simple random sampling technique. Face to face interviews were conducted for data collection. Each head of the household was considered as the unit of analysis. Interview schedule was developed to collect data regarding socio- demographic changes in household, satisfaction level of the respondents and their integration with host communities.

FINDINGS

The first part of the questionnaire comprises questions regarding demographic details of the respondents including the ownership status of the assets, number of household members residing before and after the project and change in the occupation from past to present situation.

Table 1: *Ownership Status of the Sample Respondents*

Ownership										
	Built-up		Land		Both		Other		Total	
	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post
No.	17	15	3	4	36	37	0	0	56	56
%	30.3	26.8	5.3	7.2	64.4	66.0	0	0	100	100

It was identified during the field survey that the ownership status of 30.3% of the respondents changed due to the construction of the particular dam. More specifically the table depicts that about 26.8% of the respondents owning the built-up property have been added in the post project (current) situation. About 7.2% of the respondents owning the land have lost their land due to the project. While 66% of the respondents who had both the land and the built-up property lost both of these after the project. Half (50.0%) of those, whose status have been changed, were in a positive direction and fall only in the category of built-up property. Vis-à-vis, those with the ownership of land, both land & built-up and other, lost their assets because of the construction of the particular hydropower project.

Table 2: *Household Members Residing in the House Before and After the Project*

Household Members			
Count	Pre - Project	Post - Project	% Change
No.	30	26	- 2

It can be assessed that majority of the household heads were present at home during the field survey to obtain authentic information. Where head of household was not available, efforts were made to collect information from fathers of sons. The change in the occupation is one of the important impact indicators of a development project. The survey results summarized in Table 3 reveal that on the whole, the implementation of project made a significant

change in the occupations of the project affected persons.

Table 3: *Trend in the Change of Occupation of Sample Respondents*

		Occupation															
				Private Service		Business		Agriculture		Labour		Not Working		Other		Total	
		Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post
No.		6	5	4	5	8	9	16	15	8	8	6	7	8	7	56	56
%		10.7	8.9	7.1	8.9	14.2	16.1	28.6	26.8	14.3	14.3	10.7	12.5	14.1	12.5	100	100

The involvement of PAPs in the farming activities was 28.6% during pre-project period, which decreased to the extent of 26.6% during the post project period. In case of private employment and business, the involvement of PAPs increased to 8.1% and 16.1% respectively. The extent of not working/unemployed also increased significantly (i.e. 12.5%) after the implementation of the projects.

PAPS' SATISFACTION WITH RESETTLEMENT PLANNING AND IMPLEMENTATION

In the resettlement planning section of the questionnaire, the information was gathered about satisfaction of the affectees regarding project resettlement staff consultations and attitude, assessment of assets, payment compensation, income generation/restoration of livelihood, access to educational and health facilities, access to public amenities (telephone, gas, electricity), grievances redressal, social affection/attachment.

Results related to the resettlement planning section of the questionnaire are described below.

Table 4: *Affectees Satisfaction Regarding Project Resettlement Staff Attitude*

	Totally Satisfied	Partially Satisfied	Totally dissatisfied	Total
No.	24	14	18	56
%	42.9	25.0	32.1	100

The sample respondents were asked to comment about the attitude of the Project personnel with the affectees during planning stage. The data given in Table 4 reveals that overall 67.9% of the sample respondents were totally or partially satisfied with the attitude of the Project Staff attitude with the affectees. Nevertheless, 32.1% of the affectees were totally dissatisfied with the project staff.

It can be assessed that majority of the sample respondents expressed their satisfaction towards the project staff during their consultations with the affectees, which can be assessed that the project authorities paid due consideration to the consultation process during resettlement planning stage.

Table 5: *PAPs' Satisfaction regarding Assessment of Assets*

	Totally Satisfied	Partially Satisfied	Totally dissatisfied	Total
No.	17	23	16	56
%	30.4	41.0	28.6	100

The data given in Table 5 shows that out of the total sample respondents, 71.4% were totally or partially satisfied with the quantitative assessment measurement of affected assets including land, built-up property and other assets while remaining 28.6% of the respondents were not satisfied regarding the measurements assessment of their assets. It is assessed that PAPs are mostly fully or partially satisfied with the assessment process in all of the projects.

Table 6: *Compensation Received for Lost Assets*

	Yes	Partially	None	Total
No.	32	23	1	56
%	57.1	41.1	1.8	100

The payment of compensation to the PAPs is one of the important indicators which ensures the restoration of livelihood of PAPs same as the pre project situation. The data summarized in Table 6 indicates that overall, 57.1% affected households have received full payment against the loss of their assets, while 23% affectees have received a partial payment of compensation. The remaining 1% had not yet received payment for their losses.

Though, during field survey disbursement of the compensation at MDRP was in progress, yet it can be assessed that on the whole, effective compensation frameworks were developed during the planning stage of the projects and implementation. It is pointed out that the lowest proportion of PAPs who have received full payment was noted for MDRP, which was mainly because of the project still under implementation and the process of making payment to the PAPs is in progress by the GoAJK.

Table 7: *PAPs' Satisfaction regarding Payment of Compensation*

	Totally Satisfied	Partially Satisfied	Totally dissatisfied	Total
No.	7	15	10	32
%	21.8	46.8	31.4	100

The data given in Table 7 reveals that on overall basis, about three fourth of the sample respondents were totally or partially satisfied with the payment of compensation for the loss of their assets/properties. While the remaining one-fourth were totally unsatisfied with the process of payment of compensation.

On the whole 68.6% of PAPs were fully/partially (21.8%/46.8%) satisfied with respect to the payment of compensation, and 31.4% were totally unsatisfied. It can be assessed that the proportion of satisfied PAPs could increase further in case of MDRP as this project is still under implementation.

Table 8: *PAPs' Satisfaction regarding Income Generation/Restoration of Livelihood*

	Totally Satisfied	Partially Satisfied	Totally dissatisfied	Total
No.	3	14	39	56
%	5.4	25	69.6	100

The data summarized in Table 8 depicts that for all the respondents, the major proportion i.e. 69.6% of the sample respondents were completely unsatisfied regarding the income generation/restoration of livelihood of PAPs. While 30.4% of the sample respondents were totally or partially satisfied with respect to the activities carried out under different projects. Majority of the PAPs were not satisfied with the income generation/ restoration of livelihood programs because, with the implementation of the R&R, livelihood of the PAPs could not be restored properly. MDRP is still under progress and improvement in income generation/restoration is expected. PAPs that got jobs during project execution were found to be satisfied.

Table 9: *PAPs' Satisfaction regarding Access to Educational Facilities*

	Totally Satisfied	Partially Satisfied	Totally dissatisfied	Total
No.	3	42	11	56
%	5.4	75.0	19.6	100

The survey results given in Table 9 indicates that, 80.4% of the sample respondents were totally or partially satisfied with the access to basic educational facilities after the implementation of project, while only 19.6%

of the respondents had difficulties regarding access to schools/educational facilities. Major activities in the execution of a project included acquisition of land based assets, relocation of structures and resettlement/dislocation of affected people. It can be assessed that execution of the project have not affected significantly to a major proportion of the affected people regarding the access to basic educational facilities, i.e. a major proportion of the respondents was totally or partially satisfied. It also indicates that if access was hindered then it was mitigated properly.

Table 10: *PAPs' Satisfaction regarding Access to Health Facilities*

	Totally Satisfied	Partially Satisfied	Totally dissatisfied	Total
No.	2	39	15	56
%	3.7	69.7	26.8	100

The data given in Table 10 highlights the comparison of access to health facilities between pre and post project situations. The survey results have shown that 73.4% of the sample respondents were totally or partially satisfied with the access to basic educational facilities after the implementation of project. While only 26.8% of the sample respondents had difficulties regarding access to schools/educational facilities. It can be evaluated that on overall basis, a major proportion of the respondents was totally or partially satisfied, which indicates that the basic health infrastructure was provided in the relocation sites.

Table 11: *PAPs' Satisfaction regarding Access to Other Public Amenities*

	Totally Satisfied	Partially Satisfied	Totally dissatisfied	Total
No.	3	41	12	56
%	5.4	73.2	21.4	100

The data given in Table 11 reveals that on overall basis 78.6% of the sample respondents were totally or partially satisfied with the access to basic public amenities/infrastructure, (i.e. telephone/gas, electricity) after the

implementation of project, whereas, only 21.4% of the sample PAPs had difficulties regarding access to other public amenities. It can be assessed that after the implementation of the project, a major proportion of the PAPs were totally or partially satisfied, which means that the basic social amenities were provided in the relocation sites.

Table 12: *PAPs' Satisfaction regarding Social Affection/Attachment*

	Totally Satisfied	Partially Satisfied	Totally dissatisfied	Total
No.	4	8	44	56
%	7.1	14.3	78.6	100

It was also essential that with the implementation of a project, local community social attachments (relationships, emotional affiliation with forefather land, house and community) should not be affected because of relocation activities. In this respect, the survey results summarized in Table 12 reveals that due to displacement of the PAPs, a major proportion of the PAPs (78.6%) stated that they could not achieve the same level of social cohesion and attachment with new community and place after the implementation of project. Only 7.1% of the sample respondents were fully satisfied, while 14.3% of the sample PAPs were found partially satisfied with the implementation of the project. Most of the PAPs indicated that they had to settle at distant places from their communities. Resultantly, their social affection/attachment has been affected.

Table 13: *PAPs' Satisfaction regarding Grievance Redressal Procedure*

	Totally Satisfied	Partially Satisfied	Totally dissatisfied	Total
No.	24	20	12	56
%	42.9	35.7	21.4	100

The data given in Table 13 reveals that, 78.6% of the sample PAPs were totally or partially satisfied with the GRM, while only 21.4% of the sample PAPs were totally unsatisfied with the setups regarding redressal of their

complaints. It can be assessed that a major proportion of the sample PAPs were totally or partially satisfied with respect to the redressal of community complaints/issues. Therefore, it can be concluded that much efforts were made to redress the grievances of the affectees and workable grievance redressal mechanisms were put in place in this regard.

It was observed that majority of the respondents were reluctant to answer this question. PAPs who mostly mentioned the good acceptability were resettled in the near vicinity of their native places; therefore, their host communities were not changed due to which acceptance by the host community was not an issue. The situation was different where PAPs were resettled in other provinces as explained in the next section. PAPs faced problems with host communities in other provinces due to sharing of resources, differences in culture, traditions and other social conflicts.

During the literature review in few studies it was observed that the major problem affectees have to face is acceptance by the host community. Host community refuses to recognize the affectees because they argue that affected people occupy their land and resources. Due to which they try to tease host community through different ways including complete social boycott. In this study affectees have to face such type of problems and in many cases they did not answer it because they were afraid from the host community.

POST PROJECT QUALITY OF LIFE

This part of the rehabilitation section includes questions regarding change in occupation, expenditure, income of women headed households, quality of life and overall satisfaction.

Table 14: *Change in the Occupation in Post Project Situation*

	Better	Same	Worse	Total
No.	28	0	14	42
%	66.7	0	33.3	100

The survey results presented in Table 14 reveals that on overall basis, the sample respondents who had to change their occupation due to the implementation of project and their livelihood became better off and worse off were reported as 66.7% and 33.3% respectively during the post project period as compared to the pre project situation. It can be concluded that livelihood restoration measures designed for MDRP were specific and designed in accordance with the requirement of PAPs which resulted in improvement of their livelihoods.

Table 15: *Change in Expenditure*

Count	Increased	Same	Decreased	Total
No.	50	6	0	56
%	89.3	10.7	0	100

The household expenditure is also one of the project impact indicators to measure the changes in the livelihood/living standard of the PAPs due to the implementation of the R&R process. The results summarized in Table 15 indicate that for all projects, the expenditure increased after the implementation of the projects, as reported by 89.3% of the respondents.

Table 16: *Change in Quality of Life during Post Project Situation*

Indicator	C Count	Improved	Same	Worse	Total
Quality of Housing	No.	13	38	5	56
	%	23.2	67.9	8.9	100
Quality of Health	No.	5	44	7	56
	%	8.9	78.6	12.5	100
Quality of Education	No.	2	45	9	56
	%	3.6	80.4	16.1	100
Access to Basic Amenities	No.	3	45	8	56
	%	5.4	80.4	14.3	100

The survey results given in Table 16 demonstrate that on the whole, the livelihood/ standard of living in-terms of housing conditions, quality of health facilities, education, access to social amenities improved or remained at the same level after the implementation of project as reported by the sample PAPs, except in case of access to social sites (i.e. religious, cultural, recreational sites etc.).

It can be concluded that the factors affecting the improvement in the livelihood and living standard of PAPs were improved or remained the same like pre project conditions as highlighted by most of the sample project affected persons, however the access to social sites like having religious significance (shrines), cultural sites and recreational facilities remained limited after the implementation of the project which are under review.

DISCUSSION AND CONCLUSION

Depending on the local conditions, type of project or type of displacement, the intensity of risk of each individual and the outcomes of these risks range in severity (Cernea, 2003). Resettlement does not carry the risk of complete impoverishment. This displacement did not impoverish them in all aspects of social and economic life. The respondents showed their satisfaction with some aspects of their new life while they were not satisfied with other aspects. In general the residents were found to be satisfied with the resettlement process and their quality of life improved except the problem of integration with the host communities. Majority of the respondents reported that their quality of life remained same or improved little. Only a small proportion of the respondents reported that their quality of life became worse than it was before the execution of the project. However the respondents complained that their household expenditure has increased.

Overall the respondents expressed their satisfaction with resettlement process and planning. Seemingly, it is not possible to satisfy all the stake holders at optimum level. Majority of the respondents were not fully but partially satisfied with payment compensation process, assessment of assets,

access to education facilities, access to health facilities and grievances redressal. However, with respect to the livelihood restoration majority of the respondents reported that they were dissatisfied. This finding is in consonance with outcome from quality of life where the respondents reported that their household expenditures have increased due to resettlement. One of the core issue raised by the respondents was loss of social affection due to resettlement in newer communities. The respondents complained that they were facing difficulties in integrating with the host community. Although due to presence of institutional set up the resettlement process has solved many problems of the displaced residents, the difficulties faced by project affected people in restoration of livelihood and loss of social ties poses a major threat to sustainability of development projects.

Data analysis result shows that people were dissatisfied with the money back or compensation package. According to them, there was no mechanism in the resettlement plan to fix the compensation rate as per the market value of the assets and as per the actual need of the affected family. It was observed during the field survey the majority of the population held the view that there was no provision of free or subsidized electricity in the resettlement plan. Only verbal commitments were made to the local people for their brighter future. People were quite surprised with the planning in which the electricity producing land was kept deprived of electricity.

It was observed in the data analysis that generally, people were in favour of the project which is beneficial for the country. Most of the people were found agriculturist and consequently, they got unemployed or lost their financial status due to the relocation at new places where they were not given any land for agriculture. Similarly, PAPs who were involved in business also got unemployed.

Relocation is considered as an important and fundamental issue of displaced persons and it was found during the survey that majority of the people showed their dissatisfaction regarding the new locations they were offered to

be resettled. It was not necessary that the affectee resist relocating and leaving their home place, but sometimes they resisted to be relocated due to improper facilities available in new towns. The PAPs proposed that the effective designing and master planning do not cover all aspects of urbanization until or unless the effective implementation of the master plan takes place. The PAPs suggested that the culture of red-tapism from the offices should be discouraged. The study conducted also implies an evaluation of implementation of SIA conducted before the commencement of any development project.

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An Exploratory Study of Teachers' Motivation and Job Satisfaction in Special Education, Lahore, Pakistan

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ABSTRACT

This study aimed to identify motivational factors for the better job satisfaction of teachers in special schools of Lahore, Punjab, Pakistan. Being qualitative in nature, this study explores in depth responses of experienced special educators. The participants comprised both genders with a teaching experience of more than ten years. A focus group discussion was arranged and a semi structured interview guide was used to elicit in depth responses from the participants. These responses were then transcribed and thematically analyzed. Gazetted post, high pay scale, recognition, serving persons with disability and less working hours came out as the motivating factors, whereas improper student placement, lack of appreciation, stress level serving the disabled, low job status, low respect level emerged as major job dissatisfying factors.

Keywords: Job Stress, Teachers Motivation, Job Satisfaction and Special Education

INTRODUCTION

Motivation is a factor that emphasizes on our actions and efforts. A highly motivated teacher assists in obtaining the targets of an organization or institution (Glover & Law, 2000). When goals are specified, organizations are competent enough to compete with the competitors in a better way, and confidence or morale is also higher then teachers are properly motivated (Shah *et al.* 2012).

The motivational concept is used to illustrate the factors within an individual,

which stimulate, retain and direct behavior towards a goal. So motivation is a goal directed behavior (Franken, 1994). According to De Nobel (2003) job satisfaction is the level to which a teacher has encouraging or optimistic feeling about job or the career. Job plays a vital role in life; it takes a lot of time and provides people with the financial needs. Hence, the perception of teacher's job must be attractive and accomplish their contentment and satisfaction (Tsigilis *et al.* 2006).

Human resources are the central power of the success and achievement of any institution. If the institution does not recognize the hard work and contribution of its teachers and reward them accordingly, it would not be able to get the highest level of motivation and job satisfaction of the human resources. Recognition and reward are valuable to the staff in a way that it injects self-reliance (Shah *et al.* 2012).

The importance of motivation and satisfaction among the staff members of the institution goes back to second half of the 20th century, with the emergence of the Maslow's theory (1956). Since then, researchers have set profound consideration to the subject and different investigative studies have been undertaken. The progress towards human relationships throws more light on the significance of the morale and betterment of the work conditions for the staff of the institutions and organizations at growing output (Alzaidi, 2008).

It is considered that satisfaction at work may influence different aspects of employment such as output, efficiency, and intention to quit and finally human resource's well-being (Baron, 1986). Motivation and satisfaction with work are very much essential in lives of teachers because they formulate the basic cause for working in life. In this perspective, job satisfaction is the ability of the job to fulfill needs and develop the job performance (Ololube, 2006). Further research on teacher motivation and job satisfaction suggests that educators are most satisfied from the teaching itself and dissatisfied from their promotion channels and salary (Dinham & Scott, 2000;

Koustelios, 2001; Oshagbem, 1999).

The researchers seek to find out this issue among special educators because it is noted that there is heap of research work presented on the topic of teacher motivation and job satisfaction in general education. But chiefly the research work in special education in Punjab Pakistan is very rare. Department of Special Education, Govt. of the Punjab was established in 2003. So, research work in this sector is infrequent. The present study aims to investigate motivation and satisfaction level, particularly in Special Education teachers.

The performance of a person is affected by different factors. Various theories have been brought forward that give a sketch about performance and behavior of persons in certain circumstances and specify factors which motivate them towards a desired goal (Schunk, 1991). Above all the most significant theory was offered by Abraham Maslow (1943, 1970) that was named as Need-Based Theory of Motivation.

This theory describes hierarchy of factors that causes motivation of teachers or employees in an institution (Jelenic, 2010). In an institutional structure, a teacher first of all motivated on account of physiological factors i.e. food, clothing, shelter etc. or in brief he needs salary to accomplish the basic requirements (Shah *et al.*, 2012).

There are a variety of factors that influence the job satisfaction of teacher in an institution. However, in fact, a contented teacher or worker is a worthy asset for the institution (Cranny, Smith & Stone, 1992). Effort with motivation improves job satisfaction. Worker's gender put a clear influence on worker satisfaction. The findings of the study suggest that when workers are helpful and compassionate and their centre of attention is motivational factors, the result is more prolific and productive due to dedication of the employees (Ayub & Raffif, 2011).

The two factor theory is formulated by Herzberg, Mausner & Snyderman (1959) that mainly comprised need accomplishment because of their attention to attempt best to please or satisfy workers. This theory provides an

insight to investigate those factors that cause job satisfaction and also explores those hygiene factors that cause teachers or workers to be dissatisfied. The main hygiene factors such as management, departmental policies, supervision salary, interpersonal relations with administrator and work environment are all associated with job satisfaction. Herzberg *et al.* (1959) indicated motivational factors which built up hard working attitude among the teachers or workers, further describe that those factors are linked with job frame work or work of teachers they actually do and categorized them as follows: appreciation, accomplishment and achievement, work with autonomy, liability or responsibility and encroachment. All these are represented to gain and to meet the challenges they have to face while performing job duties. Teacher's growth, work autonomy and responsibility, are considered to be the motivating factors.

Presenting the incentives and monetary benefits to the teachers properly by arranging some annual functions enhances the worth of reward, though any significant show the reward loses its worth. When teachers or employees get award with outstanding delight and amusement then recipient receive high level of motivation (Weinstein, 1997).

Appraisal practices, reward and recognition are significant motivational factors that affect job satisfaction. Recognition is a societal phenomenon of positive reception and appreciation provided by a group to persons who assumed desired attitudes (Fisher & Ackermann, 1998).

Motivation and job satisfaction are inter-related and rewards and recognition are directly linked with motivation and job satisfaction of employees. Reward and recognition bring change in employment motivation as well as job contentment definitely put positive effects (Ali & Ahmed. 2009).

By applying the two-factor theory to education if institution betterment depends basically on the advance teaching strategies, traditions to increase teacher motivation and merit and capabilities should be the central part upon which administration should focus (Ololube, 2006:6)

As other institutions and departments, Special education institutions have impact of reward and recognition in conjunction with other factors that can have an effect on teachers' motivation and job satisfaction. And there is an important connection between recognition and reward and that between job satisfaction and motivation of teachers work (Ali & Ahmed, 2009).

The researchers have reviewed literature that explores the factors and indicators of job satisfaction. According to Spear *et al.*, (2000) teachers' motivation and job satisfaction influences the career or professional patterns of teachers. They depicted their findings that vital indicator to high level of job satisfaction are to teach children specially where educators have ability to develop firm relationship, the intellectual confront of teaching and teacher's autonomy and self-determination.

De Beer *et al.* (2007) and George *et al.* (2008), describe the factors that influence job satisfaction within education by teacher's experiences, personality, as well as emotional, physical and economic factors. Sancos (2002) categorizes these factors as psychological variables (for example motivation, self-esteem, sense of responsibility and job satisfaction etc), personal variables and professional variables. He further elaborates the influence that gender, age, work experience within the set up of education have on job satisfaction.

According to Billingsley (2004) and George *et al.* (2008), there are two factors of job satisfaction i.e. intrinsic and extrinsic factors. Intrinsic factors are non-material recognition for work or job which includes motivation for work in an institution. When teacher works within an institution then the work environment, work conditions and supervisions by the administrators all contribute to extrinsic factors.

So, if a teacher is satisfied with his or her work to the institutional objectives, an intrinsic reward is perceived in this way. And if a teacher feels that their particular job status is attained or recognized in society, a high degree satisfaction will be achieved (De Beer *et al.*, 2007).

According to (Sargent & Hannum, 2005), in spite of many other factors that influence the job satisfaction the effective supervision is also very effective. The competence of leaders and administrators has influence on working environment of an institution.

Linking these needs to the perspective of special educators, it seems that teachers who are highly paid and can afford a high standard of living, have their hygiene or lower order needs met.

Special educators, however, must have motivators or higher-order needs. So, researchers organized discussion around the concepts of rewards and recognition, responsibility, work autonomy, advancement, power and growth, achievement and self-actualization (Herzberg, 1968).

The topic has grasped the attention of the researchers' world since decades, but it is a misery that no proper attention has been given to it in the Punjab province especially with reference to special educators. Therefore, the present study is an effort to fill this gap and provide some qualitative insight into the depth of the matter.

OBJECTIVES OF THE STUDY

The researchers aim to investigate qualitatively the motivational factors and job satisfaction level of the teachers working in special education schools of Punjab, Pakistan.

The objectives of the study were:

- To explore the factors of motivation and satisfaction among special educators
- To investigate the job dissatisfying factors among teachers
- To explore any differences among teachers about the perception of the motivating factors on the basis of gender

METHODS

The qualitative approach was used to understand the phenomenon of teacher's motivation and job satisfaction in order to have exhaustive evidence. Focus Group discussion (FGD) and In-depth interviews were used as tool for data collection to understand the level of teacher motivation and job satisfaction amongst special educators. Researcher conducted face to face interviews with teachers. The participants of the study consisted of teachers of special children, both male and female. Questions were fairly open-ended, with theme to provide them with an opportunity to talk. Majority of the teachers participating in the research were women. This is in line with previous studies as Billingsley (2004) indicates general tendency for more females than males to work at special education schools. Nine teachers were selected as participants of this FGD from the institute of special education, Lahore, Punjab, Pakistan.

RESULTS AND DISCUSSION

The researchers conducted in depth interviews from teachers of special children, both male and female. The demographic information regarding the participants and the results of this study are presented for in depth understanding of the problem.

Majority of the teachers participating in the research were women (78%), while male teachers comprised only (22%) of the sample. This is in line with previous studies as Billingsley (2004) indicates general tendency for more females than males to work at special education schools. Nine teachers were selected as participants of this FGD from the institute of special education

Almost 89% of the participants had a Masters Level Degree as their highest qualification. Almost every teacher (100%) had any professional degree as well. Only one participant (11%) being vocational training instructor had less than Master Level Degree qualification. This indicates that almost all the participants were true professionals in the field of special education.

The participants vary with respect to their teaching experiences. Both the male participants had almost ten years teaching experience. Among female participants two (28%) of them had over twenty years of teaching experience. One of them (14%) had over fifteen years teaching experience whereas four (57%) of the female participants had over 10 years of teaching experience. Among the respondents, seven (78%) were married and two (22%) were unmarried.

The researcher discussed different aspects to explore the factors of motivation and satisfaction of special educators. Researcher started the discussion to ask about motivation in their opinion.

PERCEIVED MOTIVATION BEFORE ENTERING INTO JOB

The researcher started the discussion with the question that what was their perception about job as special education teacher before actually entering into this job. Almost all the participants (100%) agreed to the senior most participant's answer that they felt highly motivated toward this job due to many factors. She further elaborated that charm of a gazetted post, high salaries and enormous buildings of special education institutes were among the motivating factors which attracted them to join their jobs. In her own words:

“I think it is motivation which pushes us to join special education, gazetted post attracts us otherwise we can join general education.”

There was no difference in the opinion of male and female participants that they perceived this job as most advantageous and were motivated towards it due to high salaries and other perceived compensations.

Religious and moral obligation also serves as motivational factor to adopt teaching to special children. About (22%) of the participants comprising both genders consider religious rewards as a motivational factor, as one of the

female respondent states;

“For the will of Allah serve these students because it's just like a jehad to teach special children.”

Most of the teachers described their perception about motivation in their own way. According to the above statements about motivation, it can be concluded that in special education gazetted post and religious satisfaction to teach children with disabilities motivates teachers to serve in special education.

RECOGNITION AS SPECIAL EDUCATION TEACHER

In many developing countries, teaching has historically enjoyed a large degree of prestige. Today, however, many teachers feel that the respect for their profession is decreasing in the eyes of students, parents, government, and the larger society.

Recognition or prestige is a highly motivating factor in every job. When researcher asked about their job status in society after actually entrance into this job, varied responses emerged. Almost 100% participants considered social recognition among major motivating factor. About 43% of the female and 100% of the male participants which account for 56% of the total participants were of the view that they are satisfied with their status and enjoy social recognition in this field. One of the male participants stated:

“To me, motivation is most important thing to teach persons with disabilities. If I get opportunity to start over a new career, I will prefer again to become special educator because in our society majority have perception that teaching is suitable for female but being a male I joined it because it's also a source of religious satisfaction to serve persons with disabilities. No doubt people usually dishearten, even my own family used to say that instead of teaching if you join sports you can get better respect but I am satisfied with my profession.”

However, 57% of the female teachers think that their dream about a social status shattered after joining this profession. They are not given much importance in spite of high grade salaries. Even a policeman is more influential than a gazetted teacher. In the words of senior most teacher;

“After serving 20 years I feel there is no respect in this field, when I move in our society people says she is teacher of disables, peoples make fun of it. I feel highly dissatisfied with it.”

As per discussion and responses it can be concluded that in special education gazetted post and religious satisfaction to teach childrens with disabilities motivates teachers to serve in special education. However, a little recognition at the hands of society is availed by the teachers. But at the same time, this profession is very suitable for females especially as they enjoy more professional status, self-esteem, and better pay. Many teachers feel that another way to increase societal respect for teaching is to improve the public image of their profession by making the public more aware of the actual conditions they face (Tudor-Craig, 2002).

ROLE OF ADMINISTRATOR

Administrator has primary role in every organization. Administrator (often principal/head teacher in the field of education) plays a vital and leading role to achieve the organizational objectives in their true spirit. Research shows that when administrators use tactics to increase teacher empowerment, teacher morale increases. Terry (2000) states that in schools where teachers are empowered to be leaders, the focus of control changes from the principal to the teachers.

During the discourse of the study, 100% respondents were found to admit the leading role of administration for the better motivation of the teachers. One of the participants said;

“Administrator should be highly motivated and have characteristics of a good leadership. It can increase motivation level among all teachers.”

But, at the same time majority (89%) of the participants feel that they never found any good administrator who encouraged and motivated them for better working. Every principal was authoritative in his behavior and tried to impress the employees with help of political or bureaucratic power. One of the male respondents claimed that he is very dissatisfied with this situation and wants to quit this profession only due to absence of motivation on the part of administration. In his own words;

“As far as motivation is concerned, I think a good leader/administrator can play a very important role. If the leader is highly motivated he can motivate his employees. But if leader has no motivation, or has low caliber he creates dissatisfaction among teachers, he can never get good results. The satisfaction level of employees under the control of incompetent and low motivated leader will be low. Because of incompetent leader I have been thinking since last year to replace my services at other places.”

A female respondent stated:

“A well-motivated administrator can get 100 % better results than unmotivated and undirected leader. It's my life experience. I managed 80 children in Faisalabad, but I can't manage 6 children from last 6 years because of low motivation level of administration. It creates dissatisfaction.”

In government sector, departmental authorities also play an important role which may be the source of motivation for teachers or otherwise. As the senior most teacher claims;

“Department can play very important role to create motivation and satisfaction if all rules and regulation are observed and implemented properly. It must evaluate motivation level in employees.”

So, it can be concluded that 100% of the teachers feel that a learned and helping administrator can create better environment in organization and will

be the source of motivation for teachers. However, 89% of the participant claimed that in their teaching life, they rarely met any competent organizational leader who motivated them for better working.

POLITICAL INVOLVEMENT IN RECRUITMENTS

Recruitment is the corner stone of the organizational atmosphere. New blood in the form of fresh recruitment always helps organizations better cope with new challenges. However, sometimes political figures try to get recruitment according to their own will without fulfilling the necessary requirements. In this way, the newly inducted workforce is not professional in the true spirit and fails to produce required results.

Almost 100% of the participants are against the political recruitment in the field of special education. They think that personnel inducted politically do not fulfill their duties; rather they remain at the homes of their political leadership. In the words of a female respondent;

“Political approach should be discouraged from teaching profession. Employees who get job with political approach create dissatisfaction in others. It confirms that he has no ability to perform well, so he uses approach. When he joins job he does not perform his duties. He thinks he has a good political approach so no one can say anything to him.”

Another male respondent also describes this situation in his own words:

“Political approach in recruitment creates a very bad impact in all departments. Politically recruited employees do not perform their duties and they always use political pressure in case of any explanation. Mostly politically recruited employees are always irregular in their duties and they just get pay.”

So, it is concluded with the help of these detailed responses that 100% of the

participants are against any political interference in the recruitment process. Political involvement lessens the motivational level of the workforce already trying to serve the disabled children.

REMUNERATION AND INCENTIVES

A review of the literature indicates that there is a great association between different kinds of incentives and motivation level of employees all over the world. Better the incentives, better the motivation level (Scott & Victoria, 2007 ; Susan & Judy, 2011). When the participants were asked whether salary package and pay scale attracted them toward the job, 100% of the participants claimed that monetary incentives are source of motivation. But they refused to admit them as the single basis for motivation. One of the male participants said;

“No doubt, the double salary motivated me to join the field of special education. Otherwise, I would have opted to join the field of general education where there are no disable students.”

So, it can be concluded that 100% of the participants are of the view that remuneration and incentives increase the motivation of the employees.

STRESS LEVEL SERVING THE DISABLED

The researchers were interested to inquire whether the respondents feel any type of stress during their service as special education teacher. Male participants (100%) claimed that they do not feel any type of stress while serving the disabled children. However married female (N=5) teachers replied that they felt very disturbed during their pregnancies. They were suspecting that their new born babies might not get some type of disabilities as the result of their presence all daylong in disabled environment. One of the senior respondents said;

“Being a teacher of disabled children when I was pregnant and I could not sleep at night, I used to think that may be my baby born disabled because I spent time with disabled children and it could create a bad impact on my baby. This perception highly dissatisfied and created a stress for me. So teaching to special children is not as easy as people use to think.”

And when their baby is not at school going age, they remained afraid to take him with them. They feel that at this stage, socialization with disabled children can create some problems in their own children. Another female responded in this regard;

“When my son reached school going age, I hired a teacher for tuition. My son was slow to learn at that initial stage. His teacher said that as you are a teacher of disabled children, it created a bad impact on your child. I think he is not a normal baby. It created high stress in my mind but after some days I realized it was only teacher's misperception.”

This discussion proves that stress level in married women is very high especially during pregnancy. It may affect negatively their motivation toward their job. They feel high level of stress, they remain afraid to become mother of a child with disabilities. But it's just their perception. It never happened in any case.

INTER PERSONAL RELATION WITH COLLEAGUES

Inter personal relationship with colleagues serves as important motivating factor for teachers. Almost all the respondents (100%) were of the view that healthy relationship of colleagues creates an environment which urges and motivates teacher to reach up to the maximum level of performance which finally provides everyone some level of internal satisfaction. Some of the responses are given below:

“By collaborating with each other teacher can plan a program for students and positive relation with colleagues motivates you.”

ACHIEVEMENTS OF STUDENTS AND SUPPRESSION OF THE JOB DISSATISFACTION

The researchers urged to know what are those factors which suppress the job dissatisfaction and how do teachers feel job satisfaction. In this regard a female responds that,

“The achievements of my students in their life motivate me to work even harder with special students so that they become active members of our society. If govt wants to see highly motivated teachers in schools then, all issues which create dissatisfaction in employees should be resolved.”

Almost 100% teachers agree to this response. All of them responded that when they see their special student a worthy member of society having a status they feel real inner deep satisfaction.

JOB DISSATISFYING FACTORS

The researchers sorted out following job dissatisfying factors:

- Improper student placement
- Lack of appreciation
- Stress level serving the disabled
- Unofficial duties
- Distracting teacher during period while assigning extra duties
- Lack of Training and Workshops
- Poor personal relationship with head
- Low job status
- Low respect level

- Perception of people about teaching
- Improper job placement

CONCLUSION

The participants provided additional qualitative information about teacher motivation and job satisfaction in focus group discussion. All teachers shared very general characteristics and sources of motivation, they also carried their own individual motivations for becoming a teacher and value sources of motivation differently. Researchers noted that teachers joined the profession for a variety of different reasons; and that a given factor or framework category could motivate one teacher while having little effect on another. The researchers concluded that in special education gazetted post and religious satisfaction to teach children's with disabilities motivates teachers to serve in special education. Recognition and prestige is a highly motivated factor in every job. Nowadays, however, many teachers feel that the respect for their profession is decreasing in the eyes of students, parents, government, and the larger society.

Other important factors in teacher motivation mentioned by the interviewees included the role of department, supervisors, emphasis on outcomes versus processes, minimizing political interference, teacher networks and mentoring, training, treating teachers as equal partners, and provision of teachers' basic needs.

The researchers analyzed during discussion that stress level in married women is very high specially during pregnancy they feel high level of stress, they afraid to become a mother of disable child. Although it's just their perception but it highly dissatisfies them.

The researchers concluded that management plays a vital role in motivation and job satisfaction of teachers. A head of institution should possess all the qualities of leadership and create an environment where all employees feel satisfaction, only this way they love to work. The satisfaction level of employees under the control of incompetent and low motivated leader will

be low so according to the respondents motivated by leader or head is directly proportional to the motivation and job satisfaction of employees.

The researchers depicted the experiences of the respondents that when colleagues work collaboratively for the sake of their students then positive results can be achieved as achievements demand devotion of teachers. Likewise appraisal practice by the administrators highly motivates the teachers to their work and if government removes all the dissatisfying factors then motivation level and job satisfaction among teachers can be achieved simultaneously.

RECOMMENDATIONS

The researchers present following recommendations according to the above findings:

- An ideal environment of working is the dream of teachers, therefore political interference may be avoided and favoritism that dishearten the hard workers should be abstained.
- Sitting arrangements in the classrooms should be according to the need of the students and all the resources that a teacher could use should be provided.
- Encourage the spirit of enquiry and creativity in teachers
- Researchers noted that by creating awareness in society about special children the factor of mocking at special educators can be settled down.
- The researchers emphasized to help teachers to fit into the social life of the community and society at large.
- It is highly recommended that teacher should be assigned subjects according to their specializations as irrelevancy creates dissatisfaction.
- Trainings and workshops should be arranged periodically to update the knowledge of teachers,.
- Unofficial duties of teachers should be discouraged to preserve the status of teachers in our society.
- Researchers idealized that proper departmental policies should be

designed, observed and implemented and promotion channel should be proper as it is the fundamental right of the teachers or employees.

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Women's Access and Satisfaction with Public Sector Health Services in Punjab (Pakistan)

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ABSTRACT

A provision of health services to people is the vital responsibility of any government and state. The primary focus of public health services is to provide better and equitable health services which ensure the patients' access and satisfaction with the services. Women's access to health care services needs an important consideration in health system which invigorates the maternal health needs. The study was designed to explore the women's access and satisfaction with the public sector health services provided by the Punjab province. The study was conducted in three departments, namely Surgery, Medicine and Gynecology. The findings of the study indicated that women had access to health services, nevertheless, the satisfaction with the services were inadequate. Some of the patients had faced divergent socio-cultural constraints regarding access to public sector hospitals during their visit to hospital such as long time waiting for their turn, lack of availability of beds and seating areas etc. It is concluded that women had an access to public health care services but the services available in the hospitals were not fulfilling the needs of the patients. The study recommended that government should give proper attention in terms of its functioning, monitoring and evaluation to determine the needs of the patients particularly maternal health needs.

Key words: Public Sector Health Services, Women Access to Health Services, Satisfaction with Health Service.

INTRODUCTION

The health care service is determined by both the availability and accessibility of health services. The ease to use health services is usually identified as the distance from the availability of health services and the financial stability to bear the expenditure of those services. The physical accessibility of health services is determined as access to health services within 2 to 5 km or 20 to 60 minutes walking distance. In case of women,

social acceptability is also very important to access health services which include religious, tribal, and cultural barriers (Pappas *et al.*, 2009). The target of health care delivery system is not just to improve the structure of governance but also to deal with the patient's satisfaction with the health services (Donabedian, 1988). Patient's opinion regarding health services is one of the indicators to check the quality of services provided by medical care system as well as by medical practitioners. Patient's satisfaction can be measured by the experiences of patient's treatment and level of cooperation provided by the health providers (Durieux *et al.*, 2004).

The satisfaction of health services users is based on the efficient working of health system and effective formulation of health policy. As the study by Hakim (1997) mentioned that health policy mainly classifies the procedures and guidelines to achieve the goals and targets of health sector. The process of formulating health policies is based on the establishment of working bodies from different departments such as Ministry of Health, Planning and Finance Division, Chief and Director General of Health as well as directors of specific health programs like, Family Planning, Malaria Control and AIDS etc. Although the policy formulation is the key concern of federal government but the responsibility of implementing health policy lies on provinces (Hakim, 1997). Women's health need is given priority at the state level and the issues related to women's health are discussed as fourth out of ten key areas highlighted in National Health Policy of Pakistan 2001. To achieve this target every year health budget may try to be improved to meet the critical needs of women's health (Shehzad, 2006).

In order to discuss the health policy and services for women, the government of Pakistan is working hard towards the improvement of health care services to improve the quality of care for all people. To improve maternal health status is one of the major concerns of government and it is making efforts to provide health services at the doorsteps of women. For this purpose many programmes including Lady Health Workers, Maternal health centers, and

family planning services have been introduced for catering the needs of women's health. The specification of better health services can be achieved by efficient allocation of resources and budget which is unfortunately not enough to meet the current demands of health sector (Pakistan Economic Survey, 2005-2006).

The mother and child health status in Pakistan is still an immense challenge for the government. It is estimated that an average woman gives birth to four children in her reproductive life span in which every fifth birth is in the mother's age group of 15-19 years. It's also indicated that in rural areas particularly, three out of every four mothers do not feed their child after delivery because of less education, and unrealistic socio-cultural superstitions (MoPW, 2005). Many social & cultural obstacles prevent women to the access of health care services such as girl's status is considered inferior and do not pay much attention to improve her health as compared to the boy (UN, 2006).

In Pakistan, the circumstances of low health budget, enormous population, poor health care system, rapidly increasing poor quality medical schools and fragile training structure are the major hindrances for poor governance structure in health system. Due to lack and mismanagement of resources, government is not able to provide the basic quality of healthy living conditions to the population (Shiwani, 2006). Unfortunately, health status is still low among women in Pakistan due to poor governance, mismanagement, inefficiencies and corruption in health institution (Danida, 2008). It is estimated that about thirty thousand women lose their life per year due to pregnancy complications in Pakistan. Numerous factors such as, malnutrition and common infections, premature deaths and disabilities among women and high rate of fertility causing decline in women's health condition (Fikree & Omrana, 2004).

Gender discriminatory practices also play a complementary role to establish gender disparities in health system. Due to certain gender segregated roles

assigned to men and women, pattern of diseases and access to health services create hindrance for women to take steps for the betterment of their own health. Women usually are not allowed visiting health services alone and sometimes she also may not easily go for the treatment due to disturbance in her daily routine activities of household chores (ADBG, 2009).

Gender differences in access and utilization of health resources is considered due to patriarchal structure of Pakistan which has assigned different roles to both men and women. In health sector, women always depend upon male members of family and face social and cultural barriers while accessing the service delivery that results increasing maternity issues which leads to the death of both mother and children during the time of pregnancy. In rural areas particularly the main cause of women's death are negligence, ignorance regarding health issues and diseases, social barriers, lack of awareness about health issues, lack of education, lack of hospitals, lady doctors, female staff, nurses, LHWs and lack of proper medical infrastructure.

Besides the socio-cultural practice which creates impediments to improve women's health status, the gender inequalities and gender differences are also prevailing in health care services functioning in Pakistan. Women's health has been ignored because of specific gender stereotypical roles and duties assigned to men and women. The socio-economic structure also often limits women's mobility to accessing the health care services. By considering the divergent and special health needs of men and women, attention ought to give to women's health which is not only related with women themselves, nevertheless, it is also linked with the health of newly born children (UNESCAP, 2010).

In spite of far reaching concentration to women health needs all over the world, the maternal mortality ratio has been considered as a very critical issue. In most of the developing countries, lack of provision of adequate medical services during pregnancy is increasing maternal and infant mortality. A research on utilization and expenditure of health care services to

women in India conducted by Balaji *et al.* (2003) indicated that the major problem of growing ratio of maternal mortality is lack of women's access to basic and adequate health care services that is governed by their age, education, economic status as well as the role and position in the family. The study also found the positive relationship between economic conditions of women with the access to health care services.

Despite the efforts to overcome the hindrances faced by women regarding health status in Pakistan, progress graph still seems downward to a great extent. The analysis of health policy of Pakistan has highlighted that women's health would have been needed to give priority in health care facilities and equitable promotion of health on the basis of gender. Notwithstanding, women health status has been undermined due to fewer resources including lack of female health care providers as well as women's lack of authority to take decision about their own well being (Nishtar & Rizvi, 2008).

A research by Butt (2004) identified that government of Pakistan has established many maternal health centers to provide free of cost health services to women but still some women are hesitant to utilize these services due to impolite behavior of doctors, presence of male doctors while examining the patient or the fear of crowds of medical students present at the time of examination.

METHODOLOGY

This study is based on a survey conducted in order to find out women's access to and satisfaction with health services. District Headquarters Hospitals from six major districts of Punjab were randomly selected and one Federal Government Hospital from Federal area was also included in the study. Punjab has been divided in three circles on the basis of its geographical and climatic division. The three circles are Central Punjab, Southern Punjab and Northern Punjab. The selected district were; Rawalpindi, Multan,

Bhawalpur, Sialkot, Khushab and Lahore. Three departments namely; surgery, medicines and gynecology were selected for the study of each district hospital. The sample size was two hundred and ten women (thirty from each hospital, including ten from each department), who visited the particular department at the time of researcher's visit to the hospital for data collection. A semi-structured questionnaire based on open and close ended items was designed to collect the information from the patients related to the provision of facilities to the patient, their satisfaction with services and relationship with the doctors.

RESULTS AND DISCUSSION

Table 1 shows that majority of the respondents belonged to 21 to 30 years of age group which is 59% followed by 22% of the respondents, who fall in age group of 31-40 years and 12% of the women patients were below 20 years of age. (20% in DHQ hospital Khushab; 24% in Sialkot, 36% in Rawalpindi 16% in Lahore and 4% of the respondents from FGS services hospital were in lower age category i.e. upto 20 years of age group.

Eleven percent of the respondents were in DHQ hospital Bahawalpur, almost 14% in Khushab, 11% in Sialkot, 14% in Rawalpindi, 12% in Multan, 15% in Lahore and 22% in federal government service hospital, Islamabad were members of the second category of age group (21-30 years). Further, it is also indicated that 20% of the respondents in DHQ hospital Bahawalpur, 13% in Khushab, 26% in Multan, 7% in Lahore and 13% of the respondents in FGS hospital Islamabad were above 40 years of age.

The information related to the marital status of patients, indicated that 85% of the respondents were married and rest 15% were unmarried. The district wise distribution of the data shows that among 15% of unmarried respondents, 22% belonged to DHQ, hospital Bahawalpur, 12% to Khushab, 22% to DHQ hospital Sialkot and Lahore, 9% to Rawalpindi, 3% to Multan and 9% of the respondents in FGS hospital Islamabad were unmarried. Among 85% of married respondents, 13% were found in DHQ hospital

Bahawalpur, Sialkot and Lahore, 15% from DHQ hospital Khushab, 15% from DHQ hospital Rawalpindi and FGS Hospital Islamabad and 16% of the respondents in DHQ hospital Multan were married.

Table 1: *Socio-Demographics of the Patients*

Socio-Demographics	Bhawalpur	Khushab	Sialkot	Rawalpindi	Multan	Lahore	Islamabad
	% (N)	% (N)	% (N)	% (N)	% (N)	% (N)	% (N)
Age of patients (Year)							
Up to 20	0(0)	20(5)	24.0(6)	36.0(9)	0(0)	16.0(4)	4(1)
21-30	11.3(14)	13.7(17)	11.3(14)	13.7(17)	12.4(16)	15.3(19)	21.8(27)
31-40	28.3(13)	13(6)	15.2(7)	8.7(4)	21.7(10)	13.0(6)	0(0)
Above 40	20.0(3)	13.3(2)	20.0(3)	0(0)	26.7(4)	7.0(1)	13.5(2)
Total	14.3(30)	14.3(30)	14.3(30)	14.3(30)	14.3(30)	14.3(30)	14.3(30)
Marital Status							
Single	21.9(7)	12.5(4)	21.9(7)	9.4(3)	3.12(1)	21.9(7)	9.4(3)
Married	12.9(23)	14.6(26)	12.9(23)	15.2(27)	16.3(29)	12.9(23)	15.2(27)
Total	14.3(30)	14.3(30)	14.3(30)	14.3(30)	14.3(30)	14.3(30)	14.3(30)
Monthly Family Income (Rupees)							
Upto 5000	4.5(2)	25.0(11)	(4.5)2	29.5(13)	14.6(7)	13.3(6)	9.1(4)
50001-25000	13.1(16)	12.3(15)	16.4(20)	11.5(14)	15.8(19)	12.3(15)	17.5(21)
25001-40000	37.5(9)	12.0(3)	16.0(4)	4.2(1)	4.2(2)	25.0(6)	4.2(1)
Above 40000	15.0(3)	5.0(1)	20.0(4)	10.0(2)	15.0(3)	15.0(3)	20.0(4)
Total	14.3(30)	14.3(30)	14.3(30)	14.3(30)	14.3(30)	14.3(30)	14.3(30)
Education							
Illiterate	7.9(3)	13.2(5)	15.8(6)	18.4(7)	18.4(7)	13.2(5)	13.2(5)
Upto Middle	10.1(9)	12.4(11)	19.1(17)	7.9(7)	19.1(17)	14.6(13)	16.9(15)
Upto Metric	19.5(8)	19.5(8)	12.2(5)	12.2(5)	14.6(6)	14.6(6)	7.3(3)
Above Metric	23.8(10)	14.3(6)	4.8(2)	26.2(11)	0(0)	14.3(6)	16.7(7)
Total	14.3(30)	14.3(30)	14.3(30)	14.3(30)	14.3(30)	14.3(30)	14.3(30)

Further table indicates the monthly income of the respondents, The under discussion table indicates that 21% of the respondents fall in the income category of upto 5000, 57% having income of 5001-25000 Rs, 12% belonged to third category (25001-40000) and nine percent of the respondents had more than 40000 monthly income. Among the respondents having upto 5000 of monthly income, four percent of the respondents were in DHQ hospital Bahawalpur and Sialkot, 25% in Khushab, 29% in Rawalpindi, 15% in Multan, 13% in Lahore and nine % in FGS hospital.

Among 57% of the respondents having income between 5000 to 25000, 13% of the respondents belonged to DHQ Hospital Bahawalpur, 12% in Khushab and Lahore, 16% in Sialkot, 15% in Multan, 11% in Rawalpindi, and 17% of the respondents belonged to FGS hospital Islamabad. Among 12% of the respondents having monthly income of Rs 25000/ to 40000, 37% of the respondents were in DHQ hospital Bahawalpur, 12% in DHQ hospital Khushab, 16% in Sialkot, four % in Rawalpindi and Multan and FGS hospital and 25% of the respondents were in DHQ hospital Lahore. Among nine % of the respondents having monthly income of more than 40000, 15% of the respondents belonged to DHQ hospital Bahawalpur and Multan, five % in DHQ hospital Khushab, 20% in Sialkot, 10% in Rawalpindi, 15% in Lahore and 20% of the respondents were in FGS service hospital Islamabad.

Regarding the education of the respondents, the table indicates that 42% of the respondents had education up to middle, followed by 20% who were above matric, 19% were having education up to matric level and 18% of the respondents were illiterate. The district wise analysis of the respondent's education revealed that among 18% of the illiterate respondents, 8% were in DHQ hospital Bahawalpur, 13% in DHQ hospital Khushab, Lahore and FGS hospital Islamabad, 16% were in DHQ hospital Sialkot and 18% of the respondents were in DHQ hospital Rawalpindi and Multan. Among 42% of the respondent having education up to middle, 10% belonged to DHQ hospital Bahawalpur, 12% to Khushab, 19% belonged to DHQ hospital Sialkot and Multan, seven % to DHQ hospital Rawalpindi, 15% to Lahore and 17% of the respondents belongs to FGS hospital Islamabad. Among 19% of the respondents who were having education up to Matric level, 19% were in DHQ hospital Bahawalpur and Khushab, 12% in DHQ hospital Sialkot and Rawalpindi, almost 15% in Multan and Lahore, and seven % of the respondents were in FGS hospital Islamabad. Twenty percent of the respondents who were having education up to matric, 24% were in DHQ hospital Bahawalpur, 14% in Khushab and Lahore, five percent in Sialkot,

26% in Rawalpindi, and 17% of the respondents in FGS hospital Islamabad.

Table 2 shows that regarding the patient's preference to visit a particular hospital 39% of the respondents visited the particular hospital because of it being easily accessible, 11% visited due to availability of qualified doctors and staff, 5% of the respondents visited due to availability of good health services, 18% of the respondents visited the particular hospital considering it as family hospital, 21% of the respondents were referred to that hospital, and four % of the respondents visited as free on panel. Among 39% of the respondents who visited the particular hospital due to easy access, 12% of the respondents were in DHQ hospital Bahawalpur and Multan, 13% in Khushab, 22% in Sialkot, 14% in Rawalpindi, 17% in Lahore and 7% were in FGS hospital Islamabad. Out of 11% of the respondents who visited the hospital due to availability of qualified and experienced doctors, 33% belonged to DHQ hospital Bahawalpur, 17% to Khushab, 4% to Rawalpindi, 12% to Multan, 8% to Lahore and 25% of the respondents belonged to FGS Service hospital Islamabad. Among 5% of the respondents who indicated their preference to visit particular hospital because of the availability of good health services, including medicines and other laboratory facilities, 18% of the respondents belonged to DHQ Hospital Bahawalpur, nine % to DHQ hospital Khushab, Rawalpindi and Multan, and 27% were in DHQ hospital Sialkot and Lahore. Further table also indicated that 18% of the respondents visited the hospital because of their family hospital because they always visited the same hospital for every type of treatment. Among these, 17% of the respondents were from DHQ Bahawalpur, 7% of the respondents were in DHQ hospital Khushab, 23% in DHQ hospital Sialkot, 20% in Multan, almost 18% in Lahore and 13% of the respondents were in FGS hospital Islamabad.

Table 2: *Information related to visits of female patients at District Headquarter Hospitals of Punjab and Federal Hospital.*

Access to Hospital	Bhawalpur	Khushab	Sialkot	Rawalpindi	Multan	Lahore	Islamabad
	% (N)	% (N)	% (N)	% (N)	% (N)	% (N)	% (N)
Preference to Hospital							
Easy accessible	12.0(10)	13.3(11)	21.7(18)	14.5(12)	12.0(10)	16.9(14)	9.6(8)
Availability of Qualifies doctors & Staff	33.3(8)	16.7(4)	0(0)	4.2(1)	12.5(3)	8.3(2)	25.2(6)
Availability of good health services	18.2(2)	9.1(1)	27.3(3)	9.1(1)	9.1(1)	27.3(3)	0(0)
Family Hospital	17.9(7)	7.7(3)	23.1(9)	0(0)	20.5(8)	17.9(7)	12.8(5)
Refer to this Hospital	6.7(3)	20.0(9)	0(0)	26.7(12)	15.6(7)	8.9(4)	22.2(10)
Free on panel	0(0)	25.0(2)	0(0)	50.0(4)	12.5(1)	0(0)	12.5(1)
Total	14.3(30)	14.3(30)	14.3(30)	14.3(30)	14.3(30)	14.3(30)	14.3(30)
Distance of Hospital in time							
Less than half hour	22.0(13)	20.3(12)	8.5(5)	6.8(4)	15.2(9)	8.5(5)	18.6(11)
More than half to one hour	17.9(17)	7.4(7)	18.9(18)	9.5(9)	15.8(15)	18.9(18)	11.6(11)
1 to 2 hours	0(0)	24.3(9)	16.2(6)	35.2(13)	8.1(3)	13.5(5)	2.7(1)
More than 2 hour	0(0)	10.5(2)	5.3(1)	21.1(4)	15.8(3)	10.5(2)	36.8(7)
Total	14.3(30)	14.3(30)	14.3(30)	14.3(30)	14.3(30)	14.3(30)	14.3(30)

Among 21% of the respondents who visited the hospital because they were being referred to that hospital due to availability of qualified doctors and better health services, almost 7% of the respondents were in DHQ hospital Bahawalpur, 20% in Khushab, 27% in Rawalpindi, 15% in Multan, 9% in DHQ Hospital Lahore, and 22% of the respondents were in FGS hospital Islamabad. Almost 4% of the respondents who visited hospitals due to free of cost health services on panel of their husbands, as the organization where they do job bear the financial cost of availing health services. Among these, 25% of the respondents belonged to DHQ Hospital Bahawalpur, 50% were in DHQ hospital Rawalpindi and 12% were in DHQ hospital Multan and FGS hospital Islamabad.

In public hospitals patients do not have to pay for normal checkup and delivery of child is also free of cost as well as to some extent free medicines are also available. Some medicines were provided by the hospital and some had to be borne by the patients themselves. In case of the patients who visited on husband's panel, the company paid the bill if they exceed form the free cost (Hassan & Rehman 2007). Another research by Kadir *et al.*, (2000) also indicated that at public hospitals the delivery of women is free of cost and they only have to pay if there is any surgery or for expensive medicines.

Further table also indicated the distance the patients covered to visit to the hospital in terms of time taken in hours. The data revealed that for 28% of the respondents it took less than half an hour, 45% of the respondents indicated that it took more than half an hour to an hour to reach to the hospital, that is followed by 17% who took one to two hours and nine % of the respondents covered the distance in more than two hours. Among 28% of the respondents who covered the distance in less than half an hour, 22% belonged DHQ hospital Bahawalpur, 20% to Khushab, 8% to Sialkot and Lahore, seven % to Rawalpindi and 18% of the respondents belonged to FGS hospital Islamabad. Among 45% of the respondents who covered the distance in more than half to one hour of time, 18% of the respondents were in DHQ hospital Bahawalpur, 7% in Khushab, 19% were in DHQ hospital Sialkot and Lahore, 9% were in DHQ hospital Rawalpindi, 16% in Multan, and 11% of the respondents were in FGS hospital Islamabad. Among 17% of the respondents who traveled the distance in one to two hours, 24% belonged to DHQ hospital Khushab, 16% to Sialkot, 35% to Rawalpindi, 8% to Multan, 13% to Lahore and almost 3% of the respondents belonged to FGS hospital Islamabad. There were 9% of the respondents covered the distance in more than two hours to reach the hospital, among them 10% of the respondents were in DHQ hospital Khushab, 5% in Sialkot, 21% in Rawalpindi, 15% in Multan, 10% in Lahore and almost 37% of the respondents were in FGS hospital Islamabad. The analysis indicated that majority of the respondents who visited FGS service hospital covered the distance of more than two hours to reach the hospital, the reason behind it was the availability of better

health services and qualified doctors, most of the patients were referred to Islamabad from other cities such as Chakwal, Sargodha, Murree, Abbotabad etc.

Table 3: *Information related to visits of female patients at District Headquarter Hospitals of Punjab and Federal Hospital.*

Access to Hospital	Bhawalpur N (%)	Khushab N (%)	SKT N (%)	RWP N (%)	Multan N (%)	LHR N (%)	Islamabad N (%)
Number of Visits by patients							
Once	21.8(19)	13.8(12)	21.8(19)	4.6(4)	10.5(10)	20.1(18)	5.6(5)
Twice	11.5(6)	15.4(8)	15.5(8)	19.2(10)	21.2(11)	13.5(7)	2.2(1)
> 2 times	18.2(4)	17.2(3)	9.1(2)	27.2(6)	13.6(3)	9.1(2)	5.4(2)
Frequently	2.1(1)	14.0(7)	2.1(1)	20.4(10)	12.2(6)	6.0(3)	44.0(22)
Total	14.3(30)	14.3(30)	14.3(30)	14.3(30)	14.3(30)	14.3(30)	14.3(30)
Accompany to Visit							
Husband	9.9(8)	9.9(8)	17.3(14)	9.9(8)	18.5(15)	11.1(9)	23.5(19)
Mother in Law	20.0(8)	12.5(5)	7.5(3)	17.5(7)	17.5(7)	12.5(5)	12.5(5)
Mother	14.5(10)	17.4(12)	15.9(11)	17.4(12)	10.1(7)	17.4(12)	7.2(5)
Father	33.3(3)	22.2(2)	11.1(1)	0(0)	0(0)	22.2(2)	11.1(1)
Alone	9.2(1)	27.2(3)	9.1(1)	27.2(3)	9.1(1)	18.2(2)	0(0)
Total	14.3(30)	14.3(30)	14.3(30)	14.3(30)	14.3(30)	14.3(30)	14.3(30)

The table 3 indicated the number of visits by the patients to the particular hospital and the persons who accompanied her during visits. Regarding the number of visits among 41% of the respondents once visited hospital, 22% were in DHQ Hospital Bahawalpur, almost 14% were in Khushab, 21% in Sialkot, 4% in Rawalpindi, 10% in Multan, 20% in Lahore and 5% of the respondents were in FGS hospital Islamabad. Among 24% of the respondents who visited the hospital twice, 11% of them belonged to DHQ hospital Bahawalpur, 15% to DHQ hospital Khushab and Sialkot, 19% to Rawalpindi, 21% to Multan, 13% to Lahore and 2% of the respondent belonged to FGS Hospital Islamabad. Among 10% of the respondents who visited more than twice, 18% were in DHQ hospital Bahawalpur, 17% were in DHQ hospital Khushab, 9% in Sialkot and Lahore, 27% were in DHQ hospital Rawalpindi, 13% in Multan and almost 5% of the respondents were in FGS hospital Islamabad. There were 23% of the respondents who

frequently visited to hospital, 2% were in DHQ hospital Bahawalpur and Sialkot, 12% in Khushab and Multan, 2% in DHQ Hospital Sialkot, 20% in Rawalpindi, 4% in Lahore and 46% of the respondents were in FGS hospital Islamabad.

Further table indicates the findings of female patients accompanied with any family member or come alone to visit the hospital. There were 38% of the respondents visited hospital accompanying their husband, 19% with mother in Law, 32% with mothers, 4% with fathers and only 5% of the respondents reported to visit alone. Among 38% who visited with their husbands, almost 10% of them belonged to DHQ hospital Bahawalpur, Khushab and Rawalpindi, 17% belonged to DHQ hospital Sialkot, 18% to Multan, 11% to Lahore and 23% of the respondents belonged to FGS hospital Islamabad. Among 19% of the respondents who were accompanied by their mothers in law to visit the hospital, 20% were in DHQ hospital Bahawalpur, 12% in Khushab, Lahore and FGS hospital Islamabad, 7% of the respondents were in DHQ hospital Sialkot, and 17% were in DHQ hospital Rawalpindi and Multan. Among 33% of the respondents who were accompanied by their mothers to visit the hospital, 14% were in DHQ hospital Bahawalpur, 17% in Khushab, Rawalpindi, and Lahore, 16% were in DHQ hospital Sialkot, 10% in Multan, and seven % of the respondents were in FGS hospital Islamabad. Four % of the respondents who visited hospital accompany with father, among those 33% belonged to DHQ Hospital Bahawalpur, 22% to Khushab and Lahore, and 11% of the respondents belonged to DHQ Hospital Sialkot and FGS hospital Islamabad. Among five % of the respondents who visited alone to hospitals, nine % belonged to DHQ Hospital Bahawalpur, Sialkot and Multan, 27% to Khushab and Rawalpindi, and 18% of the respondents to DHQ hospital Lahore.

The data indicated the very important findings that only 5% of the respondent visited hospital alone to seek health care services while remaining 95% needed any of the family members to accompany them. The reason behind anyone to be with patient is due to our social-cultural norms and setup which

may not allow female to go outside home alone especially for health seeking.

Due to patriarchal society of Pakistan, gender differences in roles and access to resources are obvious. Because of social and cultural barriers and stereotypes, women always depend on others to have access to health services. This is one of the major reasons that in Pakistan maternity issues are major cause for the death of both mother and children during the time of pregnancy.

SATISFACTION OF PATIENTS WITH SERVICES PROVIDED AT HOSPITAL

To measure the satisfaction of patients with services provided by the doctors and staffs at DHQ hospitals matrix question based on 13 items related to check the level of satisfaction of patients with services was developed by using five points of likert scale.

The table indicated that 54% of the respondents were at medium level of satisfaction with the health services followed by the 28% of low and almost 18% of high level of satisfaction. The district wise analysis revealed that among 28% of the respondents having low level of satisfaction, 23% were in DHQ Hospital Bahawalpur and FGS service Hospital Islamabad, 10% in Khushab, 18% in Rawalpindi, 13% in Multan and almost 12% in DHQ hospital Lahore. Among 54% of the respondent having medium level of satisfaction with the health services, 14% belonged to DHQ hospital Bahawalpur and FGS hospital Islamabad, almost 18% to DHQ hospital Khushab, 13% to DHQ Hospital Sialkot and Rawalpindi, 15% to Multan and 12% of the respondent belongs to DHQ hospital Lahore. Among 17% of the respondents having high level of satisfaction with the health services, almost 11% were in DHQ hospital Khushab and Rawalpindi, 40% in Sialkot, 13% in Multan, and 24% of the respondents were in DHQ hospital Lahore.

Table 4: *Level of satisfaction about the services available among female patients at District Headquarter Hospitals of Punjab and Federal Hospital*

Satisfaction with availability of services	Bahawalpur N (%)	Khushab N (%)	Sialkot N (%)	Rawalpindi N (%)	Multan N (%)	Lahore N (%)	Islamabad N (%)
Low	23.3(14)	10.0(6)	0(0)	18.3(11)	13.3(8)	11.7(7)	23.3(14)
Medium	14.2(16)	17.7(20)	13.3(15)	13.3(15)	15.0(17)	12.4(14)	14.2(16)
High	0(0)	10.8(4)	40.5(15)	10.8(4)	13.5(5)	24.3(9)	0(0)
Total	14.3(30)	14.3(30)	14.3(30)	14.3(30)	14.3(30)	14.3(30)	14.3(30)

A study conducted by Fournier & Haddad (1995) supported the findings by indicating that quality of health services in public sector has often been overlooked. There is no strict policy and plan to monitor the delivery of services to check and maintain the quality of services

PROBLEMS FACED BY PATIENTS

To measure the problems faced by the patients at hospital regarding the provision and utilization of health services, a matrix questions was developed to measure the level of the problems faced by the patients. The table indicated that 41% of the respondents faced high level of problems at hospital followed by 44% who faced medium level and 14% who faced low level of problems at hospitals during the access and utilization of health services. The district wise analysis indicated that among 41% of the respondents facing high level of problems, almost 6% belonged to DHQ hospital Bahawalpur, 21% to Khushab, 2% to Sialkot, 28% to Rawalpindi, 15% to Multan, 8% to Lahore and 19% of the respondents belonged to FGS Hospital Islamabad. Among 44% of the respondents who were facing medium level of problems, 21% of the respondents were in DHQ Hospital Bahawalpur, almost 10% in Khushab, 19% in Sialkot, 5% in Rawalpindi, 15% in Multan, 16% in Lahore and almost 13% of the respondents were in FGS hospital Islamabad. Among 14% of the respondents facing low level of problems, almost 17% belonged to DHQ hospital Bahawalpur, 10% to Khushab and Multan, 33% to Sialkot, 26% to Lahore and 3% of the respondents belonged to FGS hospital Islamabad..

Table 5: *Level of problems faced by female patients at District Headquarter Hospitals of Punjab and Federal Hospital*

Problems faced by patients	Bhawalpur N (%)	Khushab N (%)	Sialkot N (%)	Rawalpindi N (%)	Multan N (%)	Lahore N (%)	Islamabad N (%)
High	5.7(5)	20.7(18)	2.3(2)	28.7(25)	14.9(13)	8.0(7)	19.5(17)
Medium	21.5(20)	9.7(9)	19.4(18)	5.4(5)	15.1(14)	16.2(15)	12.9(12)
Low	16.7(5)	10.0(3)	33.3(10)	0(0)	10.0(3)	26.7(8)	3.3(1)
Total	14.3(30)	14.3(30)	14.3(30)	14.3(30)	14.3(30)	14.3(30)	14.3(30)

In most of the studies of hospitals, the major problem which has been indicated by the patients was lack of beds and seating facility for themselves and their attendants. It was noted that in MCH department, there were three women lying on one bed along with their newborn children and no seating was available for their attendants. The other problem highlighted by the patient was non-providence of food and water by the hospital, due to which they had to bring it from home no matter how far their home was or else they had to purchase it from the cafeteria of hospital or from market. The findings of this study has been supported by another research study conducted by Hassan & Rehman (2007) which indicated that in public hospitals patients often complain about the lack of seating as well as the quality of these seating also increased their problems especially for patients who have to stay long in the hospital with their attendants. In public hospitals, the seating available to patients and their attendants were mostly the plastic chairs and wooden benches. The study also finds out the problems of lack of food and water faced by the patients in public hospitals.

The table indicated that distance from health care services affects the number of visits made by the patients. The distance in km was measured as independent variable with the number of visits made by patients as a dependent variable. The distance was measured in three categories namely: less than five km, six to ten km and more than ten km. The dependent variable

Report on the state of women in urban local Government in Pakistan. Retrieved from the web 20th May, 2010. <http://www.unescap.org/huset/women/reports/pakistan.pdf>

was measured at three level of less, moderate and more against the independent variable of three levels which was low, medium and high level of availability of treatment services. The patients who visited the hospital for one to five times were taken in the category of less visits, those who visited six to ten times were taken as moderate visits and the patients visited more than ten times to the hospital were taken under the category of more visits made by patients.

Table 6: *Association between distance covered with number of visits to hospital*

Distance (KM)	Number of visits made by patients.			Total
	Less (1 -2)	Moderate (3 -4)	More (>4)	
<5	6.2(6)	16.7(10)	65.0(35)	24.3(51)
6 -10	20.3(11)	43.3(26)	29.2(28)	31.0(65)
>10	64.6(62)	40.0(24)	14.7(8)	44.7(94)
Total	25.7(54)	28.6(60)	45.7(96)	100(210)
Chi -square:29.17*			DF: 14	

*= $p < 0.01$

The table indicated that 65% of the patients visited more than ten times on average because of less distance of hospital from their home which was approximately 5 km. As the distance increased, the number of visits made by the patients decreased. The patients who had to travel more than ten km to reach the hospital, the number of visits reduced. The Chi-square value (29.17) at 1% level of significance also indicated a significant association between distance and number of visits by the patients.

The behavior and treatment given to patients at hospitals by the doctors are very important determinant to measure the patient's satisfaction with the provision of health care services (Sinclair, 2007). The above table indicates that variable of proper check up by the doctors was measured at three levels namely; to great extent, to some extent and not at all and patient's satisfaction was measured in two categories namely; highly satisfied and satisfied. The

results indicated that 86% of the patients responded that doctor checked them properly which due to they were highly satisfied with the health services provided by the doctors at hospital. It is indicated that based on the proper treatment and time given by the doctors to check the patient, the patient became highly satisfied with the health services. The Chi-square value (14.817) at 0.03 level of significance revealed that there is a significant and positive association between proper check up by the doctors and patient's satisfaction with health services.

Table 7: *Association between proper check up by doctors and patient's satisfaction with health services provided by doctors*

Doctors Checked		Patient's satisfaction with Health services provided by doctors		
Properly		Highly satisfied	Satisfied	Total
To great Extent	86.0 (116)	73.3 (55)		81.4 (171)
To some Extent	9.6 (13)	16.0 (12)		11.9 (25)
Not at all	4.4 (6)	10.6 (8)		6.7 (14)
Total	100.0 (135)	100.0 (75)		100.0 (210)
		Chi-square: 14.817* Lambda: 0.15 Gamma: -.254		

*= $p < 0.01$

The table 8 indicates the association between patients' waiting time for doctor's visit and their satisfaction about consultation. The waiting time by the patients for doctor's visit was measured in three levels namely; less than one hour, one to two hour and more than two hour. The patient's satisfaction about the consultation was also measured in three categories namely: Not satisfied, satisfied and highly satisfied. The results indicated that 84% of the respondents who had to wait less than one hour for the doctor visit for their treatment were highly satisfied with the consultation provided by the doctor. On the other hand, 73% of the respondents who had to wait more than two hour for doctor's visit were not satisfied with the consultation provided. The Chi-square value (32.85) indicated that patients' level of satisfaction with consultation decreases when time to wait for doctors' visits increase. There is highly significant association between these variables.

Table.8. *Association between Patient's waiting time for doctor's Visit and their satisfaction about consultation*

Time to wait for Doctor's Visit	Patient's satisfaction about consultation			
	Not Satisfied	Satisfied	Highly Satisfied	Total
< one hour	10.0(6)	20.9(14)	84.3(70)	42.9(90)
One to two hour	16.7(10)	68.7(46)	9.6(8)	30.4(64)
> 2 hours	73.3(44)	10.4(7)	6.1(5)	26.7(56)
Total	28.6(60)	32.0(67)	39.4(83)	100(210)
Chi -square:32.85* Gamma: .594				

*=p<0.01

CONCLUSION

The study concluded that women visited district hospital due to number of factors, among others, such as; easy access for them, availability of qualified and experience doctors and affordability as well as referred by other doctors. Their preference to visit particular hospital was also due to the availability of good health services, including medicines and other laboratory facilities and considers it as their family hospital.

Although women have an access to the public hospital's health services but they still have been facing many socio-cultural problems, such as; they cannot come to hospital alone, lack of financial resources and dependency on other family members especially husband. The data indicated that the most common problem faced by majority of women in accessing hospital health care services in Districts Bahawalpur and Khushab was lack of female staff for treating specific health needs of women. The level of satisfaction of the respondents with services was low due to numerous problems, such as; poor sanitation, lack of seating, cafeteria, and beds etc. It is recommended that patient's satisfaction with the provision of health care services needs proper attention by the health care providers. The administration should take care of the needs of the patients.

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Influence of Forest on Livelihood Strategies of Rural Communities of Margalla Hills Islamabad

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ABSTRACT

The research aims to know the influence of forest on the livelihood strategies of rural communities. Global Resources such as air, water, soil, forest and wildlife have deep influence in the life of human beings. Forests are the major source of several resources containing variety of plants and associated wildlife species. Margalla hills were selected for the purpose of research because of its unscathed beauty and economical importance. This region is spread on Islamabad, Haripur and Abbottabad comprising 20 villages. Among these 20 villages, 10 were selected by using simple random sampling technique. Four of these villages were located in Haripur, Four were located in Islamabad and 2 were located in Abbottabad. There were 354 households totally present in these 10 villages. The research mainly focuses on the socioeconomic background and the influence of forest on the life of the people of Margalla Hills. The energy dependency of the area is highly on firewood. Almost all families use fuel wood as major domestic energy source which they obtain from forest. Majority of the people owned poultry and livestock business. The timber usage in the area was high and hedges were also highly preferred in the area. Non Timber Forest Products are the major dependency of local communities. Local communities use medicinal plants using their indigenous knowledge both for human as well as livestock medication. There are less employment opportunities in the area under study. There is a huge pressure on forest, however local communities hold the view, if alternate energy is provided a massive contribution towards conserving forest would be achieved.

Keywords: Forest, Livelihood Strategies, Islamabad

INTRODUCTION

Earth resources such as air, water, soil, forest and wildlife have deep influence in the lives of human beings. Right from the inception of human history, human beings and especially, those living in rural areas remained dependent on resources to fulfill their basic requirements such as food, shelter and clothing. Scientific studies revealed that resources play a vital

role in economic growth of a country. Different experiences of development during 19th and first half of 20th century have shown that forests are engine of socio-economic growth of a country. This capital can boost the economic development and accelerate the economy of a country (Behboodi, 2010). Forests are the major source of resources containing variety of plants and associated wildlife species. These territories not only conserve the environment in its pristine form but also help in maintaining the overall environment of the area. Forests, being abode of the reserves for variety of goods and services such as trees, shrubs, grasses, medicinal herbs, fruits and edible flora, wildlife, water springs and aesthetics, provide a multitude of goods and services to the local communities and sufficiently contribute in their socio-economic well-being (Khan, 2006). Shinwari and Khan (2000) focused their study on Margalla hills National Park Islamabad. They described the dependence of local inhabitants on plants for different socio-economic requirements such as food, shelter, fodder, health care and other cultural purposes.

The study also enlisted different medicinal herbs used by the local inhabitants. The current study was conducted in Margalla hills which fall in the vicinity of Federal area and Khyber Pukhtoonkhwa (KPK) province of Islamic Republic of Pakistan. Different parts of Margalla hills fall in three districts namely; Islamabad from Federal area, and Haripur and Abbottabad from KPK province of the country. It has presentation in beautiful locality of hills. Margalla hills are also the part of Margalla National Park which comprised Margalla hills, Rawal Lake and Shakar Parian. The said park was established in 1980 under Islamabad Wildlife Ordinance 1979. The ordinance prohibits the capturing, killing, and trapping of wild animals. Forest area is also protected under the law although local communities are allowed to meet their daily life requirements under certain limitations. Local culture is very near to the usual indigenous culture of hilly areas. The protection of these resources of local area under the umbrella of national park is obvious protection of traditional culture of Margalla hills. Margalla hills include historical and archaeological sites within. Little information of local

culture is public because there is no countable sociological research established there. Livestock is the main source of earning in remote areas in general and that of Margalla hills, in particular. This is easy and inherited profession for the people staying in different hilly areas of the country.

Forests are regarded as the super markets considering the extent of goods and services they provide to the society. Direct economic value is gained from food, constructional material, medicinal plants and other goods and services such as recreational benefits. Indirect economic value is achieved from different other environment services such as regulation of climate, purifying water and maintaining the fertility of soil. Aesthetic value is also a huge benefit of forest. Ethical value of plants is derived from belief which is acceptable to many cultures. The use of non timber forest products is yet another benefit of forest. Martin (1995) argued that forests have immense economic value.

OBJECTIVES

- To study the socio-economic characteristics of the respondents.
- To explore the livelihood strategies of the local communities.
- To examine the extent of socio-economic dependency of local communities on forests.
- To find out the role of rural communities for conservation of forests of Margalla Hills.

MATERIALS AND METHODS

This section of research paper explains the entire methodology which was adopted during this research. Different specific sections which can be found in this chapter includes the following; study area, sample size and technique, data collection technique, analysis, statistical technique, simple percentage method, variables of research and operational definition. These chapters tend to give clear picture of the entire research design and relevant sections. Current study was conducted in Margalla hills which falls in the vicinity of

Federal area and Khyber Pukhtoon Khawa (KPK) province of Pakistan, where three districts; Islamabad, Haripur and Abbottabad situated in beautiful locality of hills. Margalla hills are also the part of Margalla national Park. Margalla National Park is comprised of Margalla hills, Rawal lake and Shakar Parian. The said park was established in 1980 under Islamabad Wildlife Ordinance 1979. The ordinance prohibits the capturing, killing, and trapping of wild animals. Forest of area is also protected under the law although local communities are allowed to meet their daily life requirements under certain limitations. Multi Stage Proportionate Random Sampling Technique was used. Total 10 villages were selected from the study area. Total 354 households were recruited and again number of households from each village was proportionate to the total number of households. There are a total of 20 villages inside Margalla Hills; 9 villages belonged each of the Islamabad and Haripur districts while only two villages are inside Abbottabad. For the current study, 10 villages were selected out of total of 20 villages (50% of the entire population) using simple random sampling (SRS). Four villages out of a total of nine from each of the Islamabad and Haripur districts were selected while two villages were selected from the Abbottabad district. Since a small area of the district Abbottabad falls within Margalla Hills (only two villages), therefore both the villages were selected for this study. A structured interview schedule was constructed for data collection purpose. Researcher collected data by the help of research assistants, who were experienced sociologists. SPSS was used for data analysis. Simple percentage method and advance statistical technique such as Chi-square, and Gamma were used to test the significant association of the variables.

RESULTS AND DISCUSSION

Table 1 shows that 47% of the respondents were up to 35 years old whereas 35% were in 36-55 years of age. There were still 18.3% of the respondents who are above 55 years of age. The closer look at data shows that 26% of the respondents were 26-35 years old which is an active age category as

compared to other age groups. This active age category usually intensively involves in domestic as well as livelihood earnings in rural areas. The mean age of the respondents is 40.3 years whereas standard deviation is 15.8. The mean and standard deviation for individual age category were also calculated and shown in table under discussion.

Education is very important for individuals as well as society. Education enhances the physical, mental, social and economic skills of a society. No society can develop without promoting system of education for its inhabitants. Education tells men how to think, how to work properly and how to make right decision at right time.

Table 1 shows the level of education of the respondents. It indicates that 26% were illiterate whereas remaining 74% were literate. Among the literate, 45% of the respondents were under matric, 8.3% matriculate and remaining 10.4% were at a higher level than matric. It expressed that only few of the respondents were highly qualified Same as the education and income, results of occupation were also recorded in two categories, occupation of the respondents and others in the household.

Respondents' occupation is a major source of earning for the household and remaining members are doing certain part-time businesses. Table 1 shows that two major occupations were found among the rural communities namely agriculture and services (both public and private sectors). Agriculture plays important role in the lives of rural masses (as 36% of the respondents and 46% of household members has agriculture as occupation). But there is a difference when we talk about Hilly and Irrigated areas because of circumstances around. One can enjoy economies of scale for cultivation in irrigated areas due to easy availability of water, irrigation system and high-tech facilities. Pete Smith and Daniel (2007) also emphasized that agriculture is the main source of subsistence in all rural communities. Employment in the public sector is the second highest source of livelihood because of the proximity of the villages to the capital city of Islamabad where 24% of the

respondents and 22% of the rest of population have government jobs. Private sector engagements are third source of earnings for the villagers.

Table 1: *Distribution of respondents according to Socio-Demographic Data*

	Frequency	Percentage	Group Mean	Group Standard Deviation
Age of the respondents (Number of Years)				
Up to 25	74	20.9	21.54	2.665
26 – 35	92	25.9	31.11	2.641
36 – 45	72	20.3	40.89	3.151
46 – 55	51	14.4	50.55	2.595
Above 55	65	18.3	65.97	8.223
Total	354	100	40.30	15.838
Education of the respondents				
Illiterate	91	25.7	0.00	0.000
Primary	90	25.4	4.39	0.991
Middle	71	20.0	7.44	0.806
Matriculation	65	18.3	9.94	0.242
Above Matriculation	37	10.4	13.03	1.462
Total	354	100	5.79	4.353
Income of Household				
Up to 10,000	96	27.1	7932.29	2152.868
10,001 – 15,000	83	23.4	13500.00	1526.194
15,001– 20,000	97	27.4	17773.20	1517.297
Above 20,000	78	22.0	29467.95	10193.371
Total	354	100	16679.38	9204.916
Expenditure of Households of Respondents				
Up to 10,000	136	38.4	8367.65	1945.779
10,001 – 15,000	102	28.8	13397.06	1522.664
15,001– 20,000	71	20.0	18063.38	1562.803
Above 20,000	45	12.7	30144.44	9132.001
Total	354	100	14529.66	7847.509
Respondents' Occupation			Frequency	Percentage
Agriculture			128	36.2
Government Job			85	24.0
Private Job			60	16.9
Business			18	05.1
Self Employment			13	03.7
Skilled Labor			27	07.6
Unskilled Labor			17	04.8
Overseas			6	01.7
Total			354	100

As 16.9% of the respondents and 11.3% of rest of the population have private jobs as their occupation. Very few numbers of villagers were doing rest of the business activities. There were only 2.30% of the people who belonged to the category of “Overseas”. It shows a least reliance of the people of sampled areas on the economies of abroad.

Results of the above table are very important for current study, because livelihood strategies of the local communities are to enhance their incomes and reduce expenditures through the proper use of forest in their lives. People can save money by using forest for domestic fuel, medicine, timber, non-timber forest products (Honey, Miswak, wild fruits and vegetables etc) and domestic and farm implements made by flora. Similarly, there are a lot of opportunities for earning extra money by promoting tourism, business and jobs related to Jungles.

As one of the objectives of this study is to examine the extent of socio-economic dependency of local communities on forests, so during the field survey data was also collected on respondent's personal income as well as income of the family per month. Table 3 indicates that majority (51.4%) of the respondents were in lower income group which was just up to 10,000 rupees per month. There were 25.1, 17.2 and 6.2 percent of the respondents who were earning Rs. 10,000-15000, 15,001-20,000 and above 20,000 per month respectively. The mean monthly income of the respondents was calculated as Rs. 12,167 and standard deviation as 5,919.11.

Regarding household income of the respondents, the data in the table (4.1.3) shows that 50.5% of the respondents had their monthly income up to 15,000 rupees which also includes 27% of the families whose monthly income was up to Rs. 10,000. There were 49.4% of the families whose income was more than 15,000 rupees per month which also includes 27.4% of the families with income 15,001-20,000 and 22% of the families with income above 20,000 Rupees per month. The mean family income of the respondents was Rs. 16,679 and standard deviation as 9,205.

Table 2: Distribution of respondents by use, purpose and types of hedges

	Frequency	Percent
Fuel Types		
Fuel Wood	334	94.3
Dung, Coal, Electricity Heater and LPG	20	05.6
Total	354	100
Sources of Fuel wood		
Forest	298	84.1
Purchase	19	05.4
Forest and Purchase	37	10.5
Total	354	100
Fuel Types		
Fuel Wood	334	94.3
Dung, Coal, Electricity Heater and LPG	20	05.6
Total	354	100
Use of Hedges		
Yes	186	52.5
No	168	47.5
Total	354	100
Purpose of Hedges		
No Use Of Hedges	168	47.5
Household Protection	59	16.6
Crop Protection	77	21.7
Animal Corals Protection	5	01.4
Boundary Demarcation	2	00.5
All Above	43	12.1
Total	354	100
Types of Hedges		
No use of hedges	168	47.5
Forest	170	48.0
Protection Wires	6	01.7
Forest and Protection wires	10	02.8
Total	354	100

Forest can play a vital role to overcome the increasing burden of expenditures. Different forests are used for certain household purposes which have some market value. For example fuel wood to replace LPG gas,

timber to apply in construction and different domestic products, and meditational herbs in several diseases. Table 3 gives the detail expenditures of local families. Results are arranged in ascending order regarding expenditure categories. The figures of the given table collected during field survey on monthly expenditures shows that 30.4, 28.8, 20 and 12.7 percent of the respondents' families were spending up to 10,000, 10,001-15,000, 15,001-20,000 and above 20,000 rupees respectively. The mean monthly expenditure was Rs. 14,530 and standard deviation as 7,848.

The fact that how much local population is dependent on the forest is obvious from table 2. According to the results almost 94.3% of the respondents met their household energy requirements from the fuel wood obtained from forest while a small portion (5.65%) use other sources of fuel such as dung, coal, electricity or LPG. About 84.1% of the respondents depend on forest for fuel while rest of the respondents used both purchased wood as well as forest. Anon (1980) noticed that more than one third of the world population used fuel wood to cook food or for other domestic energy use. The high fuel wood dependency also shows the energy situation of the area. The country is also suffering from the same energy crisis. The similar situation can be encountered in this area. The huge dependency on forest for obtaining this fuel wood, although provides people with the energy needs but puts the forest in great jeopardy. The area also seems to be lacking use of alternate energy source such as biogas and solar system. Many biogas plants can be installed in these areas. This would also help in reducing the pressure on forest considerably. The data also revealed that 5.4% of the respondents obtain their fuel wood by purchasing from the market. This also shows that people even have to pay for obtaining fuel wood to meet their energy requirements. In this way, a considerable proportion of their income is being spent on fuel wood. Non-utilization of suitable alternate energies in the area, therefore has taken a toll not on the long term environmental benefits but also on the economic well being of the area. Some households not only obtain fuel wood directly from forest but also by purchase it from relevant sources. There were 10.50%

of the respondents who were found not only obtaining fuel wood from forest but also purchasing it from the market. This again provides an indication of energy shortage in this area. Thus, a campaign should be started to explore alternate sources of energy for these areas because there is very little portion of energy contribution by other sources. This contribution stands at 5.65%, according to the respondents of the research. Firewood is the main source of domestic energy and is used for cooking and heating. The field surveys conducted by Wapda/Gtz (1997) found that 99.6 per cent of all respondents used firewood as fuel for domestic purposes. The mean consumption of firewood was found to be 755 kilograms per household per month during the summer and 1,172 kilograms in winter.

Villagers cut thorny vegetation or unpalatable shrubs and put them around their agricultural fields in the form of barriers. These vegetative barriers are called 'hedges'. Forest in the form of hedges also provides security to local community. These hedges protect their agricultural fields from grazing animals and trespassing people. Data presented in table 2 reveals that 52.5% of the total families are using hedges for different security purposes by using locale shrubs. The research also revealed that hedges are mostly used for the purpose of house protection and crop protection. According to the results, 16.6% of the respondents replied that hedges are used for house protection, 21.7% of the respondents said that they used for crop protection and 47.5% of the respondents responded that they do not use hedges at all. The crop protection therefore utilizes major portion of hedges. Hedges can be very effective in terms of protecting crops against animals and at the same time it is very cost consuming. The other means such as mesh wirings are very expensive and therefore unaffordable by the rural population. Furthermore, all over the rural areas of Pakistan in general and Margalla Hills in particular, local inhabitants frequently use forest for demarcation of their boundaries, protection of households and for the construction of animal corals. They found forest a cheaper and readily available source for this purpose. Weerawardena (1986) emphasized the use of live fences due to high costs of

conventional poles and wires. Fournier (2000) also emphasized the use of hedges in crops and house protection. However, the results revealed that people also use protection wires in place of hedges in order to provide protection to their crops and houses. But their usage is absolutely negligible, as 01.7% of the respondents were using protection wires in places of hedges and 2.8% of the respondents belonged to the category who uses protection wires and hedges both for protection and boundary delineation purposes.

Table 3: Distribution of respondents by use, purpose and source of plants utilized for medication purposes

	Frequency	Percent
Use of Medicinal Plants		
Yes	137	38.7
No	217	61.3
Total	354	100
Pur pose of Medicinal Plants		
No Use of Medicinal Plants	217	61.3
Own Medication	53	15.0
Live Stock	8	02.3
Own Medication and Live Stock	76	21.5
Total	354	100
Source of Medicinal Plants		
No use of Medicinal Plants	217	61.3
Forest	79	22.3
Purchase	13	03.7
Forest and Purchase	45	12.7
Total	354	100
Type of Cultivation		
No use of farm implements	63	17.8
Traditional	70	19.8
New Technology	137	38.7
Traditional and New Technology	84	23.7
Total	354	100
Use Of Domestic Products		
Yes	291	82.2
No	63	17.8
Total	354	100

It is known fact that plants are major source of medicines throughout the world. Use of forest as herbal medicines both for human and livestock is in vogue since ages. The indigenous knowledge concerning use of medicinal flora is transferred from generations. Quite often rural communities prefer and cure their sick livestock from medicinal plants in forests. Even for the treatment of human diseases, medicinal plants are frequently used. Table 3 gives results that overall 137 families are using medicine plants for their own use and livestock. WWF-Pakistan also conducted similar studies and documented the response of various people about variety of medicinal plants of Margalla hills. Ahmad and Hussain (2008) stressed that medicinal plants have been embedded as a rich tradition in lives of local communities residing in salt range. Zaidi (1998) also suggested that medicinal plants are valuable forests and considered as potentially safe drugs. Similarly, Elujoba, Odeleye & Ogunyemi (2005) also concluded that local communities in Africa utilize medicinal plants obtained from forest areas for preparing

Despite the huge benefits associated with medicinal plants, 61.3% of the respondents were not using medicinal plants. This also shows the negligence and lack of knowledge of the local communities towards medicinal plants. In order to get maximum benefits from the meditational plants of forest, the knowledge in terms of their utilization is imperative. This indigenous knowledge is unfortunately also fading away in different rural societies of Pakistan. There were about 22.3% respondents who were of the view that forest serves as a major and only source of medicinal plants in the area. At the same time, only a very small fragmentation (03.7%) of the population is purchasing medicinal plants from local people, where as considerable portion of the population (12.7%) takes both medicinal plants from forest and from the market. Here it is necessary to mention that local people who are involved in the business of different products of forest also take these products directly from local forest.

Table 4: *Distribution of respondents by type of cultivation*

Type of Cultiva tion	Frequency	Percent
No use of farm implements	63	17.8
Traditional	70	19.8
New Technology	137	38.7
Traditional and New Technology	84	23.7
Total	354	100

In rural communities, both modern and traditional ways of cultivation are used. In traditional way of cultivation people depend more on forest for preparation and use of their farm implements. For these implements wood from the forests is invariably used. The social change and advancement of technology has affected the way of farming. Now farmers used new varieties of seeds for crops and vegetables, new farm implements for sowing and harvesting the crops. Table 4 justifies that 17.8% people are not using any type of implements. However, 19.8% people are using traditional type of implements which are made by forest. There is a large number of farmers i.e. 38.7% using new technology for cultivation process. The level of technology used for cultivation in any particular area depends on the education of community. In study area 23.7% farmers are using both implements. Due to hilly area landscape, traditional implements are more beneficial for farmers because they are easy to carry and approach hard areas.

Table 5: *Distribution of respondents by use of domestic products*

Use Of Domestic Products	Frequency	P ercent
Yes	291	82.2
No	63	17.8
Total	354	100

Forest is also indirectly used for different domestic uses. Using different domestic products made from forest decreases the expenditure of consumer as it has certain market value. And that product is free provided by the forest. Results of table 5 are very appreciating where a large portion (82.2%) of local

population is using domestic products made from forest. These products are made by local villagers with the help of indigenous knowledge transferred from their ancestors. Using these products is also to preserve and practice their culture.

The table 6 depicts the relationship between expenditure of household and type of domestic fuel. Results shows that majority of the families with low expenditure class are using more forest as fuel as compared to families with high monthly expenditures. For example, in the families of expenditure class 1-15000, 39.8% are suing fuel wood where as 15% are using other sources. Similarly, in the families of expenditure class 25001-150000, 10.5% are using fuel wood and 12.7% are using other sources. On the other hand other energy sources because the increase in expenditure which put high burden on the pocket of consumer. Forest helps the local community in their livelihood either increasing in income or by decreasing in expenditure. So the money which is saved in domestic fuel by using fuel wood can be used in education or any other benefit. The Significance level of Chi-square of Gamma is also satisfactory.

Table 6: Association between domestic fuel types with expenditure of household

	Expenditure OF Household				Total (%)
	1-15000 Percentage (Frequency)	15001 -20000 Percentage (Frequency)	20001 -25000 Percentage (Frequency)	25001 -150000 Percentage (Frequency)	
Domestic Fuel					
Fuel wood	39.8 (133)	29.0 (97)	20.7 (69)	10.5 (35)	94.3
Other Energy Sources	15.0 (3)	25.0 (5)	10.0 (2)	50.0 (10)	5.7
Total	38.4 (136)	28.8 (102)	20.1(71)	12.7 (45)	100
Chi Square = 27.387***				Gamma = 0.550	

***=p<0.001

SUMMARY

In the area, more than 80% of the respondents were married and living in joint family system. The area also had strong joint family system where 6-10 was recorded as a major size of each household. The literacy rate of the area was not satisfactory, 70% of the respondents were having education less than metric. The economic condition of the area also does not provide any satisfactory picture where 50% of the households have income less than Rs. 15,000. The poor situation can also be predicted by the land ownership scenario of the area where only 50% of families have no land or land below 8 Kanals (both cultivated and barren). Similarly, 50% of the respondents have agriculture as an occupation and 70% of the respondents grow vegetables and crops in the area. In the area, 75% of the respondents owned poultry businesses and livestock. 50% of respondents were obtaining forage from forest. The energy dependency of the area is highly on firewood. Almost all families use fuel wood as major domestic energy source which they obtain from forest. The timber usage in the area is also high. 50% of the owners have semi paved house structures which have utilized 60% of timber in their construction. Almost 37% of this timber has been obtained from the forest. Hedges are also highly preferred in the area. Fifty three percent of the households use hedges in the area and 48% of these hedges are obtained from forest. The major purpose for these hedges is to protect crops in the area.

Non Timber Forest Products are the major dependency of local communities. Miswak is used by almost all the local communities, 67% of the respondents use honey and 37% use wild fruits and vegetables. There were 40% of the respondents who use medicinal plants. Most of these medicinal plants are obtained from forest.

CONCLUSION

The income of the population of the area is less in comparison to the expenditure of the respective population. There are no employment

opportunities in the area under study. There are no businesses related to forest too. Therefore the income of the local population of the area is not significant. However, the expenditure of this area is less because people depend heavily on forest for their subsistence and therefore most of their needs are fulfilled by forest, preventing them to spend money on these items thus.

The area does not provide any ecotourism opportunities to the local population. The area offers high recreational and environmental values. But these recreational and environmental values are not being explored properly. The area also does not provide any suitable job opportunities for the local communities. In addition, the dependency of local communities on forest is huge. This is causing tremendous pressure on forest. Therefore, the continuous pressure without proper management can put the forest of this area in complete jeopardy.

RECOMMENDATIONS

There is a huge pressure on forest, however local communities hold the view, if alternate energy is provided against fuel wood, a massive contribution towards conserving forest would be achieved. The other best possible option would be increase in ecotourism activities in the area, which will help in diverting undue pressure away from forest. Some portions of the area such as the Margalla Hills National Park etc. have a Management Plan. This area as a broader region should have a management plan because of its ecological significances. But the communities should be involved thoroughly in the process of management plan formulation. It should not be like Margalla Hills National Park, where management plan was formulated without thorough representation of respective local communities.

There should be various jobs possibilities established for the local communities of the park in order to reduce pressure on forest. The job creation would also bring revenue in return for the renovation and

improvement of the infrastructure of the area. The government organizations which are responsible for various managements of these areas should hire respective local communities' representatives from different regions from the subject area. This will help creating ownership amongst the local communities for the ecological significance of the park. Different international organizations should be pursued and persuaded to prepare conservation proposals for preservation and improvement of ecological significance of the area. The international organization very well known in such initiatives is World Wide Fund for -Pakistan (WWF-P).

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Articles

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An Exploratory Study of Teachers' Motivation and Job Satisfaction in Special Education, Lahore, Pakistan

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Women's Access and Satisfaction with Public Sector Health Services in Punjab (Pakistan)

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Influence of Forest on Livelihood Strategies of Rural Communities of Margalla Hills Islamabad

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