Unfair Burdens:

The Plight of Women's Health

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> The absence of reliable services does not produce visible collapse because women absorb the shock.

In Pakistan's informal settlements, women face socio-structural barriers that adversely affect their agency and decision-making, leading to delayed healthcare for preventive and primary care issues. For women, their health needs are deferred to children, elders, husbands. Scarce income determines who and what gets priority. School fees versus screening for a headache. Dizziness is treated with home remedies, menstrual irregularities are endured, and frequent urination (possibly a symptom of diabetes) is attributed to aging.

In Katchi Abadis across Karachi, Lahore, Rawalpindi, Faisalabad, and secondary cities, women wake before dawn to manage households stretched thin by inflation, insecure work, overcrowded housing, and unreliable public services. In these areas, stress is more prevalent among working women (38%) than nonworking women (17%). The problem is not only access to care, but its design. Health policies often assume women have time, autonomy, and resources to seek care. Yet, these assumptions collapse under the pressures of informal settlements, where women often do not have the awareness, resources, or transport to do so.

The Illnesses Pakistani Women Endure in Silence

Pakistan's list of maternal-women related illness is myriad. Ranging from endocrine disorders such as polycystic ovary syndrome (PCOS) to family planning, to anemia, poor nutrition, tetanus, and Hepatitis vaccination, women are lower than their male counterparts in primary health care.

Maryam, residing in Dhoke Hassu and married for over a decade, has no children despite years of trying. Her house is filled with the noise of nieces and nephews, yet when they leave, silence remains. Her infertility remains undiagnosed, attributed to PCOS. Her husband married again and is not willing to fund her treatment. In silence, she suffers the curse of infertility in a society where a woman's worth is often determined by the number of children she has borne. Maryam knows there is a reason for her infertility and illness, and yet, she is unable to support her own treatment.

> “Women's 'resilience' often masks public services' systemic neglect.

Survival Is Not a Health Strategy: What Pakistan Must Confront

Health systems assume women have the know-how, time, autonomy, and resources to seek necessary care. In informal settlements, these assumptions do not hold true, forcing women to compromise on their health, both physical and mental. In Bangladesh, 25% of nonworking women were unaware of the risk factors leading to diabetes and hypertension, compared to 48% of working women who were more informed. India's urban slums also face the growing burden of noncommunicable diseases (NCDs) such as hypertension and diabetes, with poor awareness among women of how lifestyle factors like diet and exercise can prevent these diseases.

Pakistan's primary health system needs to be recentered through local private providers (not just Basic Health Units) with emphasis on women-centric life cycle care with routine screenings for anemia, diabetes, malnutrition, reproductive health, and vaccinations. Donors can play a pivotal role in encouraging the government to consider decentralized public-private models that integrate a quick checklist on the ten biggest causes of mortality and morbidity in Pakistan in each visit.