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Women's Struggles in Healthcare and Justice: Overcoming Structural Barriers in Pakistan

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Abstract: The study investigates obstacles that confront women when trying to obtain mental health care together with medical treatment as well as criminal justice system contact in rural and urban settings. For this purpose,121 women participated in nine focus groups distributed across three rural counties (n = 64; each group held twice) and three urban groups (n = 57 women) which led to the identification of main obstacles within the service system categories of availability, affordability, acceptability, and accessibility. The study findings indicate rural female patients encounter stronger obstacles stemming from scarce medical facilities in addition to transport issues together with a shortage of appropriate healthcare providers. Furthermore, rural women encounter delays and inefficiencies from bureaucratic processes although they possess better availability of health services. Women face multiple barriers to help-seeking when they need it due to societal rules and negative social reactions and sexism that make them avoid assistance especially in domestic violence situations. Also, women experience procedural challenges in the criminal justice system since they must wait too long for police response and fear risks and protective orders receive inadequate enforcement. This research demonstrates the critical requirement for government reforms which involve better healthcare access and stronger protections and action against gender-related institutional bias. Further research needs to analyse how community-supported interventions along with digital healthcare systems and legal changes would help reduce these barriers.

Key Words: *Criminal Justice; Gender disparity; Domestic Violence; Psychological wellbeing*

INTRODUCTION

An expected 0.73bn, very nearly one of every three, have been exposed to physical and additionally sexual private accomplice viciousness, non-accomplice sexual brutality, or both somewhere around once in their life (30% of female matured 15 and more seasoned). This figure does exclude lewd behavior (Burgess & Flynn (2022); Datchi & Ancis (2017); and Covington (2007). Females who have encountered savagery are bound to experience the ill effects of sadness, tension problems, impromptu pregnancies, physically communicated diseases and HIV, with enduring results. The majority of violence against women is perpetrated by intimate partners or husbands, either past or present. Over 0.64 bn women (26 percent) who are 15 years of age or older have experienced abuse from an intimate partner (DeHart et al., 2014; Forrester et al. (2020); Forrester & Hopkin (2019); Green, Miranda, Daroowalla, & Siddique, (2005); and Green et al., 2016). Approximately 50000 females were murdered by their closest companions or other relatives globally in 2022. This indicates that someone in their own family kills over five female every hour on average. In 2022, around 50,000 females were murdered by their closest friends or other family members worldwide. This demonstrates that, on average, someone in their own household regularly murders more than five women (Bartlett & Hollins (2018)).

Women who experience more than one type of prejudice are more likely to experience violence and be more susceptible to its effects. Adolescent females are more likely than adult female to experience intimate partner abuse. Nearly one in four teenage females (24%) who have been in a committed relationship by the moment they are 19 had previously experienced emotional, physical, or sexual assault at the hands of a partner (Herman (2003), and Kennedy et al., 2021). Gender-based violence is being exacerbated by interlocking crises such as economic downturns, disputes, and global warming, while marginalized females are subjected to disproportionate and multifaceted kinds of intersecting oppression. Women are thought to make up 80% of those affected by global warming (Forsythe and Gaffney (2012); Bartlett and Hollins (2018)).

Law enforcement administrations, Well-being, and emotional well-being are possibly significant services to assist females with exploitation encounters (Gaspar, Brown, Ramler, Scanlon, Gigax, Ridley, & Morgan (2019)). Nonetheless, research proposes that numerous ladies don't use administrations in light of their exploitation encounters. Lynch et al. (2012); Michalski (2017); Morrissey et al. (2009); and Mukherjee et al. (2014) inspected an example of females looking for defensive orders and explored that 77.5% detailed the utilization of some sort of asset either for insurance or to adapt to the exploitation.

Nevertheless, a closer look revealed that fewer women used official services. According to a number of studies, assaulted women face a number of obstacles when trying to access services, such as unfavorable opinions about victim-specific services, practical obstacles (such as a lack of funds or transportation), fear of retaliation from the perpetrator, the impression that providers are

uninterested or sympathetic, and an absence of services (Olsson (2014); Rossiter (2012); Sacks (2004); Sugie & Turney (2017); Stanton and Rose (2020); Theriot and Segal (2005) and Stanton et al. (2016)). The system of criminal justice is another crucial component of services for victims of sexual assault and domestic violence. While research indicates that some women contact the police due to sexual assault or partner violence, most of women do not (Bartlett et al., 2015; and Broidy et al., 2018). The perception that calling officers would not improve the circumstances, that the law enforcement would fail to believe them, the concern of the offender, or the idea that contacting the police would violate their privacy for a number of reasons (such as humiliation or to safeguard the offender) are some of the barriers in employing the legal system for criminal offenses (Koss, 1990; and Howell et al., 2019). According to Visher and Bakken (2014), past adverse encounters with the system of justice may also be a significant factor in determining future involvement.

Few systematic studies or conceptualizations of the obstacles to services for women who are victims have been conducted. Nonetheless, the perceived need, demographic, and favorable conditions linked to health service consumption have been extensively studied in the medical services research body (DeHart et al., 2014; Forrester et al. (2020); and Forsythe and Gaffney (2012)). Barriers to medical treatment, which can be thought of as having four primary dimensions—accessibility, availability, and affordability—are examples of enabling variables (Green et al., 2016; Forrester & Hopkin (2019); and Green, Miranda, Daroowalla, & Siddique, (2005)).

In addition, some researches or conceptualizations of the obstacles to services for women who are victims have been conducted. Nonetheless, socioeconomic status, perceived demand, and favorable factors linked to health service consumption have been extensively studied in the health care research literature (Rossiter (2012); and Stanton and Rose (2020)). Challenges to care, which can be thought of as having four primary dimensions for instance, availability, affordability, acceptability, and accessibility are examples of enabling variables (Sugie & Turney (2017); and Sacks (2004)). Expanding knowledge of these four aspects of obstacles to the use of mental health and health services, as well as the judiciary's services for women who have experienced victimization, is one of the primary objectives of this research. Furthermore, the social context within which women live may have an impact on the obstacles to service usage. More precisely, variations in structural restrictions and resource availability result in intrinsic disparities in some socioeconomic situations (Herman (2003), and Kennedy et al., 2021). In order to better understand how environmental factors, affect barriers, this study will evaluate how women from both urban and rural areas perceive the obstacles to using services. In comparison to urban areas, rural areas tend to have more structural obstacles, such as lower incomes, higher unemployment rates, lower literacy rates, and customs that can affect how services are provided and how mental wellness and assaults on women are addressed. Additionally, there are typically fewer services of various kinds available in rural locations.

Therefore, in order to build and target services, it may be necessary to have a better understanding of the perceived barriers to service use for women who have experienced victimization as well as those who have not. This study employed qualitative interviews with community-resourced urban and rural women to investigate: (a) perceived obstacles to criminal justice, mental health, and health services for women who have experienced victimization using the wellness services usage barriers guidelines; (b) differences and similarities between perceptions of these obstacles for women who have experienced victimization in urban and rural communities; and (c) resemblance and differences between perceptions of these barriers for the law enforcement services for women who have experienced victimization in both urban and rural settings of Karachi, Pakistan.

The rest of the research is organized as: section 2 discloses literature review; section 3 incorporates methods; section 4 discloses results and discussion; and finally, section 5 ends up on conclusion section.

2. Literature Review:

Women patients from rural locations experience major difficulties when attempting to receive mental health services and medical services. Medical care access depends on the four key factors of accessibility, affordability, availability and acceptability (Howell et al., 2019; and Herman (2003)). The healthcare foundation in rural regions shows signs of underdevelopment because it contains limited mental health specialists along with medical facilities and causes patients to endure both remote service locations and treatment delays (Forrester & Hopkin (2019)). Financial hardship is widespread among rural women who lack the resources needed for essential medical care (Lynch et al. (2012); and Arif et al., 2022).

The combination of social prejudice and cultural beliefs hinders women from accessing mental health care support (Michalski (2017); and Morrissey et al. (2009)). Patriarchal cultural expectations force women to prioritize family needs above their health needs thus creating obstacles to necessary healthcare (Olsson (2014)). The social evaluation process combined with concerns regarding negative outcomes especially for domestic violence victims prevents individuals from seeking help (Sacks (2004); and Sugie & Turney (2017)).

Women who enter contact with criminal justice system face unique difficulties because domestic violence victims and victims of gender-based violence encounter independent barriers. Domestic violence victims experience several difficulties including slow police

response times and insufficient legal safeguards as well as institutional discrimination which diminishes their experiences (Theriot and Segal (2005); and Stanton and Rose (2020)). The failure to enforce protective orders properly exposes victims to repeated violence because these orders are designed to ensure safety (Visher and Bakken (2014)).

Rural women experience distinctive barriers from shortage of police officers and restricted access to legal counsel (Stanton and Rose (2020); and Stanton et al. (2016)). Systems in domestic violence cases operate slowly because of numerous court system inefficiencies that extend the amount of time victims experience distress (Rossiter (2012). The fear of social rejection forces many abuse victims to withhold their reports from authorities (Michalski (2017); Morrissey et al. (2009); and Mukherjee et al. (2014)).

The existing literature shows the necessity for policies which will reduce inequalities between women in healthcare and justice systems (Green, Miranda, Daroowalla, & Siddique, (2005); Green et al., 2016; and Gaspar, Brown, Ramler, Scanlon, Gigax, Ridley, & Morgan (2019)). The mitigation of rural healthcare accessibility issues will be achieved through increased deployment of community-based mental health services alongside telemedicine options (Kennedy et al., 2021; and Koss (1990)). Legal reforms that combine better protective order enforcement with law enforcement practices focused on victims need implementation for achieving better outcomes (Forsythe and Gaffney (2012)). Social support networks along with advocacy groups assist victims by diminishing both bias and stigma related to gender (Gaspar, Brown, Ramler, Scanlon, Gigax, Ridley, & Morgan (2019)).

3. Methodology

3.1. Respondents

A total of 121 women who were older the age of 19 and did not currently have protection orders concerning a male sexual partner volunteered to take part in the interviews. According to Table 1, the average age of the urban women was 35, and whereas the average age of the women in this rural sample was 30. While 37% of participants in the urban region spoke Sindhi, 48% spoke Urdu, and 15% spoke other languages (such as; Pakhtoon, Baloch, or Saraiki belt), a greater percentage of respondents in the rural area (79%) spoke Sindhi.

Table 1: Demographic Data for Participants in Urban and Rural Focus Groups

	Urban (57)	Rural (64)
Average Age	35	30
Race		
Sindhi Speaking	79%	37%
Urdu Speaking	19%	48%
Other	2%	15%
Education		
Primary	17%	0%
Secondary	31%	25%
Higher Secondary Schools	39%	48%
University Graduate	13%	27%
Employment Status		
Unemployed	31%	19%
Part-time	5%	12%
Full-time	37%	51%
Student & working	27%	18%
Income		
Under 15,000 Rs.	32%	5%
15,000–30000	27%	27%
30000–45000	17%	43%
45000–60,000	8%	4%
over 60000	16%	21%
Services (from last 5 years)		
Medical doctor	91%	72%
Hospital/emergency room	62%	49%
Rape crisis centers	0%	0%
Family resource center	21%	9%
Religious figure	41%	32%
Support groups (Welfare)	3%	9%
Drug/alcohol treatment	4%	4%
Legal-aid attorney	9%	11%
Police	37%	38%
Victim advocate	5%	4%
Women's shelter	3%	4%

The following questions asked in focus groups served as a framework for the discussions:

1. In your town, what sorts of mental and physical health services are accessible to women?

2. What obstacles would prevent a woman from utilizing these services?

3. Are there any healthcare or psychological health services available in the vicinity to assist women in overcoming victimization? For the purposes of the focus group, victimization will be defined as experiencing emotional, sexual, or physical abuse at the hands of a spouse, family member, or colleague.

4. If a woman had experienced victimization, is there any factor that would prevent her from utilizing these services? 5. How likely do you think it is that a victimized woman in your town will tell the police about her experience?

6. What could prevent a woman from calling the police to report assault by a partner? What about a lover abusing you sexually?

7. If a woman in your town was being assaulted by her spouse, what do you expect would prevent her from requesting an interim protective order?

8. Could you describe any favorable encounters you or a loved one have had with the system of criminal justice? Anything bad?

9. How might the system of criminal justice be altered, in your opinion, to better assist women who are victims of domestic abuse?

10. In your opinion, how does your locale stack up against others in terms of providing resources for women who have been victims?

Nine focus groups were held in October and November of 2024: three in the urban county (n = 57) and two in each of the three rural counties (n = 64) that were chosen (rural communities in the divisions of Mirpurkhas, Sukkur, and Larkana). The reason these four jurisdictions were chosen for this project was because it was a component of a broader study that focused on domestic abuse victims in these areas. These four sample regions had the highest rates of female criminal activity in the Sindh region. Women were recruited for the study via posters posted at bus stations, grocery stores, libraries, bookshops, schools, colleges, universities and other important community areas, as well as ads in the local newspaper. In the countryside, essential community contact details from governmental health, nonprofit organizations, legal assistance, salons, and eating places were also employed for recruiting. In addition, group registration was made simple for prospective participants by using a toll-free hotline. Ninety percent of the 63 women in the urban region who pre-registered for focus group conversations showed up. Whereas, 75 women preregistered for a focus group session in the rural area, and 85% of them showed up.

Prior to the start of the groups, each participant gave their own consent. All participants gave their consent for each session to be audio recorded. A minimum of two staff members made up the moderator units for each session; a single individual led the conversation and asked concerns while the other took thorough notes. A demographic survey was given to the participants once the groups were finished. A copy of the permission form, along with the study's contact details and a list of nearby hotlines and resources for referrals, was then handed to each woman. Every participant received payment for their time. Each group lasted roughly two hours.

3.2. Assessment:

The analysis was carried out in five key processes to find the main ideas from the discussions (Forrester & Hopkin (2019); Gaspar, Brown, Ramler, Scanlon, Gigax, Ridley, & Morgan (2019); and Howell et al., 2019). Initially, the moderator reviewed the key themes with each group at the conclusion and confirmed them with the focus group. Furthermore, as soon as the groups were finished, the note-taker and moderator created feedback reports that summarized the main ideas that emerged from the discussions. The third step involved transcribing the audio recordings of every group and identifying the main topics in each group's transcript. Following that, the facilitator and note-taker went over the summary and combined each person's group summaries with the feedback notes. Fourth, utilizing content evaluation across all groups from the transcripts, separate from the summaries, a person who did not participate in the previous analysis processes found themes. The interviewer and note-taker created a summary analysis for individual group, which was compared to the theme examination. Any differences were discussed for consistency and agreement. Following the completion of the initial content evaluation, the topics were arranged according to the framework of acceptability, affordability, accessibility, and availability that serves as a barrier to the adoption of health services.

4. Results and Discussion:

TABLE 2: An overview of how women in rural and urban areas perceive the obstacles to receiving mental health services and medical treatment

	Rural Concerns			**Urban Concerns**	
	(n=64)	Group (N=6)	Shared Concerns	(n=57)	Group (N=3)
Affordability					
Disbursement		6	One of the obstacles was cost, that frequently demand payment at the moment of service.		2
Availability					
Limited Services	Both the expansion of current services and the provision of basic services are necessary.	6	There is a need for daily mental health treatment, yet there are few resources available.		2
Having trouble making an appointment	Due to a lack of services and the difficulty in accessing local resources due to the large volume of drug abusers using the few services available, providers are overworked.	5	Prolonged wait periods		2
Accessibility					
Insufficient knowledge of the services		5	Many women are unaware of the resources available to assist them.		1
Bureaucracy		3	The amount of bureaucracy and the absence of customer service make it challenging and occasionally painful to find services.		1
Lack of competent and consistent suppliers	Low remuneration causes high provider turnover rates and also draws in fewer competent providers.	2			0
Distributed Services		0			0
Insufficient Transportation		5	Several Women do not possess mobiles, there is no public transportation service		1
Acceptibility					
Humiliation/ Embarassment	Due to cultural standards that mandate a certain amount of pride and an instinct for privacy, many women find it challenging to seek services.	4		Women ought to be capable of managing their issues alone.	2
Inefficacy		3	Some women might think that since services won't be helpful, there's no point		1

			in bothering.		
Concerns about confidentiality	There is an absence of privacy so whenever a woman accesses services everyone would know; and there is a sense that service employees will disclose personal information regarding individuals seeking assistance	5			0
Absence of a perceived demand for assistance	It is possible that women are not confident enough to ask for help or believe they have no right to execute so.	2	A few women may not completely accept that they need assistance	Ignorance or the thought that the woman could not be prepared to obtain services may be obstacles	1
Gender disparity	Women are taught that males have more rights than they undertake, that many of them are financially stuck, that men won't let them seek assistance, and that many of them are unable to leave the house to get services since they have no one to look over the kids.	2	If society understood that domestic violence is a severe crime, more women would be able to flee abusive situations.		2

The data in Table 2 shows the barriers rural and urban women face in accessing their mental healthcare and medical care according to collected survey responses from 64 rural and 57 urban participants. The hassle of paying first is linked to affordability issues according to all six participants from rural areas and two out of three participants from urban areas. The problem of limited accessibility runs through both areas because each of the six rural group members asked for greater services and both of the three urban group members revealed insufficient daily mental health care. Five participants from rural areas mentioned providers being overwhelmed while trying to schedule appointments but urban participants reported waiting longer than two people did.

The accessibility barrier stems from inadequate service awareness because five rural women reported insufficient knowledge although one urban respondent had similar issues. The participants from rural areas and one participant from an urban area stated bureaucracy acts as a barrier due to intricate approaches and insufficient customer support. The availability of transportation proved to be a major problem in rural areas where five women lacked mobile phones or access to public transport but only one urban woman mentioned this problem. Two rural respondents mentioned that inadequate healthcare providers result from low wages yet this problem did not affect urban participants.

Acceptability factors that include service inefficacy along with social stigma significantly influence service utilization. Women from rural areas experienced self-shame because cultural customs restrict patients from seeking help although urban women believed adults should deal with their issues independently. Women from rural areas along with one individual from an urban setting expressed doubts about the helpfulness of services which caused them to avoid seeking assistance. Rural women displayed higher fears about service provider disclosure of personal information in comparison to their urban counterparts who did not report this issue. Rural residents indicated they did not require help because of their low self-esteem and denial of psychological issues despite what two rural women

and an urban woman stated.

One common difficulty between urban and rural populations stems from gender inequality which two country women identified through their needing male financial support and lack of freedom to seek help together with child rearing responsibilities. Two urban respondents argued that improved societal knowledge would promote women's escape from domestic abuse situations through enhanced legal safeguards. The research demonstrates how economic limitations together with restricted medical and mental health services availability combine with cultural social norms to create substantial service disparities.

Table 3: An overview of how women in urban and rural areas perceive obstacles to the process of criminal justice

.	**Rural Concerns**			**Urban Concerns**	
	(n=64)	Group (N=6)	Shared Concerns	(n=57)	Group (N=3)
Affordability					
Disbursement	One obstacle cited was the expense of having warrants executed.	**3**			**0**
Availability					
Inspector availability is limited.	It is difficult to react to crimes in large geographic areas is limited to a limited amount of inspectors.	**5**	There are considerable delays in the entry of officers when they are called to the setting of a domestic dispute.		**3**
Accessibility					
Insufficient Understanding		**2**	Women cannot access the Court.		**1**
Bureaucracy		**3**	Analyzing a crime could be a difficult undertaking for women.		**2**
Absence of priority	Since drug offenses have overtaken the system, assault against women is now given even less emphasis.	**5**	Women's violence is not given much attention.		**2**
Acceptability					
Guilt/ Shame		**6**	For women, shame and guilt are significant obstacles.		**2**
Inadequacy		**6**	Protective orders are generally not enforced, because detectives cannot be around at all times.		**2**
Concerns about confidentiality		**2**	Being secret is a barrier.		**1**
Retaliation from the perpetrator		**3**	Women do not report acts of assault because they are afraid of the perpetrator.		**1**
Insufficient resources		**6**	Women frequently have no other options in rural areas due to the scarcity of resources, therefore it makes little sense for them to bring attention to the crime because they have nowhere else to live.		**1**
Gender disparity		**6**	One obstacle is the criminal court system's unfavorable views of women who are assaulted by their partners.		**2**

A cross-sectional comparison of female criminal justice challenges exists in Table 3 between urban centers and rural jurisdictions. There are four key categories that include Affordability alongside Availability and Accessibility and Acceptability.

Rural areas present affordability problems because three of the women mentioned that executing warrants costs too much while no urban women experienced similar expenses. The scarcity of law enforcement officials stands as a different availability challenge for rural communities because five rural women revealed that their wide rural areas become harder to police because officers are scarce. The urban respondents highlighted two issues regarding delayed emergency response especially when it involved domestic incidents.

The ability to access legal assistance stands as a major problem according to two rural women combined with one urban interviewee. Three rural females together with two urban women described how crime investigation processes which are complex drive many victims away from pursuing justice opportunities. Multiple rural women interviewed (five participants) stated that they believe crimes against women get less attention because drug-related offenses get priority from the criminal justice system. This opinion also appeared among two interviewees from the urban area.

Moreover, many women abstain from pursuing legal services because acceptability barriers encompass both fear and shame. Guilt combined with social stigma acted as significant obstacles for all six rural participants along with two urban women participants. The rural and urban women participants observed that protective orders prove ineffective because police presence is weak. The need to maintain secrecy about abuse experiences prevents women from reporting their cases because two rural women and one urban woman view this as an essential challenge. Three residents of rural areas combined with one urban resident described their fear of becoming targets of retaliation by their attackers which strengthens the perception that legal recourse provides no protection.

Both urban and rural women unanimously declared that the criminal justice system displays discriminatory views toward victims who are female whenever their perpetrators are intimate partners. Several interviewees from rural areas explained how abusive women in their communities have no secure options therefore they remain silent faced with domestic violence. An analysis of these findings reveals the fundamental problems which exist in criminal justice operations because geographic barriers and built-in system constraints interact with social outlooks to limit women's opportunities to secure justice.

5. Conclusion:

This research shows that women in Sindh (more specifically; Karachi, Larkana, Mirpurkhas, Sukkur, and Larkana) encounter multiple structural and systemic challenges when trying to access mental health services along with medical care and get involved with criminal justice procedures in both urban and rural regions. The study confirms that cost barriers and service availability alongside physical access and patient reception problems exist as main difficulties but these issues affect rural women to a greater extent because they manage scarce resources while dealing with geographic restrictions and dominant social customs. Women encounter multiple barriers to getting help in both environments since financial constraints join with administrative barriers and insufficient awareness and social stigma fear as major inhibiting factors.

Mental health and medical services remain challenging for rural women because they experience longer appointment wait times and inadequate medical staff along with transportation barriers while urban women endure extended waiting periods coupled with red tape difficulties. Almost all barriers that prevent women from seeking help stem from cultural expectations about women's roles and social expectations which worsen their mental health difficulties. The difficulty to maintain confidentiality in addition to limited service efficiency and scarce daily mental health care providers act as barriers for rural women seeking help.

Rural women experience numerous problems in criminal justice when they face insufficient law enforcement officers as well as expensive court costs in addition to a general lack of focus on women-related crimes including incidents of domestic abuse. Numerous people in urban areas avoid pursuing legal processes because police response delays and complicated laws. Education and justice systems face systemic gender inequalities that challenge the importance of female victim protection throughout the country. Many victims choose not to report incidents because they fear retaliation and also because they lack protective enforcement practices as well as experience guilt and shame.

The situation demands immediate policy changes and targeted essential service enhancement efforts for rural women. Wider availability of mental health care and enhanced police presence along with simple administrative processes and public awareness initiatives will help deliver better security to women. It remains essential for institutions to confront their gender biases since this work will ultimately protect women through proper institutional support measures. The establishment of these measures will enable stakeholders to build an inclusively fair system which gives women power while improving their overall welfare.

Scientists should research how women from different socio-economic levels and education segments and cultural backgrounds face barriers to healthcare access and justice. Longitudinal evaluations of policy implementation together with cross-regional research help measure institutional progress across time. Community-based interventions and mobile health initiatives along with digital platforms must be studied because these platforms might provide practical solutions to rural populations. Comprehension of systemic discrimination requires evaluation of social support networks together with law enforcement perspectives as well as judicial biases. The incorporation of male perspectives into gender-specific methods will improve knowledge base and create better all-inclusive guidelines for future policy creation.

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