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Abstract Booklet for 6th Conference on Marginalized Populations

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The Department of Sociology, Forman Christian College (A Chartered University)



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Conference Technical Committee: Dr Shamaila Athar, Ms Tehniyat Fatima, Dr Aaisha Amjad and Mr Ammar Yasir

Conference Recording: https://youtu.be/_o5QXKvZpoA

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Conference Patron's Message

I am pleased to introduce the Abstract Booklet for the 6th Conference on Marginalized Populations, organized by the Sociology department of the University, as always. This conference is a distinct forum for bringing together scholars, researchers, students and indeed representatives of the marginalized populations together to discuss and debate issues related to their lives, livelihoods and ways of life in Pakistan.



Although, generally, marginalized communities are characterized on the basis of religion, beliefs, race, ethnicity, gender, socio-economic status, and disabilities, both physical and mental, the over-all defining characteristics are rooted in the discrimination, deprivation and subordination at the hands of a dominant group or groups, classes, government, or even a state, so to speak. They are the 'other', they don't belong really. They are excluded. They are denied access to opportunities for growth and development both individually and collectively. Indeed, they are marginalized in a host of areas, social, economic, and political, for example. This may be both behavioral and structural, with structures in place that keep these marginalized groups out of bounds and thus with little or no access to necessary resources to provide for themselves

and their families. Their voices are hardly heard, let alone accommodated and empowered to participate fully in society.

These marginalized groups or populations are everywhere, in developed societies and developing societies, in liberal democratic societies and authoritarian societies, in capitalist societies and communist societies, in welfare societies and indifferent societies, North and South, in Asia, Africa, Europe, and Americas, past and present. Only the type and nature of marginalization and its level and extent may be different or may change from time to time. It may improve or worsen over time.

Over the years, through such annual conferences, we have covered many marginalized populations in Pakistan. This year, of course, themes, listed by Dr Sara, are again quite illustrative of marginalization and include women, ethnic and religious minorities, in particular, often the subject of such conference's world over. A host of learned speakers both from the university and some eminent universities in the area will dwell upon these themes for the benefit of all of us. I really look forward to that. I am sure it will be a rich, rewarding experience! Before I close, I would like to thank Dr Sara Rizvi, Chair of the Sociology department and all her colleagues and particularly those involved in organizing this conference, both faculty and students, for putting together yet another (6th, in fact) conference on marginalized populations in Pakistan. But this is the 6th conference only because there was a 1st conference which came about through a conference on aging, initiated and launched by Dr Grace Clark, my predecessor Dean of Social Sciences. A special thanks to you, Dr Grace. I wish this conference a great success!

Thanks

Dr. Sikandar Hayat

Distinguished Professor of History and Public Policy and Dean, Faculty of Social Sciences

Department Chairperson's Message

Our primary aim for this conference is to build a research culture in Pakistan and inspire our students and local researchers to work on research areas for inclusion and protection, and to focus on solutions and policy improvements. There is no one better than local researchers to present their empirical evidence and recommendations for policy protection of marginalized groups; and I am happy to share that this year we were privileged to hear from scholars from six universities across Punjab, including the University of the Punjab, University of Management Technology, University of Home Economics, Lahore University of Management and Technology, University of Sargodha, and National College of Arts. We also had representation from faculty members of FCCU and from our alumni from the first MPhil Sociology graduating batch.

Research related to marginalized groups was presented under four thematic areas addressing marginalization in the education and health sector, due to climate change and conflict, and of ethnic and religious minorities. In-depth qualitative data was shared from groups that are less researched in the country, such as Christian youth, aging women battling uterovaginal prolapse, women seeking shelter post abuse, women suffering from primary infertility, women seeking security and rehabilitation in zones of armed conflict, and women seeking inheritance rights. We also had presentations of two systematic literature reviews, related to medical gaslighting and female sex workers; and one quantitative study which presented the long-run effects of cash transfers for secondary schooling of girls based on secondary data from the Multiple Indicators Cluster Survey.

The highlight for us this year was the level of student engagement and the relevant questions to speakers, which were geared to both understanding the issues at hand and sharing comments / solutions for improved protection. Student-speaker discussions led to the recognition that we needed critical interventions to promote inclusion of marginalized groups in Pakistan, some of which I am listing here- interfaith harmony, respect for diversity, inclusion in the formal workforce, retention in secondary school and higher education, developing local terms for Western medical terminology to improve health uptake, parental/ family-level awareness for

improving status of minority groups, promotion of legitimate religious scholars, and the united efforts of stakeholders, state, and civilian bodies.

It is important to share that participation in our conference is dependent on a call for submissions, and we found that this year, as with previous years, there is more contribution by women scholars and for research related to female population groups. This may imply that women researchers are more focused on researching female marginalized groups, however, we remain committed to reaching out to both male and female researchers next year and encouraging research to be presented on diverse marginalized groups in Pakistan.

Finally, I would like to thank everyone involved in making this conference a reality, including the Patron and Dean of Social Sciences Dr. Sikandar Hayat for his leadership and sound advice always, and the Chief Guests Dr Jonathan Addleton and Dr Gloria Calib for their support and encouragement. My deepest gratitude to the conference coordinator Ms. Sana Shahid who has been working tirelessly since August!



I would also like to thank the conference technical committee, including Dr Shamaila Athar, Ms. Tehniyat Fatima, Dr Aisha Amjad and Mr. Ammar Yasir, along with all my other faculty members in the Department of Sociology. A big thank you also to the Forman Sociology Society (FSS) and the council members led by President Ayesha Jilani. The following FSS volunteers made the smooth functioning of the conference possible and kept us on track as we had to remain on schedule during the live recording - Nimra Rehman, Jafar Mehdi, Novera Jamil, Fatima Usman, Suleman Williams, Jazza Muhammed, Tania Nasir, Sajawal Amin, Amna Sajjad, Sharoon Samuel, Mohammad Ibraheem, Talha Manzoor, and Mehwish Amanat.

I would also like to thank Ms. Jaweria Iqbal and Mr. Yashir Yousaf, who have provided us with immense support this year in coordinating sponsorship and social media representation, respectively, for the conference and I welcome them to our team. I am also deeply grateful to the Dean's office staff- Mr. Fayyaz Raza, Ms. Komal, and Mr. Taymoor Hayat, and the IT team led by Mr. Suneel Barkat for supporting us in important logistics and communication.

I hope you enjoy reading the abstract booklet and watching the recording of the conference:
https://youtu.be/_o5QXKvZpoA

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Educate the girls: Long run effects of secondary schooling for girls in Pakistan

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ABSTRACT

In 2003-4, the government of Punjab, Pakistan, introduced a conditional cash assistance program for girls attending secondary schools. The Girls Stipend Programme – revamped and rebranded as the Zaver-e-Taleem Programme in 2017 – was launched in 16 low-literacy districts of Punjab, offering Rs. 200 per month to girls attending public secondary schools [1]. Our study exploits variations in exposure to the program across cohorts and regions to estimate the long run effects of the program [2]. We present novel evidence not only on women’s own long outcomes, but also on the impact of a conditional cash transfer (CCT) on the health and wellbeing of the children of the recipients, addressing one of the key development goals identified by the World Health Organization (WHO).

We exploit quasi-experimental variation in the introduction of the stipend program to investigate the long run effects of the program. Variation in exposure to the program based on (i) the treatment status of the district the woman belonged to since the program was introduced in only select districts of Punjab, and (ii) number of years the program was in place during her school going years. Women in the comparison districts did not receive the program. Women aged 16 and older in 2004 in the program districts were too old to benefit from the program by the time it started. These two groups of women form our comparison sample, with zero years of exposure. Women in the program districts who were of secondary schooling age when the program was in place form the treated group. A comparison across groups reveal plausible long term impact of the program on recipient women.

The Multiple Indicators Cluster Survey (MICS) for Punjab, Pakistan, conducted 2003, 2011, 2014 and 2017 was used for analysis. The survey contains detailed information regarding age, education and health of all members of the households. Overall, this gives us a sample of more than 200,000 women and nearly 85,000 children. MICS is a cross-sectional household survey designed to monitor indicators related to wellbeing of women and children worldwide. To

date, over 300 rounds of surveys have been collected in more than 100 countries. Punjab MICS is representative at the district level and has two questionnaires designed for women and children that collect information about maternal and child health. In particular, for women of childbearing age (15–49 years), MICS has information pertaining to age of marriage and first birth, number of births, and maternal health care utilization for births in the two years prior to the survey. For children under the age of five, MICS collects information about current weight and height (anthropometric measures administered by the survey team).

We estimate the potential impact of each year of exposure to the program, comparing women in the treatment (program) group, and their children, to women in the comparison (non-program) group; and find that each potential year of exposure to the program increases the probability of completing secondary school and decreases the likelihood of an early marriage for women. Exposure to the program delays early childbirth and increases the likelihood of seeking prenatal care later in life. We also find evidence of inter-generational effects – children of women exposed to the program are less likely to be underweight or stunted than the comparison sample.

Our findings imply that programs aimed at promoting girls' education - by encouraging women from low-income and poor households to remain in school for longer - can lead to beneficial long run gains in multiple dimensions. Literature often focuses on the more direct effects such as labor market outcomes and the quality of education, but our results highlight the benefits of remaining in school, delaying marriage, better marriage matches, and increased receptiveness to health information that staying in school should provide. Ultimately, all these aspects must be factored in determining the value of such policies.

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The Intersectionality of Health Literacy and Infertility: A Qualitative Study of Emotional and Social Experiences among Infertile Women in Pakistan

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ABSTRACT

Health literacy is considered as a critical factor in determining the quality of life (QoL) for infertile women, specifically in cultures where fertility is closely related to a woman's identity and societal status [1]. In Pakistan, where motherhood is often regarded as a significant aspect of a woman's femininity, low health literacy intensifies the psychological, emotional, and social challenges associated with infertility [2]. Women with higher levels of health literacy are generally better equipped to understand their condition, seek appropriate medical support, and utilize coping strategies that protect their mental health and well-being.

This study aims to explore how health literacy influences the emotional, psychological, and social experiences of infertile women in Pakistan. Using a qualitative approach, in-depth interviews were conducted with 20 infertile women with varying levels of health literacy to understand how it affects their experiences related to infertility, coping strategies, and patterns of social interactions. Findings of the study reveal that health literacy plays a pivotal role in shaping infertile women's resilience, mental health awareness, and ability to navigate social stigma. The findings of the study highlighted that women with higher health literacy demonstrated greater resilience and a stronger sense of self-worth, viewing infertility as a medical condition rather than a personal failure. They employed adaptive coping mechanisms, such as seeking informed social support and engaging in meaningful activities, which helped mitigate feelings of inadequacy and reduced emotional distress. In contrast, women with lower health literacy often experienced intense self-blame, shame, and emotional turmoil. The study also revealed that women with higher health literacy were more likely to recognize symptoms of stress and depression associated with infertility and showed openness to seeking professional counseling. This awareness enabled them to proactively address psychological distress that had positive impact on their quality of life.

Additionally, the women with higher health literacy had broader and more supportive networks that enabled them to challenge traditional norms, redefine their identities beyond motherhood, and navigate societal expectations with greater confidence. In contrast, women with lower health literacy were more vulnerable to social isolation as they were less likely to confront the stigmatizing attitudes of the society, resulting in feelings of exclusion and heightened societal pressure.

In this milieu, the study suggests that improving health literacy and awareness among infertile women may help them cope with the psychosocial challenges of infertility. These findings further highlight the importance of targeted intervention, support systems and culturally sensitive policies that address the specific needs of infertile women, particularly those with lower health literacy, to enhance their overall quality of life.

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Women, Education and Landownership in Gojal, Hunza, Gilgit Baltistan

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ABSTRACT

There is a significant role of higher education in creating awareness, perception, and opinions about women's rights and land ownership globally [1]. The women of Gilgit Baltistan are particularly deprived of awareness about rights for inheritance, which has contributed to their low agency, poverty, and lack of decision-making rights [2]. This study aims to analyze the role of higher education in creating awareness for women's right to inheritance, particularly land ownership in Hunza, Gilgit Baltistan. The area has a high literacy rate and women empowerment is at the forefront of developmental projects.

A phenomenological research design, using a feminist constructionist epistemology, was adopted to seek the lived experiences of women through in-depth interviews. Twelve participants were selected through purposive sampling technique. They are at least a degree holder and in the age range of 30 and above. The interview guide included both demographic and experience-based questions. The data was analyzed following Bran and Clarke's (2006) six steps of thematic analysis.

It was found that though higher education enabled women to get jobs and become economically independent, it did not play a role in creating awareness about the rights for inheritance. In fact, there was no association found between attaining higher education and awareness about basic rights either. Instead, most of the women participants indicated that they became aware of their rights while working and interacting with different people. Additionally, it was found that women who are aware of rights to inheritance did not fight for their claims.

Based on these findings it is recommended that there is need to create awareness and educate women about their basic rights through the higher education system. In addition, there can be interventions to sensitize men about the inheritance rights of women to support women's agency in Gilgit Baltistan. Community institutions should work to regularize the customary laws and make it more inclusive and more women friendly. Finally, the legislative bodies must consider the most

vulnerable segments of women (divorced, widowed, displaced, disabled, and single women) as a priority in the inheritance share and pass a bill to safeguard their interests on an urgent basis.

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Women Vulnerability in the Face of Climate Change and Natural Disasters: A critical analysis of issues and challenges of women during floods in Pakistan

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ABSTRACT

Rural women of Pakistan in normal circumstances are leading a challenging life where deprivation in various aspects of life is apparent and their less empowered status make them the vulnerable population of Pakistan [1]. During frequent flooding, due to climate change or natural disaster, the vulnerabilities and risks to women increase exponentially [2]. The current study aims to critically examine and identify the key vulnerabilities of rural women that are intensified during floods. The study has employed a qualitative research design to explore the experiences and vulnerabilities of women during floods in Pakistan using in-depth interviews. The qualitative approach helps to explore important elements such as social, cultural and psychological factors that add to women's challenges and difficulties in the context of disaster. The district of Muzaffarabad and Bahawalpur were selected to gather data and local non-government organizations were taken on board for assistance in identifying the households that have been badly affected in the recent floods. With the help of convenient sampling, interviews of married women affected by floods were taken. Thematic analysis was used to analyze the interviews in order to identify the common themes and pattern focusing on the vulnerabilities and challenges of women. Coding was employed to categorize data and turning into meaningful themes that reflected the major research findings.

Several significant themes were found in this study, highlighting the challenges faced by rural women during floods. First, floods resulted in an increase in socioeconomic disparities for women. Second, the floods disrupted women's traditional livelihood which led them to further economic dependence and contributed to economic instability. Third, multiple maternal and infant mortalities were reported in the absence of medical care that led to more devastating psychological effects on women and their families. Fourth, there was a breach of Purdah (veil) during a flood

which is deeply rooted in rural culture and that led to social instability and loss of self-esteem. During floods women were left without privacy, accessibility to bathrooms, and had to live under the open skies, which resulted in incidents of harassment. Finally, many women respondents reported psychological suffering due to loss, displacement, and the stress of managing family needs in the aftermath of floods. The stigma around mental health often prevented them from seeking help.

The study strongly recommends addressing critical issues in rural Pakistan that increases women's vulnerabilities and risks to physical health, reproductive and child health, mental health, and harassment. The disaster management and related policies need to be gender-specific that take care of different needs of women during disasters, including income, safety, and housing. There is a great need to emphasis on focusing on environmental changes and expected disasters, specifically floods, in order to make prior arrangements for vulnerable populations of the country. Besides the collaboration of non-government organizations and state institutions can strengthen the programs related to disaster preparedness.

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Women’s Perspectives on Peace and Security in Conflict Zones: Exploring Life at the Line of Control in Azad Jammu and Kashmir

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ABSTRACT

The impact of armed conflict on women in Kashmir is dire, with over 600 million women facing insecurity, violence, and socioeconomic hardships [1]. Specifically, in Kashmir, women experience additional challenges such as long-term psychological trauma and loss of male counterparts [2]. Despite their crucial role in peacebuilding, women's participation in negotiations remains critically low, with only 16% of women’s representation all over the globe in recent UN-led processes, underscoring their exclusion from essential peace efforts [3,4]. The main objective of this paper is to critically review existing literature to understand roles, challenges, and contributions of women of Kashmiri women, living in conflict affected zones. The study additionally aimed to addresses the issues facing women living along the Line of Control (LoC) in the State of Azad Jammu & Kashmir. This review uses academic research articles and policy reports published from 2000 to 2024. The selection criterion was qualitative studies that described women’s experiences living in Azad Jammu & Kashmir.

The following search engines were used to collect literature: PubMed, Medline, Springer Link, and Google Scholar. The search was conducted using the following search terms: ‘women’, ‘conflict’, and ‘Kashmir’. Extracted data included qualitative findings about women's experiences and perspectives. Systematic coding and categorizing of extracted data were done to identify common themes and patterns. An iterative and flexible approach was adopted to refine themes as new insights emerged during analysis. The findings of the review highlight several challenges faced by women in Azad Jammu Kashmir: (i) women are suffering from extreme psychological health issues and have no support for health services, (ii) women face loss of income and livelihood due to loss of male breadwinners, (iii) women have few skills and employability options to support their children and family, (iv) women are at risk of harassment and abuse living in conflict zones.

The review findings suggest that there is critical need for greater involvement of women in peace negotiations and decision-making processes at local, national, and international levels to ensure their voices and perspectives are included. There is also need for gender-sensitive policies to be implemented, which address the unique needs and challenges faced by women at the LoC in Azad Jammu & Kashmir, focusing on security, health, education and economic empowerment. Finally, there is need to conduct longitudinal studies to monitor changes in women's perspectives and challenges over time, allowing for adaptive strategies that respond to the evolving political and security landscape in Azad Jammu & Kashmir.

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**On the face of double marginality: Women seeking shelter services to escape violence in
Pakistan and challenges of social reintegration**

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ABSTRACT

Gender Based Violence (GBV) is a serious human rights violation and a public health concern [1]. Women shelter services in Pakistan are support systems developed as affirmative action to control the problems caused by GBV [2,3]. The current study explored the services offered by public and private sector shelter homes in Pakistan considering minimum international standards. Social reintegration of these women was also studied. Due to the sensitivity of the topic and embedded nuances, pure qualitative methods were employed through embedded case study design. Two shelter homes - Darulaman Nawan Kot and Dastak - were selected; five women from each were recruited as individual cases. To get a realistic and valid view, women who had at least two months' living experience or were readmitted to the shelter were recruited.

An in-depth interview guide and observational checklist were used for data collection. Along with other ethical considerations, institutional and individual consent were attained. Data was analyzed thematically through keyhole analysis. Results show that provisions of 24/7 services for referral and admission mechanisms, and follow-up services were lacking in shelter services of both public and private sector. The initial stay period is three months, which can only be extended on judicial orders, and so these shelter services at times only offer a temporary respite from violence. Further, the treatment of women as 'inmates', limited psychological and related health services, and living arrangements, such as keeping of children, also bear scrutiny.

What emerges from these reflections is a damning indictment – by leaving their homes, women have crossed a marked threshold and brought the family dishonor. Then the absence of a follow-up mechanism and reintegration services is particularly detrimental. On the basis of the findings of this study it is recommended that there is need for: (i) 24/7 facilitation at the crisis

center, (ii) public disclosure of the locations of shelter homes, (iii) easing of re-admission and extension of stay, (iv) improving the living conditions, and (v) providing support for women's mobility and robust rehabilitation and reintegration services for women with an emphasis on psycho-social health.

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Lifelong Health Empowerment for Women: Addressing Uterovaginal Prolapse and Post-Reproductive Health Neglect in Pakistan

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ABSTRACT

In Pakistan, women's health issues post-reproduction is frequently marginalized, and are often regarded as irrelevant once childbearing years have ended [1]. Uterovaginal prolapse, a debilitating condition resulting from weakened pelvic structures, is one example of this neglect. This condition, affecting older women, is exacerbated by multiple childbirths, chronic constipation, obesity, and lack of preventive care [2]. However, deeply embedded socio-cultural norms around modesty and reproductive health stigma prevent women from seeking timely medical attention, resulting in significant and often hidden suffering [3].

The study is based on qualitative case series design which studies the lives of elderly women from rural backgrounds who suffer from severe uterovaginal prolapse. The study investigates each patient's experience, focusing on the socio-cultural factors that contributed to delayed treatment and exacerbated symptoms. The sample for this study was selected using a purposive sampling method, targeting six elderly women experiencing severe symptoms of uterovaginal prolapse in a healthcare setting. Data were collected through in-depth interviews, using an interview guide developed from a literature review on uterovaginal prolapse and socio-cultural health factors. The guide focused on themes like personal health history, cultural beliefs, and healthcare experiences.

Data analysis was conducted using a thematic analysis approach, identifying recurring patterns and themes related to cultural beliefs, healthcare access, and the physical and emotional impact of uterovaginal prolapse. The data were coded and categorized to highlight the intersection of socio-cultural factors and health outcomes, providing insights into how these factors collectively shape women's experiences and treatment-seeking behaviors.

The case study revealed that all six women experienced worsening symptoms of uterovaginal prolapse due to delayed treatment, exacerbated by societal stigma and lack of

healthcare access. Additionally, chronic pain, incontinence, and isolation were common outcomes, reflecting how cultural norms around modesty and silence around reproductive health discourage women from seeking timely medical care.

The study proposes a "Lifelong Health Dignity" approach, advocating for community health initiatives that promote continuous education on female health across the life course. Recommendations include culturally sensitive health education, early preventive measures, and training healthcare providers to engage in open, respectful conversations with patients. By reframing women's health as a lifelong concern, I aim to empower women to prioritize their health and challenge societal barriers that often leave them without adequate care.

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Psychological Impact of Medical Gaslighting on Women: A Systematic Review

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ABSTRACT

This systematic review aimed to evaluate the experiences of medical gaslighting in women. Medical gaslighting is used to describe the dismissive, invalidating, and biased experiences of people with the healthcare system that result in frustration, doubt, and feelings of isolation [1]. Women have significantly negative experiences with healthcare providers when seeking diagnosis and treatment, which defines how they signify their experiences as medical gaslighting [2].

To conduct the review, the following academic search engines and journals were used: Google Scholar, JSTOR, PubMed, ScienceDirect, Semantic Scholar, Psychology of Health, and Jacobs Health Institute of Women. The search terms for the review included: ‘medical gaslighting’, ‘women's health’, and ‘healthcare experiences of women’. After data extraction, ten articles were selected for the systematic review based on the inclusion and exclusion criteria. Seven themes emerged from the selected articles: 1) denial and dismissal of symptoms, 2) delayed diagnosis, 3) negative experiences with healthcare professionals, 4) gender bias in healthcare, 5) the need for self-advocacy, 6) stigmatization of mental health by healthcare professionals, and 7) anxiety and trauma.

The experiences of women with the healthcare system are overwhelmingly negative and encompassed in medical gaslighting, leading to the worsening of health conditions. The healthcare system requires many reforms, starting with decreasing gender biases in hospitals and healthcare providers and increasing research in this neglected area. Psychologists and medical personnel such as physicians and nurses can collaborate to create awareness about medical gaslighting and promote healthy doctor-patient communication. Health Psychologists can directly work with women patients who have experienced medical gaslighting so they can take the necessary steps to advocate for themselves and receive appropriate treatment.

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Educational Inequalities and Mental Health in Christian Youth of Pakistan

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ABSTRACT

The situation of educational inequalities facing Christian youth in Pakistan reveals systemic disparities that create significant psychological challenges [1]. Christian students enrolled at various institutions across Lahore and other regions encounter abuse, exclusion, derogatory labeling, and prejudice from peers [2]. Additionally, religious discrimination and biased teacher and administration treatment further alienates these students within academic settings [3]. Cultural norms within Christian communities often encourage silence over confrontation due to fear of repercussion, limiting effective coping mechanisms and reinforcing isolation. The aim of this study was to understand the experiences of Christian youth in higher educational institutes (HEI).

Ten in-depth interviews were conducted with Christian students from three HEIs in Lahore. Findings from this study reveal that the youth face educational inequalities and discrimination, and that they suffer from mental health challenges due to their experiences at HEIs. Furthermore, women students and those from lower socio-economic backgrounds suffer more emotional and psychological problems. This study underscores an urgent need for policy measures to address educational inequities and provide mental health support for Christian youth, along with youth from other minority backgrounds. Curriculum reforms, equal opportunity quotas, and interventions for socio-religious inclusion, can be led by both the state and civil society to bridge educational divides and foster a safer and more inclusive academic environment for minority students in Pakistan.

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Challenging Modes of Resistance in Pakistani Theatre: Analysis of *Barri* (1987) and *We shall Resist* (2009)

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ABSTRACT

This paper challenges the modes of resistance adopted by gender and religious minorities mainly (but also economic, differently abled, and artistic communities) as portrayed by Pakistani activist theatre especially in context of the Hudood Ordinance. The paper gleans the prevalent modes of resistance via an analysis of two Pakistani activist theatre plays i.e., *Barri* (1987) and *We shall Resist* (2009) [1,2]. *Barri* displays gender-based oppression (alongside oppression of arts, differently abled, and lower economic class) and *We Shall Resist* shows oppression on religious minorities (Hindu, Ahmadiyya, and Christian) along with other social issues.

These two plays are important because they highlight oppression faced by Pakistanis promulgated by the Hudood ordinance. Written with a gap of 22 years, these plays, repeatedly performed by two leading activist theatre groups in Pakistan i.e., Ajoka and Tehrik-e-Niswan, show Pakistani activist theatre approaches against oppression over the years. The plays highlight issues pertaining to religious manipulation (e.g., domestic violence, performing arts suppression, minority discrimination, police brutality, rape, right to divorce, and hegemonic patriarchy) and aim at consciousness raising in the audience. However, the analysis shows that finding solutions to the social issues requires further efforts and a different activist approach by Pakistani theatre groups in these contemporary times.

The detailed study concluded that at best Pakistani activist theatre aims at consciousness raising. The theatre aims for consciousness raising while resisting oppression in three ways i.e., open ended activism, violence, passive subversion. Based on the findings of this study it is recommended that to address oppression more productively, instead of raising consciousness, there must be systematic ideational transaction. One of the models I propose for ideational transaction is the Deconstructed Repetition Model, which will be discussed in the conference talk and is also detailed in a forthcoming publication [3].

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Narrative Systematic Review on Gender-based Violence against Female Sex Workers in Pakistan

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ABSTRACT

Gender-based violence (GBV) is a pervasive issue worldwide, disproportionately affecting marginalized groups, including female sex workers (FSWs). This research aimed to systematically review the types of violence experienced by FSWs in Pakistan and challenges related to accessibility and inclusivity of healthcare services, legal protection, and social support mechanisms, addressing their vulnerabilities. A narrative systematic review, using multiple electronic repositories and adopting PRISMA guidelines, was performed. Employing the ‘SPIDER’ search tool, 18 relevant articles/studies were selected and analyzed thematically.

Findings revealed that the discourse on sex workers is steeped in a traditional cultural and religious framing of gender and law. Due to stigmatization, religious prohibition, and cultural criminalization of sex work, FSWs face compounded vulnerabilities. FSWs in Pakistan often experience multiple forms of violence, including physical, sexual, psychological, and structural violence, perpetrated by both clients and non-clients (law enforcement and community members). Their marginalized status, coupled with the criminalization of sex work, stigma, discrimination, low socio-economic status, and substance use, further exacerbates their vulnerability and limits their access to healthcare, legal protections, and social support. The intersection of GBV and the lack of inclusive social support highlights the systemic neglect of FSWs in Pakistan.

It recommends policy reforms, increased social support and healthcare services, and public awareness campaigns to address the specific needs of FSWs and mitigate the pervasive impact of GBV in this marginalized community. There is a need to expand social protection policies under

fundamental human rights to include marginalized groups, offering targeted economic support and healthcare services.

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