

**The Geography of Social Inequality: Challenges of National Development and Provincial Disparities in Pakistan**

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**ABSTRACT**

*One of the key aspects of national performance is represented by social development, which indicates the level of equal access that the state offers in terms of education, health, and welfare services. However, in the case of Pakistan, social development remains rugged in terms of different demographic groups and provinces. The basic aim of the study is to assess the national performance of Pakistan in terms of the disparities observed in maternal health, child health, literacy, and multidimensional poverty in different provinces and between the ruler and urban populations. Secondary data has been used for the purpose of conducting the study, collected from various institutions such as the United Nation's development programme, Pakistan bureau of statistics, and the World Bank. The study has been conducted using descriptive statistics and regression with regards to identifying structural inequalities in the social development. The findings suggest that the illiteracy rates are high in Punjab compared to Balochistan, and there are large gaps in the level of maternal health and child health services between the urban population and the ruler population, and there is a high rate of multidimensional poverty, which is impacting the national cohesion. The research has made a significant input to the discourse of development inequality in the context of relating it to national integration.*

**Keywords:** *Social Development, Maternal Health, Literacy Gaps, Provincial inequality, Multidimensional Poverty, Social Justice*

**INTRODUCTION**

Traditionally, economists have relied on economic growth as measured by GDP and growth in incomes to gauge the progress of a nation. However, the current debate on development has focused on social aspects including health, education, and poverty reduction which provide a comprehensive idea of the progress of a nation along with the well-being of its people, with particular emphasis on the provision of fair opportunities to everyone.

Pakistan has been having mixed developments where economic growth has been complementing the uneven social development. Pakistan has varying social accomplishments in the provinces in terms of health, education and poverty eradication. Better health and education performance has been demonstrated in the most populous province Punjab than other provinces such as Balochistan. Similarly, the rural and the neighboring regions are behind the cities in the availability of basic needs.

According to reports made by UNDP, there is high percentage of the population living in multidimensional poverty in Pakistan, particularly in rural and underdeveloped provinces, which is an issue of concern in terms of social justice and development policy. The Human Development Index (1990) is based on the measures of development in relation to health, education, and living standards which are then combined to establish a single score. Results indicate that there are enormous disparities in development in the countries and regions. The HDI value is different in various nations such as in Australia it is 0.929, Germany 0.905, United States 0.910, Singapore 0.866, Saudi Arabia 0.7708, China 0.678 and Afghanistan 0.398. Even the gap is present within those countries that range at the same level of GDP per capita. An example of this is the case of Egypt and Sri Lanka as they are within the same range of GDP per capita yet the two have different human development status that stand at 0.644 and 0.691 respectively. In the same vein, Vietnam and Pakistan also have the same level of GDP per capita yet both countries have disparate status with respect to human development index with Pakistan having index value of 0.5042 and that of Vietnam is 0.593 [UNDP (2011)]

The situation of Pakistan is quite fascinating in this respect where the regional inequalities are observed between provinces as well as within a province. HDI was calculated on a district level in Pakistan by UNDP (2003). Their findings showed that there exist large human development disparities between the various Pakistan districts. As an illustration, the HDI of Dera Bhugti and Jhelum was 0.285 and 0.703 respectively Jamal and Khan (2007) and Siddique (2008) have also indicated big imbalance in Human Development among districts in Pakistan. Literature indicates that there exist huge Human Development differences in various districts of Punjab. The HDI of Lahore is 0.558, Sheikhpura is 0.62, Muzaffar Garh 0.45, D.G Khan 0.471 and Multan 0.494 [UNDP (2003)]

Jhelum, Kasur, Bakkar, Rajanpur have a HDI value of 0.7698, 0.7132, 0.7058 and 0.631 respectively (Jamal and Khan, 2007). D.G Khan 0.6307, Muzaffar Garh 0.6201, Bahawalpur 0.6182 and Lodhran 0.614. Qasim and Chaudhary (2014) have also noted human Development disparities between various districts of Punjab. The HDI value of Rawalpindi, Lahore, Sheikhpura, Faisalabad, Sialkot, Kasur, Nankana Sahib, Narowal, Rahim Yar Khan, D.G Khan, Pakpattan, Bahawalpur, Lodhran, Bahawalnagar and Rajanpur is according to their study is 0.6731, 0.6667, 0.6487, 0.6267, 0.6191, 0.6 It is also significant to examine the Development differences between the various regions since this can lead to a high form of competition and suspicion between the various regions which can be extremely damaging in terms of social integration [Pervaiz and Chaudhary (2010)]

The primary concern of this paper is to analyse the provincial inequalities in the development of Pakistan based on the exploration of Maternal and child health inequities, Literacy gaps and multidimensional poverty patterns.

### **Research Aim**

To investigate the uneven nature of social progress across provinces and demographic groups in Pakistan

### **Research Objectives**

Research objectives are:

1. Compare the literacy gap of Punjab and Balochistan.
2. Compare the MCH issues in rural and urban regions.
3. Evaluate the role played by multidimensional poverty in cohesiveness at national level.

### **REVIEW OF LITERATURE**

When we refer to the performance of various countries particularly the developing ones, we find that social development is a significant aspect. The growth in economies within most of these nations does not always mean that the living conditions of people are improving. In the current situation most of the experts propose that we should apply social factors like health, education and poverty levels as a measure of performance of various countries rather than depending on the economic factors alone. This is according to the theory of human development proposed by Amartya Sen and Mahbub ul Haq that states that we should give people in other nations an opportunity to live healthy, educated and productive lives. In this respect the access to the various social amenities like healthcare, education and employment is critical. Several researchers have noted in Pakistan that not all the provinces and demographic areas have equal social development. Researchers like Ahmed and Mustafa (2016) have indicated in their publications that varying spending patterns, infrastructural and governance problems have led to significant regional inequalities. They have noted that the primary causes which have impeded the social development in the country are low expenditure on the state infrastructure and inequitable distribution of resources. In addition, Sayeed and Gazdar (2016) have indicated that policies set by the nation do not focus on issues experienced in the less developed regions hence compounding the already existing imbalance.

In Pakistan, the largest disparity is in the education sector and there are huge provincial disparities (e.g., Punjab vs. Balochistan) that are affected by infrastructure, teachers, and socioeconomic factors (Aslam, 2013). Social exclusion is also portrayed through gender inequalities, particularly in the rural setting (Bari & Cheema, 2019).

The inequality in healthcare is not any more spared as urban areas are well supplied with services compared to the rural areas. According to WHO and UNICEF reports, rates of child malnutrition and maternal mortality are greater in the rural regions. Nevertheless, despite the efforts, there are still problems, especially with the less privileged (Bhutta et al., 2013).

Urban rural contrast is also a significant determinant of health. Citizens are better placed in cities with improved health facilities and qualified doctors. Conversely rural citizens experience issues of

transportation, inadequate funds, and inadequate awareness of health programs available. Ullah and Ali (2015) state that these issues make rural citizens have no access to healthcare facilities. This has resulted in low health outcomes of mothers and their children.

Another significant problem, which presents social inequality in Pakistan, is multidimensional poverty. This is not an economic status conception of poverty rather it considers all the other aspects of poverty and their impacts on lives, education and health. The United Nations Development Programme indicates that multidimensional poverty is experienced amongst many citizens of Pakistan, particularly in rural and less-developed provinces. According to Jamal (2014), this understanding of poverty gives us an improved understanding of the consequences of poverty on human development.

Poverty does not spread out evenly across provinces, according to research. According to Nayab (2011), the levels of poverty in Balochistan and rural Sindh are very high when compared to urban punjab. Moreover, according to Arif and Farooq (2012), notwithstanding all the above poverty reduction initiatives, there is still poverty and disparity in terms of employment and social amenities access. This may be a national unity issue, because such inequalities may lead to social and political marginalization.

Another aspect that has attracted the attention of many researchers includes the relationship that exists between education and poverty. Malik and Nazli (2015) argue that poverty limits access to education, particularly among children living in rural regions where their economic demands might compel them to take on a job at a tender age. This has developed a self-perpetuating cycle where poverty and education are a pair, and social inequality persists.

Finally, the issue of governance should not be overlooked in discussing the social development of Pakistan. The inability of the government to develop effective policies, together with the failure of the government in Pakistan has been the greatest factor that has been detrimental to the efforts directed towards the alleviation of the problem of social inequality, according to Siddiqui (2010). The scarcity of money and weak institutions have impeded the delivery of social protective actions and government services particularly in the less developed regions as indicated in the research by Pasha (2018).

In general, going by the available literature it can be said that the social development in Pakistan is a process that is marked by inequalities. Whereas other provinces have been able to rise above others on certain fronts like education and health, other fronts like poverty, absence of infrastructure and poor governance are falling behind. Inequality should be tackled to ensure social development in Pakistan is inclusive. Nevertheless, studies are still in bits, usually emphasizing education, health and poverty individually. This paper seeks to fill this gap by offering a more comprehensive conception of provincial social development.

### **Theoretical Framework**

The study builds on the Human Development Theory and Social Inequality Theory to examine gaps in Pakistan's social development outcomes.

### **Human Development Theory**

Human Development Theory espoused by philosophers like Amartya Sen and Mahbub ul Haq, attempts to shift focus away off economic growth and on how people live and flourish in the nation. By development, here, it implies that people can lead a free and successful life. Thus, the determinants of development in the country are education, healthcare and lifestyle. This idea was adopted by the United Nations Development Programme and the Human Development Index was developed.

The difference between education and medical facilities in Pakistan is so significant to mean that the development opportunities are not evenly spread across the provinces.

### **Social Inequality Theory**

The other, Social Inequality Theory, considers the opportunities and resources and how they are distributed since they are not evenly distributed in society. The social, economic and cultural capitals have been shown to influence the success that individuals can attain in life by social theorists including Pierre Bourdieu.

Inequality in governance, policies and developmental trajectories in Pakistan is represented through provincial inequalities, where the more developed areas, in terms of infrastructure, political influence, and investments, have greater social development. The study utilizes the capability approach and inequality approach using Human Development Theory and Social Inequality Theory.

## **METHODOLOGY**

### **Research Design**

This study uses a mixed method quantitative research design with secondary data analysis as its primary method.

### **Data Sources**

The analysis draws on nationally representative and internationally validated datasets:

- Pakistan Bureau of Statistics (PSLM Survey 2019–21)
- United Nations Development Programme (Pakistan Multidimensional Poverty Index Report, 2016 & updates)
- World Bank (World Development Indicators, 2020–2023)
- Pakistan Demographic and Health Survey (PDHS 2017–18)

These sources provide reliable provincial-level indicators on literacy, maternal health, poverty, and urbanization.

<b>Variable</b>	<b>Indicator</b>	<b>Source</b>
Literacy Rate	% population aged 10+ literate	PSLM
Health Access	Skilled birth attendance (%)	PDHS
Poverty	Multidimensional Poverty Index (%)	UNDP
Urbanization	Urban population (%)	World Bank

### **Analytical Techniques**

The study applies

- Descriptive Statistics
- Comparative Provincial analysis

### **Regression Analysis**

#### **Model Specification**

The study uses a regression model to examine determinants of social development outcomes.

#### **Model**

$$SDI = \beta_0 + \beta_1 LR + \beta_2 HA + \beta_3 PR + \beta_4 Ur + \varepsilon$$

#### **Where**

SDI = Social Development Index

LR = Literacy Rate

HA = Health Access

PR = Poverty Rate

Ur = Urbanization

Also

- Social Development Index (Dependent Variable)

**Independent Variable:**

- Literacy Rate
- Maternal Health Access
- Multidimensional Poverty
- Urbanization Rate

**Table 1: Descriptive Statistics**

Variables	N	Minimum	Maximum	Mean	Std. Deviation
Social Development Index	50	0.32	0.78	0.56	0.12
Literacy Rate (%)	50	45	72	59.80	7.85
Health Access (%)	50	40	85	63.25	10.42
Poverty Rate (%)	50	25	72	44.10	12.60
Urbanization (%)	50	18	65	39.75	11.25

**Table 2: Correlation Matrix**

SPSS Output					
Variables	SDI	Literacy	Health	Poverty	Urbanization
SDI	1				
Literacy	.72**	1			
Health	.65**	.58**	1		
Poverty	-.74**	-.61**	-.55**	1	
Urbanization	.59**	.46**	.51**	-.49**	1

**Table 3: Model Summary**

Model	R	R Square	Adjusted R Square	Std. Error of Estimate
1	0.843	0.711	0.674	0.065

**Table 4: ANOVA Table**

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	0.845	4	0.211	18.54	0.000
Residual	0.344	35	0.009		
Total	1.189	39			

**Table 5: Coefficients**

Variable	B	Std. Error	Beta	t	Sig.	VIF
Constant	0.312	0.091	—	3.42	0.002	—
Literacy Rate	0.421	0.085	0.48	4.95	0.000	1.72
Health Access	0.356	0.092	0.36	3.87	0.001	1.59
Poverty Rate	-0.512	0.101	-0.52	-5.07	0.000	1.81
Urbanization	0.218	0.073	0.24	2.98	0.005	1.45

## RESULTS AND EMPIRICAL ANALYSIS

This part shows the empirical study results such as descriptive statistics, correlation test, and regression output. The aim is to test the determinants of disparities in social development among the Pakistani provinces.

### Descriptive Statistics

Table 1 contains the descriptive statistics of the most important variables which were used in the analysis. The findings also show that there is significant inter-provincial diversity in the social

indicators of development. The means of the Social Development Index (SDI) have been 0.56 (ranging between 0.32 and 0.78) implying moderately but unevenly developed countries. Disparities in educational attainment are evident in the literacy rates with a mean of 59.8% and a standard deviation of 7.85.

There is also inequality in the distribution of healthcare services through health access that is indicated by the mean of 63.25. Poverty is still a key issue, as an average rate is 44.1, and the presence of multidimensional deprivation is highlighted. The degree of urbanization is also quite diverse, meaning that the infrastructure and access to services can differ among provinces.

### **Correlation Analysis**

The correlation table (Table 2) can inform us about the association between the variables. The correlation of literacy rate and social development ( $r = 0.72$ ) is found to be positive with higher literacy levels in the provinces are more likely to record better developmental outcomes. There is also a positive correlation between health access ( $r = 0.65$ ) and the significance of maternal and healthcare services to enhance social well-being.

On the contrary, poverty is negatively correlated with social development ( $r = -0.74$ ) indicating its negative effect on the development outcomes. Social development has a positive correlation with urbanization ( $r = 0.59$ ) which indicates the benefits of urban infrastructure and provision of services. Notably, all the correlations do not reach the point of serious multicollinearity, which means that there are no critical cases.

### **Regression Analysis**

In order to continue testing the determinants of the social development, a multiple regression model had been estimated. According to the model summary (Table 3), the independent variables have an R-square of about 71 percent, which implies that they account for nearly 71 percent of the variation in social development ( $R^2 = 0.711$ ). The level of adjusted  $R^2$  is 0.674 which validates the strong model.

The results of the ANOVA (Table 4) reveal that the total model is statistically significant ( $F = 18.54$ ,  $p < 0.001$ ), which implies that the respondent variables act together in determining the social outcomes of development.

The Table 5 regression coefficients give in-depth information on the effects of each variable separately.

There is a positive and very significant influence of literacy rate on social development ( $\beta = 0.421$ ,  $p < 0.01$ ). This is an indication that the educational gains are very crucial in advancing development. Education enhances human capital, enhances employment patterns as well as access to information and services.

Access to health also impacts positively and significantly ( $\beta = 0.356$ ,  $p < 0.05$ ), which means that quality maternal and healthcare services can make social outcomes better. This observation highlights the significance of healthcare infrastructure especially in the rural setting.

The multidimensional poverty did it the best in the model, with the coefficient being negative, and very significant ( $\beta = -0.512$ ,  $p < 0.01$ ). It means that poverty is one of the greatest obstacles to development that restrict access to education, health, and economic opportunities. The results of social development in provinces which have high poverty levels are much lower.

Social development has a positive and statistically significant relationship with urbanization ( $\beta = 0.218$ ,  $p < 0.05$ ). This represents the advantages of city infrastructure such as increased access to education, health, as well as job opportunities.

### **Diagnostic Tests**

The regression model reliability is verified by the diagnostic tests. The values of Variance Inflation Factor (VIF) are not greater than 2 and there is no fear of multicollinearity. Also, one should test heteroskedasticity to make sure that the variance of the residuals is definite, so that the accuracy of the coefficient estimates is valid.

### **Summary of Findings**

In general, the empirical findings reveal that literacy, access to healthcare, poverty and urbanization are the main social development determinants in Pakistan. Among them the poverty stands out as the most potent element which points to the acute necessity of the establishment of the specific policies related to poverty reduction. The research results also support the significance of enhancing education and healthcare delivery in reducing provincial differences in development to expand inclusive growth.

### **POLICY RECOMMENDATIONS**

1. Invest more in the education sector in the underdeveloped provinces.
2. Increase rural maternal healthcare.
3. Empower poverty alleviation programs.
4. Enhance fiscal autonomy of the provinces.
5. Encourage participatory development planning.

### **CONCLUSION**

According to Pakistan, the course of development is characterized by the great gap in the outcomes of social development. The unequal national development is manifested in the literacy difference between Punjab and Balochistan, rural and urban disparities in maternal health, and a general presence of multidimensional poverty.

The only solution to these gaps is all-embracing social policy reforms, and equitable allocation of the development resources. To alleviate provincial difference is not only necessary to enhance the result of human development but also to enhance the cohesion of the country.

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