



Gender Self-efficacy, Perceptions and Mothers' Portrayal in Televised Polio Messages in Sindh, Pakistan

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Abstract- Television exposure is considered a pillar of origination for awareness and attitude change in health messages. However, Pakistani televised polio messages, are not yet successful in mapping out the root causes of cultural restrictions imposed by patriarchal social structure on mothers' contribution. Though mothers being the real caretakers of their children are oppressed from independent decision-making abilities for polio vaccination, particularly in Asian societies. Bandura (1999) discussed about gender roles and role of media in its social cognitive theory but did not identify the attitudes and perceptions of parents regarding health messages and its effects on parents' health decision making process. Bandura (1999) also did not explore the role of television in empowering mothers for taking health decisions for children. Hence, this research fills the gap by critically analysing the narratives of parents that depict mothers as marginalised segment of the society and discourages them as equal contributors in polio elimination process. The methodological formulation applies critical investigation of lower middle-class parents with the help of qualitative research framework through in-depth interviews. Nonrepresentation of homely fathers', mothers' objectified and suppressed positions, patriarchal superiority, unequal distribution of health decision-making and low confidence of mothers were identified as potent constituents in extension of theoretical perspective for self-efficacy and gender representation of Bandura's social cognitive theory (1999). Thus, in this manner, this research unfolds ideas for policymakers to redesign polio awareness campaigns in country for impartial gender representation in televised messages by considering the importance of mothers' empowerment in polio decision making process.

Keywords: Television Representation, Gender roles, Mothers' empowerment, Mothers' Portrayals, and gender self-efficacy

I. INTRODUCTION AND BACKGROUND

With the time passing by, television viewing has been increasing in Pakistan which have profound impact on its viewers. It is argued that television is used to serve variety of purposes and awareness is among one of its utmost important source of information. Shrum (2009) concluded that regular consumption of television viewing shape mind-sets of social realities. These self-constructs of social realities are the result of insufficient knowledge among people that influences on health disparity between rich and poor. Health structure in Pakistan is configured with inadequacy of resources, untrained staff and unsatisfied management. It has been stated that realistically, politicians are subjected to be the policy makers while health professionals are the ones who employ those policies (Ghafoor & Sheikh, 2016). Therefore, health in the country among people especially in rural and under developed areas has always been an inexplicable issue. Further, this issue has never gain its due significance and attention from the concerned authorities. This negligence of the Pakistani government towards health care has rendered outgrowth to several infectious diseases including polio.

Pakistan is battling with polio since three decades despite of the global eradication initiative launched in 1988 (Hussain et al., 2016). In the 21st century, where society is progressing in every field including medicine and technology, Pakistan is among the only three countries who instead of decreasing is out-bursting polio resulting in number of increased cases every year (Kanwal et al., 2016). It is considered that health communication in Pakistan has not been effectively used in the country for motivating public

in order to gain their confidence about public health management and its resources. In Pakistan, health issues and their treatments are vast but their handling is poor which is the miscellanea of deprived economical and environmental circumstances. Though, India with similar social-geographical conditions became successful in eradicating polio from the country in the year 2016 using television campaigns (Thaker et al., 2016). These televised messages encourages mothers who are the caretakers of children around the world but unfortunately the situation is opposite in Pakistani male-dominated society.

With the growing era of technology and rapid growth in health facilities and media content around the globe, Pakistani televised content is still puzzled between influential political lobbies and television rating point (TRP). TRP issue in the country has become so fierce by the year 2014 that media houses ignore the significance of health information due to their high profits which they receive through advertising and commercialism (Baig, 2015). This rating method do not inspire and encourage television channels owners to design health messages for sharing of knowledge and information regrading prevailing infectious diseases in the country including polio. Thus, it seems that health education is least essential issue to be telecast and discussed in Pakistani television content. Pakistani televised programmes have made viewers to be politically inclined (Sabzwari, 2017). In low- income regions as Pakistan, television is seized by certain lobbies with perceived mind-sets that reflects conservative notions regarding the role of women (Biberman, Gul & Ocakli, 2016). This sort of trend in generating health content and educating the masses especially mothers is hardly designed from the time television was introduced in Pakistan, back in the year, 1964 (Riaz & Hussain, 2019). Gender structure in world media is termed as political portrayal of ideas and it can be traced from the history that endure patriarchy as intense and entangled (Celis et al., 2013). However, debates for women rights in Pakistan are noticed from time to time for better and equal opportunities in media messages which can provide basic access to health awareness to mothers in decision-making process (Zahra & Hassan, 2019). But the problem lies in lack of exposure to health information among mothers while breaking the stereotypes of patriarchy and leading televised health messages in the notion of educating parents especially mothers.

Hence, it is argued that mothers' self-efficacy in a traditional family system of Pakistan is in line with the approval of male partners' perceptions. However, it is also noticed that inequality of health resources, inaccessibility of exposure to health information and preconceived notions of male-chauvinism has suppressed women from raising their voices against gender prejudice. This gender disparity restricts women from their rights of acquiring better education, health and independence in taking decisions for themselves. Thus, it is contended that this stereotype of gender portrayal in media messages has not depicted women as a key participant in the transformation of social change and growth. Therefore, it is the need of the time to design television polio messages which are in consistent with discriminating gender motivation and sharing access of knowledge to mothers. Such polio messages can modify mothers' social perception and exhibits them as a symbol of change and influence rather than a commodity of beauty and attraction.

II. LITERATURE REVIEW

This section explores a gap in gender roles within self-efficacy construct. This basic cognitive process of gender roles in health messages with its critical examination can be divided into three sections for understanding of mothers' oppression in decision-making power and fathers' autonomy affecting their child's polio vaccination.

Gender Self-efficacy

Self-efficacy is the technique in which one has the power to control his actions for the targeted outcomes and achievements (Bandura, 1997). Whereas, outcomes are based on one's personal behaviours and emotions and these inner feelings are the products of a strong character. However, in Pakistan, self-efficacy of parents is dependent upon several factors mainly family. Family unit in the region is integrated with patriarchal values that determines and reflects the status of a woman (Hadi, 2017). This stated phenomenon results into gender inequality where a mother is suppressed because of the gender and the autonomy of the child's health lies within the hands of a father. Thus, this discriminated role of a woman underestimates her confidence and does not allow her to take decisions independently even for her child's vaccinations. In this regard, Asif et al., (2019) studied that women confidence and independent decision making are the key components that create a linkage in improving child immunization ratio and women health status. It is due to their defined roles within the society that unconsciously affects their

performances and personality in performing daily tasks (Cerrato & Cifre, 2018). Therefore, it is concluded that television is the vehicle that can mould people's viewpoints and improve health outcomes (Fowler & Gollust, 2019). But, television in Pakistan is considered to be more confined towards developed urban areas and elite attributes. Gul, Obaid & Ali (2017) argued that private television channels focus mostly on politics, government, conflicts and disputes. Hence, to eradicate polio from Pakistan, international health efforts are persistent to remove socio-cultural and political barriers, weak health care system, poor governance and gender disparity to spread knowledge among the masses (Basharat & Shaikh, 2017).

Bussey and Bandura (1999) highlighted the social structure of gender genesis. They discussed that as a child, it is subconsciously incorporated in their minds about the way of performing their tasks and roles of being a boy and girl differently. This gender orientation sub-consciously gives birth to gender inequality among boy and a girl child in their growing ages that ultimately evidences superior complex and patriarchal mind-sets. In accordance to the recent report documented by the World Economic Forum, 2017, gender partiality is pervasive in the global world (Hazel & Kleyman, 2019). Even though women comprises about more than half of the total population in Pakistan, they are deprived of their due rights and are treated as a commodity under the shelters of their male heads that do not possess their own individual identity (Rotter, 2019). Pakistani social structure defines the movement of women and their functioning as inferior which is only subjected to husband's loyalty (Ali, Ahmad & Batool, 2016). This cultural constraint of being socially inferior to men increases insecurities among women and dis-empower them in taking health decisions for themselves and their children even after marriage. It is because a woman in Pakistani conventional society faces real limitations and issues of authority and leadership. Therefore, many researches identified that mothers are frightened to take their child vaccination's decisions due to the discomfort faced by them from their male partners if unfortunately child gets sick (Merten et al., 2015; Ejaz & Ara, 2011).

Merten et al. (2015) carried out a research on child immunisation that discussed injustice among parents' decision-making process in which mothers' roles are oppressed that ultimately lowers down vaccination process in health deprived regions. However, most of the literature available on the gender roles of men and women in media represents mothers' status as suppressed and victimised from the society (Parkavi, 2016; Collins, 2011; Hether & Murphy, 2010). These studies have only identified gender disparity in under developed nations in the context of drama serials but have not discussed gender discrimination in health televised messages and the elements involved in suppressing mothers social positions. Gender bias has always seen as a part of media messages. The reason behind it can also be cited as the lack of women representation as media professionals in media industries (M. Byerly, 2014). Thus, little has changed and women are accepted in media houses as professional workers but Pakistani media is still combating with gender roles. Though Pakistani constitution allows women with basic rights of equality and no gender discrimination (Huda & Ali, 2015). Yet women are not assured the respect and status that they fortify in Pakistani media content which should be equal to men. Furthermore, there is scarcity of information for the perceptions, attitudes and opinions of mothers regarding the constituents and obstacles that hinders their self-efficacy process of taking timely and independent decisions after viewing polio televised messages. Therefore, this current research study fulfills the gap by critically examining the oppressed positions of mothers in polio messages that decreases their self-efficacy in the Jamshoro district of Sindh province, Pakistan.

Research Method, Study Design and Location

This study employed qualitative data of three public universities' colonies in Jamshoro district of Sindh province that included Sindh University (SU), Liaquat University of Medical and Sciences (LUMHS) and Mehran University of Engineering and Technology (MEUT). The logic of selecting these three universities colonies generated due to the ground realities that suggests the increasing ratio of polio cases in Sindh province comparatively to other provinces of the country (Ghafoor & Sheikh, 2016). Moreover, there is also imbalance of immunisation services in Sindh province because Karachi being the largest city of the province obtains greater coverage than its low-income surroundings (Owais, Khawaja, Ali, & Zaidi, 2013) such as Jamshoro district.

Parents with children under the age of 5 were taken to conduct semi-structured in-depth interviews from three above mentioned universities' colonies of Jamshoro district. It was also taken into consideration to carry out interviews from the parents that are manifest to polio messages. Rule of thumb

was used as a saturation point in carrying interviews for this present research study. Total number of informants residing in three universities' colonies were 4100 comprising of 630 housing units in total.

During the study, it was observed that fathers were working in these public universities with the grade of 4-16, while, mothers were primarily at homes looking after their children. Age of parents were between 20-25 mostly being younger. The literacy rate was slightly higher among fathers than mothers because of their education levels. However, there were seven mothers who had intermediate degrees, five with minimum primary degrees and the number of mothers who never went to school were also recorded as five. In context of fathers' education, ten were graduates while eight fathers completed their secondary school.

Prioritising the convenience of parents, mothers found it easier to give interviews during evening times after completing their daily routine household chores. Whereas, fathers' interview sessions were recorded in morning at their offices. However, in-depth interview guide was translated from English language into their mother tongue as Sindhi considering parents' unfamiliarity with English language. The qualitative data was first split into small divisions relating similar issues/themes. In addition, small divisions were later characterised into the category of vast clusters that symbolises the entire population of sample size.

Study Duration

The study duration was from April 2015 to June 2015.

III. FINDINGS

Gender Equality and Polio Televised Messages

This research intended to investigate fathers' and mothers' roles and their representation in polio messages of Pakistani private television channels. Male chauvinism and ego-satisfaction were found to be the two most attributing factors in equal gender portrayal of both parents and its impact on child polio vaccination rate. Jamshoro parents found that in a male-dominated society as Pakistan, it is hard for fathers to digest mothers shown in health awareness messages as it hurts their male ego and family dignity. Two parents expressed as,

I do not feel respected when I see in polio messages that mothers are communicating with doctors and going to vaccination booths. I do not allow my wife to go alone for vaccination because it is against our family dignity (Sindh University (SU) Colony Father_16 A).

In low educated families, mothers do not go out to hospitals with their children, so after watching those messages, it is hard for us practically to discuss the benefits of polio vaccination with our husbands (MEUT Colony Mother_19 B).

Conviction of polio vaccination in televised messages is achieved through male celebrities or male opinion leaders. Jamshoro parents asserted that there is unequal representation of gender and homely fathers who take care of their children's health are less seen in awareness messages that can result in positive and effective image of a family structure in Pakistan concerning child's health. Parents illustrated as,

Polio messages do not elaborate fathers or mothers as house makers and mostly fathers take their children health for granted in Pakistan and mothers are not allowed to take polio decisions (LUMHS Colony Father_32 A).

In the above scenario, few Jamshoro parents suggested that these polio awareness messages should be in consistent with the family traits for attaining better outcomes concerning knowledge dispersal of polio vaccination.

Men do not want women to be *khudmukhtar* (empowered) as they will overshadow them in different walks of life (SU Colony Mother_30A).

Mothers have strong perceptions over issues. So polio messages are also the result of such mind-sets which are depressing (LUMHS Colony Father_31 B).

Mothers' Suppressed Status in Polio Televised Messages

The data explored research participants' insights in line to mothers' representation and their portrayals in televised polio messages. The findings also indicated the role of mothers in empowering them about their children health decisions and its outcomes in a family life symbolising gender stereotypes affecting mothers' status in a society. In South Asian countries, role of mothers is confined to obeying and respecting their husbands' state of minds and perspectives. In this research study, Jamshoro parents stated that in Pakistani private television channels, mothers are depicted in stereotypical structure of dependent and giving mothers. Furthermore, the data revealed that these televised polio messages represent mothers inefficient in handling their children's polio decisions on their own and exhibiting fathers as superior and leading creatures on earth. In this regard, two respondents replied as,

Mothers are only seen in the form of female lady health workers in polio messages which is also to satisfy menself-esteem (MEUT Colony Mother_21 B).

I do not feel respected when I see in polio messages that mothers are communicating with doctors and going to vaccination booths. I do not allow my wife to go alone for vaccination because it is against our family dignity (SU Colony Father_16 A).

It was also revealed that this caring nature of mothers towards their child's health acquires no due respect and value either from their male spouses nor from televised messages that in real shows the gender discrimination in a typical Pakistani society. Two parents stated their thoughts in this way as,

It is only male ego presented in polio messages that feel disrespected if mothers communicate with health workers or doctors in front of them. Further, these messages are designed by men in power. There are fewer women in policy making (LUMHS Colony Mother_4 B).

When I see polio advertisement, I feel disrespected and inferior as it is also my child and I am equally important to participate in discussion but these polio messages symbolises mothers as *ghulam* (servant) (MEUT Colony Mother_1 B).

Prejudiced practice of showcasing a girl child as polio victim in televised messages is a preexisting gender discrimination discerned in present Pakistani society. Jamshoro parents expressed that this injustice between a girl and boy child where polio affecting a girl child is seized socially whereas, in contrast, a boy child is allowed to move freely generates several questions that need to be addressed in televised polio messages for increasing gender self-efficacy.

If a child becomes a polio victim, it is not his/her fault. So this saddens me that a girl polio child cannot go out and spend a normal life, whereas, a boy child is empowered and is an example for his family (SU Colony Father_6 A).

A child, whether girl or boy is same for parents especially mothers. I get scared when I see a girl child paralysed, it depressed me and forces me to think that oh God still women are considered as an economical and physical burden in our society (MEUT Colony Mother_17 B).

Thus, a research study conducted by Noh et al, (2018) also suggested that access to health education can ameliorate mothers' literacy concerning child vaccination in the province of Sindh, Pakistan. A girl child education, therefore, nowadays is viewed as a pertinent part of evolution among developing nations. Discussing about the relationship of mothers and child vaccination ratio, there were few parents who were in support of mothers' portrayals in polio messages and considered mothers as the strongest entities of change and growth in boosting parents' polio awareness and self-efficacy.

It is good if televised messages denote mothers to be active in the vaccination process because a mother is very close to her child and she takes care of her child health completely. Even, she is capable of communicating with the polio vaccination team, if it includes female workers to give mothers confidence, relaxation and ease (MEUT Colony Mother_24 A).

These true devoting images on television sometimes scared me that oh, if anything happens to my child, I will be guilty during my entire life. So polio messages where they show us the significance of men and women inspires me that I can transfer this responsibility to my female partner (SU Colony Father_23 B).

Mothers' Role to Mould Fathers' Perceptions in Polio Messages

This area of research explored important inputs in relation to change fathers' perceptions towards mothers' empowerment in polio messages. Mostly Jamshoro parents exhibited that these polio awareness messages depreciate mothers' abilities by showing them as victims of confide and authority. It was found that parents noted a change in Pakistani dramas that encouraged women empowerment but in accordance to their perceptions, polio messages even in the 21st century are on the same track of patriarchal mind-sets that do not encourage mothers' power in health decision-making of their children. Parents voiced that television can play a useful role in reshaping fathers' perceptions for supporting mothers in taking child health decisions. However, parents also explained that there is dearth of polio messages showcasing and supporting mothers' role in child health development. Parents cited that the political control of influential lobbies that serves as a monetary catalyst between television owners and media messages, focus largely on reflecting political ideologies and interests rather than improving television content, particularly health messages. Two research participants reacted as,

There are hardly one or two advertisements that actually shows a couple discussing child's polio decisions with mutual consents and respecting each other (LUMHS Colony Father_2 A).

I cannot go beyond my culture by providing full freedom to my wife. But yes, my wife gives me examples of televised polio messages and if these are good. I agree with my wife and there is no shame in it (MEUT Colony Father_6 A).

Some fathers argued that during such debates of equality, justice, development and modification, television should assist more mothers as compared to fathers in polio messages due to the fact that child-mother dynamics is influential that has generated constructive health results in combating infectious diseases previously in Pakistan.

Television now days can do wonders, if their intention is good, they can present the stories related to polio for mothers so that mothers can convince their male counterparts for their children's polio vaccination (MEUT Colony Mother_11 A).

There is a mutual decision between me and my wife. As I do not know about the routine immunisation days because I do not watch television much and these messages are mostly on- aired in day schedule. So it is my wife who shares with me the information that she knows about polio from T.V (LUMHS Colony Father_26 A).

However, few Jamshoro fathers also suggested mothers as health decision makers in a family. These fathers asserted to transfer child' polio vaccination decisions in the hands of mothers completely because they termed mothers' conclusive ability to be stronger for their children for consonant parents' self efficacy.

I am not at home in morning times when polio workers come to give polio drops. So I had to go to the hospital for my sons' polio vaccination whenever my wife tells me the polio immunisation schedule. Sometimes due to my hectic schedules, I avoided vaccination, but once my wife showed me one television advertisement on mobile in which they a small child was paralysed. This stuck me hardly that if unfortunately my son gets polio, he will not be able to enjoy with his friends as normal as he is doing now. Thus, then I gave permission to my wife to vaccinate our son on a regular basis as I go to the office (MEUT Colony Father_8 A).

Televised polio narratives that marks emotional attachment of parents and children and are in formation with expressing the concern of losing a child can modify fathers' thoughts towards health attitudes and mothers' empowerment in polio decisions (MEUT Colony Mother_2 B).

IV. DISCUSSION

Summary of Findings

This study demonstrated mothers' role and their portrayals in televised polio messages and its impact on mothers' thought-process in decision-making process among Jamshoro district, Sindh, Pakistan. This research also highlighted patriarchal notion of fathers' autonomy in polio awareness messages that

showcases mothers' suppressed position and results in lower and discriminated gender self-efficacy of mothers. It is pertinent to note that in a typically traditionally society of Pakistan, fathers are given higher position in every strata of life including health. But with the advent of technology and information, growth and changes have been observed under certain circumstances but it still needs continuous attempts and brainstorming of parents to change patriarchal mind-sets in Pakistan. However, this stated idea can be achieved effectively through awareness based media health programmes with the support of government and different health organisations. Women are the primary asset for the development of any nation if media impersonates them as real leader of social change instead of presenting women intentionally as oppressed by patriarchy (Huda & Ali, 2015).

Thus, the findings on one side, asserted mothers' positions as suppressed in televised polio programmes due to the fact that they are depicted as interdependent, fragile and incompetent than fathers. On the other hand, fathers' decision-making power is observed as autonomous and fortified in adopting any health trait regarding polio vaccination of their children. However, the data discovered that mothers are more apprehensive and responsible for their child's health status as compared to fathers. It was also noted that there were few televised polio programmes which well defined mothers' empowerment for changing and adopting new health attitudes. These sort of media messages can convince mothers to defeat themselves from inherent challenges of disputing with their counterparts (fathers) for vaccination. It was because mothers' ratio of consuming television was greater than fathers as they were mostly at homes looking after their children. Otherwise, in certain situations, it was found that children under the age of five were not vaccinated because mothers were afraid of taking any health decision without the consents of their male partners.

Five significant themes that generated from the in-depth interviews of parents were non representation of homely fathers' in televised messages, mothers' objectified and suppressed positions, patriarchal superiority in polio messages, unequal distribution of health decision-making among parents and low confidence of mothers. As whole, uneven division of power in health decision-making made parents taking steps that were not timely and fearful in vaccinating their children regularly from polio. The patriarchal complex from surroundings did not let fathers to rely and be dependent on their female counterparts to vaccinate their child from polio without the approval of fathers. Fathers were bit puzzled and embarrassed to be called certain names from their peers if they allowed mothers to deal their child health issues on their own. (scholarly review). This research noticed the hierarchy of power of male dominance society from male heads to grand parents that led mothers to function and take care of children health under their shades. In developing countries, mother-in-laws have autonomous power over their grandparents' upbringing including their health (Samman et al., 2016).

Thus, this study also revealed that it is a cultural trait in Pakistan where lower middle class families, fathers handover their children health responsibilities to grandparents especially grandfathers to look after them in their absence. The society labels fathers as good sons to their parents after handling over powers to them and they feel immense pride in it which ultimately leaves mothers in a state of misery and silence over their children health decisions. Therefore, in-depth interviews findings postulated that transfer of autonomy from fathers to grandfathers also show the patriarchy mind-sets which need to be called out in order to sustain and respect mothers' individual personality to take polio vaccination decisions for their children as they are the real caretakers.

However, it is contended that media messages' approach on polio messages programming focusing on mothers' self-efficacy is minimal which in real hindrances their health self-confidence in health decision-making. It is the need of the hour that televised polio messages merely focus on the content that show female mobility of health visitors and mothers' empowerment approach. It is because in a traditional setting as Pakistan, where mothers consuming ratio of television is more than fathers are convinced regarding their concern and desirability in child polio vaccination can modify the typical mind-sets of male dominance in health. In this way, television can be in an effective place to combat with polo disease and attaining target of polio free Pakistan. Education among mothers was one of the chief elements linked with higher up-take in child immunisation and health outcomes in Pakistan (Noh et al, 2018).

Study Implications

The present research study investigated fathers' autonomy over health decisions that highlighted patriarchal system in Pakistani society which rejected mothers' acknowledgment, and empowerment in televised polio stories. Therefore, this research suggests that if televised messages provides narratives

that emphasizes mothers' role in child polio vaccination while limiting the conflicts of discrimination among gender roles of fathers and mothers can mould fathers' attitudes and autonomy in decision-making process.

Future Research

Future researches can inquire roles and statuses of fathers and their portrayals in televised polio messages. In this way, insight stories can also be investigated about the experiences and difficulties faced by fathers in perceiving polio awareness messages in the decline of polio cases in Pakistan. The scholars in future should investigate by conducting longitudinal studies which should reveal the wider health decision making process of parents about their children. Thus, these types of longitudinal studies may disclose important parents' decision making and its subsequent connection to television campaigns. Researchers should also consider conducting mixed methodological approaches to give future researches a wider horizon in order to give more insight to policy makers in designing future health campaigns.

V. CONCLUSION

Thus, this research study concluded that there is deeply rooted fathers' domination in lower middle class Pakistani society which is also executed in polio messages on Pakistani private television channels. On one side, the study asserted that mothers are shown as burden in televised messages because they are depicted as interdependent, feeble and impotent than their counterparts (fathers). On the other side, fathers are portrayed as autonomous and secure in taking any health decision concerning polio immunisation for their children. However, during this research it was noticed that mothers are the caretakers of their children and they are the ones who are concern of their child health but decision-making power is under the control of fathers. The research also revealed that televised polio messages which defined the significance of mothers in polio vaccination decisions allowed and encouraged mothers to convince their male partners (fathers) for their child polio vaccination. While under certain conditions where fathers were not at home, mothers did not vaccinate their children due to the fear of involving into harsh or abusive fight with their male counterparts.

Additionally, this study also observed that there were few fathers who did not argue and intervene with their female partners (mothers) for adopting new health habits in polio vaccination. However, at this point, it is contended that in order to increase self-efficacy of parents and discourage patriarchal culture of dominating over polio decisions, necessary and timely efforts have to be made in terms of televised polio messages that stress on the idea of mothers interacting with health polio team or vaccinating their children. Consequently, it can be concluded that in a traditional setting of Pakistani family where mothers' consumption with television is higher in comparison to fathers, it is the need of the hour that televised polio messages highlight the implication of mothers' empowerment and health education, so that parents can be in a better position to combat with polio disease and substantially take part in accomplishing polio elimination goal from Pakistan.

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