

Women's Autonomy, Education And Contraception Use In Quetta Pakistan

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Abstract

Decision-making regarding family planning and socio-economic status of women is momentous for economic and human development. Many decisions made at the household level influence the welfare of the individuals living in the household as well as their communities. In developing countries where specifically patriarchal system deepens women are either enjoying the combined authority under the supervision of their male or completely rely on the male partner's decision on family issues that affect reproductive lives. The study focuses on a woman's decision-making position regarding family planning and reproductive matters in Quetta (Baluchistan). A total number of 120 married women were selected as the respondents from three academic institutions by using simple random sampling technique and data was collected through structured questionnaire. Results revealed that working women enjoyed a little freedom, their income plays a strong role in the process of decision-making regarding family matters and due to employment, they became able to achieve a successful socio-economic status in a society (Chi-square=15.929; df=6; p=0.014), which helps them to enjoy a little independent economic life. They spend income as their husband wants, their husband manages all economic affairs. Respondents felt that their decisions were considered by husband and in-laws after the (Chi-square=13.307; DF=6; p=0.038) birth of first baby especially baby boy.

Key words: Decision making power of women, Family planning, Women employment

Introduction

Family planning is an important concern for many developing countries including South Asia. In Pakistan different family planning programs, projects are functioning with the help of Government and little improvement is achieved (Hakim et al., 2001). Fertility rate remains high (3.48% in 2019). In South Asian countries, Pakistan has one of the highest fertility rates as compared to neighbors (Khan A, et al., 2013), Their contraceptive prevalence rate was 53% (2013) while Pakistan has the lowest rate 35% (World Bank

2015). In developing countries fertility and practice of contraceptive methods are accompanied with different indicators of socio-economic status in which most important is women education (Jejeebhoy, 1995).

The role and status of women in male dominant and patriarchal societies is very much inferior, lower and subordinated. Their image is very much traditional and stereotyped in the eyes of men even women consider themselves unequal to men and subjected to suffer, that seems to be

associated lower fertility control (Al Riyami, 2004).

In Pakistan, the status of women is highly affected by the socio-cultural values and norms where she lives (Klein, H. G., & Nestvogel, R, 1992) but now due to the changes in the global world there have been a lot of progress and development in Pakistani society. (Benazir, BiBi, et al., 2021). Education, Job, income, and involvement in the social activities are the significant variables that determine the status of women in the modern world. These basic and vital variables empower women with independence and authority to take valuable decisions, thus they are deemed to be very important resources for the progress of women. (Benazir, BiBi, et al. 2021a). Socio-economic Status of women is defined according to their accessibility, authority, power and control over material and social resources within their family, community and society. (Bashir,2019) Educated, skilled and learned women of Pakistani nation has now undertaken her role to recognize her responsibility and rights as an equal citizen of the society. If their role is observed in their familial life, it can be said that they are understanding their position and role by taking good decision for the welfare and development of their family. (Siraj, Bashir and Huma Zafar, 2017). In the modern era the extent to which educated professional women participate in decision making on family planning may have a positive effect in meeting their reproductive health goals (Greene ME, Biddlecom AE,2000) and autonomy have few children (Kritz MM, Makinwa-Adebusoye P.1999). Women's participation in decision-making on family planning was associated with socio-economic status (Al Riyami A, Afifi M, Mabry RM,2004). Role of education and economic status help to empower the women, social or gender norms wield greater influence in reproductive health decision-making power. (Upadhyay UD, Karasek D,2010). but in under developed countries like

Pakistan and Nigeria socio-economic status did not enhance the reproductive decision-making power of women (Mumtaz Z, Salway S.2009) and (Omeje JC, Oshi SN, Oshi DC, 2011). which may reveal unwanted pregnancies (Orisaremi TC, Alubo O,2012) and hence do not have control over their reproductive lives. However, the covert practice of contraception certainly contradicts the reproductive health right and free choice to family planning. Women's involvement in decision making process regarding the use of contraceptives methods remains crucial in the control of their reproductive life amidst the cultural relevance and socio-economic values on fertility. Reproductive health rights highlighting women's individual decision on when and how many they want but reality is changed, especially when we observed the marital relationship where culture plays play life-threatening roles. The report of (UNICEF ,2006) revealed that In South Asia, Pakistan is the country with the widest gender gap and discrimination against women continues to persist in all walks of life in addition a real dilemma is that in south Asian countries (specially in Pakistan and Bangladesh) that women are compelled to live according to their cultural and traditional norms like patriarchal family system.

They are being dominated by their male counterparts and have no say in any affair of life furthermore gender inequalities have also affected their important role in decision making process (Bashir,2019a),because due to their inferior position and lower status in family they are not permitted to take any decision on their own and depend upon male members of the family or community (Rizvi, P, 1980) in support of the above statement cited that when we try to view the picture of female gender in the scenario of Pakistan ,a very deplorable state of women revolves around our eyes because they are shown to be very miserable, pathetic ,submissive , humble ,subordinated, Weak, coy and so on. Moreover, they are considered to be less

knowledge able and talented whose main and basic task is to perform only house chores, child rearing. There is an improved access to family planning and women have an opportunity to work outside their homes. However, evidence of unwanted pregnancies, while the government invests heavily on women's autonomy in contraceptive use. (Bashir,2019b)

The researchers main aim of conducting this study is to explore the importance of women in decision making process because it has been noted that female involvement in family decision not only enable them to work for their own psychological and physical health but also make them capable to work for the progress and development of their family in a better way.

The second main goal of the researchers is to identify those factors that are affecting decision making power of women at family level and evaluate the involvement of women in decision making process concerning their family matters like, family planning. Researcher expects that this current study will be helpful at micro as well macro level. For example, micro level it will be guide line for the awareness and reorganization of female vital role in family decision making process. Sovereignty of women in their household matters assist us to know about their status in or position in family (Hashemi, Schuler 3& Naved, 1994).

Objective

1. To examine the involvement of university married teachers in decision making process concerning their family matters.

Hypothesis

1. Decision making power of married university teachers is likely to be related with

their personal income

2. Involvement of university married teachers is likely to be related with their family Planning matters

Research Methodology

Survey research method was used in the present study to collect information about large population by using the technique of structured questionnaire. Quantitative research design is occupied by the researcher to analyzed the decision-making power of married working women; quantitative research design provide immediate statistical analysis about the phenomena may also help full to test the hypothesis

Universe /sample

Quetta is multi ethical city of Baluchistan where women were varied in term of their cultural aspects. The researchers conduct study in the three purposively selected universities of Quetta city, that was Sardar bahadur khan women university, Baluchistan university of information and technology, Engineering and management science and University of Baluchistan. A sample of 120 married women were selected from these universities by using the technique of simple random sampling.

Tool of data collection

A structured questionnaire was utilized to collect the data from participants regarding decision making power that was consisted on two sections the first section related to the demographic information and the second was having the questions related to the factors like women age and their income that how they influence the decision-making power of married working women in family matters.

Data analysis

Researcher analyzed the data by using SPSS software version 20. Both descriptive and inferential Chi square statistics were used for presenting the influence of age and personal income on their family related matters.

Data Analysis

Respondent's demographic profile on the basis of age group

Respondent's Characteristics	N=29 30-34 n= (%)	N= 34 35-39 n= (%)	N=21 40-44 n= (%)	N=18 45-49 n= (%)	N=18 50 & above n= (%)
Basic pay scale of respondent					
BPS 18	26(42.6%)	22(36.1%)	8(13.1%)	3(4.9%)	2 (3.3%)
BPS 19	3(10.0%)	12(40.0%)	9(30.0%)	5(16.7%)	1(3.3%)
BPS 20	0(0.0%)	0(0.0%)	4(23.5%)	5(29.4%)	8(47.8%)
BPS 21	0(0.0%)	0(0.0%)	0(0.0%)	5(41.7%)	7(58.3%)
Respondent educational qualification					
B. S	5(62.5%)	3(37.5%)	0(0.0%)	0(0.0%)	0(0.0%)
Master's	8(28.6%)	11(39.3%)	1(3.6%)	5(17.9%)	3(10.7%)
M.phil	15(31.9%)	17(36.2%)	7(14.9%)	4(8.5%)	4(8.5%)
Phd	1(2.9%)	3(8.8%)	13(38.2%)	9(26.5%)	8(23.5%)
Post doctorate	0(0.0%)	0(0.0%)	0(0.0%)	0(0.0%)	3(100.0%)
Respondent job experience					
5-9	24(49.0%)	17(34.7%)	5(10.2%)	3(6.1%)	0(0.0%)
10-14	4(14.3%)	14(50.0%)	6(21.4%)	2(7.1%)	2(7.1%)
15-19	1(8.3%)	1(8.3%)	5(41.7%)	5(41.7%)	0(0.0%)
20-24	0(0.0%)	2(40.0%)	1(20.0%)	1(20.0%)	1(20.0%)
25-29	0(0.0%)	0(0.0%)	4(38.8%)	2(15.4%)	7(53.8%)
30 & above	0(0.0%)	0(0.0%)	0(0.0%)	5(38.5%)	8(61.5%)
Respondent settlement pattern					
Domicile	9(16.4)	11(20.0%)	14(25.5%)	9(16.4%)	12(21.8%)
Local	20(32.3)	23(37.1%)	7(11.3%)	6(9.7%)	6(9.7%)
KPK	0(0.0%)	0(0.0%)	0(0.0%)	3(100.0%)	0(0.0%)
Residential pattern					
Rural	9(26.5%)	12(35.3%)	5(14.7%)	3(8.8%)	5(14.7%)
Urban	20(23.3%)	22(25.6%)	16(18.6%)	15(17.4%)	13(15.1%)
Type of marriage					
Love	5(26.3%)	5(26.3%)	6(31.6%)	2(10.5%)	1(5.3%)
Arrange	24(23.8%)	29(28.7%)	15(14.9%)	16(15.8%)	17(16.8%)
Type of marriage					
Exogamy	5(26.3%)	5(26.3%)	6(31.6%)	2(10.5%)	1(5.3%)
Endogamy	24(23.8%)	29(28.7%)	15(14.9%)	16(15.8%)	17(16.8%)
Respondent husband's qualification					
Under graduation	2(16.7%)	8(66.7%)	1(8.3%)	1(8.3%)	0(0.0%)

Graduation	20(27.0%)	22(29.7%)	15(20.3%)	8(10.8%)	9(12.2%)
M.phil	6(66.7%)	2(22.7%)	0(0.0%)	1(11.1%)	0(0.0%)
Phd	0(0.0%)	0(0.0%)	2(16.7%)	7(58.3%)	3(25.2%)
Post graduate	1(7.7%)	2(15.4%)	3(23.1%)	1(7.7%)	6(46.2%)
Family monthly income					
10,0000-20,0000	15(51.7%)	10(34.5%)	3(10.3%)	1(3.4%)	0(0.0%)
20,0000-30,0000	10(25.0%)	14(35.0%)	8(20.0%)	2(5.0%)	6(15.0%)
40,0000 & above	4(7.8%)	10(19.6%)	10(19.6%)	15(29.4%)	12(23.5%)
Who takes decision in respondent's family					
Elder male	13(35.1%)	19(51.4%)	1(2.7%)	3(18.1%)	1(2.7%)
Elder female	6(85.7%)	0(0.0%)	1(14.3%)	0(0.0%)	0(0.0%)
Mutually	3(7.0%)	6(14.0%)	15(34.9%)	10(23.3%)	9(20.9%)
Me	1(14.3%)	2(28.6%)	1(14.3%)	0(0.0%)	3(42.9%)
My husband	6(23.1%)	7(26.9%)	3(11.5%)	5(19.2%)	5(19.2%)

HYPOTHESIS: 1

Decision making power of married university teachers in family matters is likely to be related with their personal income

Respondent basic pay scale	Agree	Undecided	Disagree	Chi-square	df	P-value
Role of income in decision making						
BPS 18	34 (56.7)	4 (6.7)	22 (36.7)	15.929	6	0.014
BPS 19	23 (82.1)	2 (7.1)	3 (10.7)			
BPS 20	12 (63.2)	3 (15.8)	4 (21.1)			
BPS 21	13(100.0)	0 (0.0)	0 (0.0)			
Total	82 (68.3)	9 (7.5)	29 (24.2)			
Spending independent economic life						
BPS 18	30(50.0)	1 (1.7)	29 (48.3)	15.947	6	0.014
BPS 19	19 (67.9)	3 (10.7)	6 (21.4)			
BPS 20	16 (84.2)	0 (0.0)	3 (15.8)			
BPS 21	7 (53.8)	0 (0.0)	6 (46.2)			
Total	72 (60.0)	4 (3.3)	44 (36.7)			
Achieve successful social economic status						
BPS 18	52 (86.7)	2 (3.3)	6 (10.0)			

BPS 19	24 (85.7)	2 (7.1)	2 (7.1)			12.663	6	0.049	
BPS 20	18 (94.7)	0 (0.0)	1 (5.3)						
BPS 21	8 (61.5)	0 (0.0)	5 (38.5)						
Total	102 (85.0)	4 (3.3)	14 (11.7)						
Spend income on household expenditure									
BPS 18	40(66.7)	1(1.7)	19 (31.7)			14.355	6	0.026	0.19
BPS 19	24(85.7)	2 (7.1)	2 (7.1)						
BPS 20	13(68.4)	0 (0.0)	6 (31.6)						
BPS 21	13(100.0)	0 (0.0)	0 (0.0)						
Total	90 (75.0)	3 (2.5)	27 (22.5)						
Independently scale or purchase property									
BPS 18	21 (35.0)	2 (3.3)	37 (61.7)			14.502	6	0.025	
BPS 19	12 (42.9)	5 (17.9)	11 (39.3)						
BPS 20	11 (57.9)	0 (0.0)	8 (42.1)						
BPS 21	4 (30.8)	0 (0.0)	9 (69.2)						
Total	48 (40.0)	7 (5.8)	65 (54.2)						
Respondent basic pay scale	Agree	Undecided	Disagree	Chi-square	df	p-value	r-value		
Spending income according to husband desire									
BPS 18	30 (50.0)	-----	30 (50.0)			7.973	3	0.047	0.238
BPS 19	14 (50.0)	-----	14 (50.0)						
BPS 20	5 (26.3)	-----	14 (50.0)						
BPS 21	2 (15.4)	-----	11 (84.6)						
Total	51 (42.2)	-----	69 (57.5)						
Given complete income to husband									
BPS 18	14 (23.3)	0 (0.0)	46 (76.6)			17.535	6	0.008	0.165
BPS 19	11 (39.3)	2 (7.1)	15 (53.6)						
BPS 20	2 (10.5)	0 (0.0)	17 (89.5)						
BPS 21	0 (0.0)	0 (0.0)	13 (100.0)						
Total	27 (22.5)	2 (1.7)	91 (75.8)						
Husband manages all economic affairs of family									
BPS 18	37 (61.7)	0 (0.0)	23 (38.3)			27.825	6	0.000	0.401
BPS 19	8 (28.6)	2 (7.1)	18 (64.3)						
BPS 20	6 (31.6)	0 (0.0)	13 (68.4)						
BPS 21	0 (0.0)	0 (0.0)	13 (100.0)						
Total	51 (42.5)	2 (1.7)	67 (55.8)						

Joint account with husband							
BPS 18	20 (33.3)	-----	40 (66.7)			0.045	0.142
BPS 19	2 (7.1)	-----	26 (92.9)				
BPS 20	3 (15.8)	-----	16 (84.2)	8.062	6		
BPS 21	3 (23.1)	-----	10 (76.9)				
Total	28 (23.3)	-----	92 (76.7)				

(100.0%) respondents accepted that their income plays strong role to make them independent in decision making regarding family matters that their income play major role to make them empowered, (Chi-square=15.929; df=6; p=0.014), 84.2% respectively enjoyed the independent economic life that is significantly associated with the basic pay scale of respondents' (Chi-square=15.947; df=6 ; p=0.014), The chi-square value show significant association between basic pay scale and social economic status of respondent (Chi-square=12.663; df=6; p=0.049), 94.7%, respectively agreed that they gain successful social status. however, achieving socio economic status is positively correlated ($r=0.138$) with income of married employed women of universities.

Respondents are independent to spend their income on house hold expenditure.100.0% has authority to spend their income on house hold expenses, There is significant association between the two attributes (Chi-square= 14.355 ; df=6 ; p=0.026), women autonomy to purchase household items is positively correlated ($r=.190$) with their personal income, Decision regarding

purchase OR scale property is significantly associated with pay scale of respondent (Chi-square= 14.502 ; df= 6 ; p=0.025), 69.2 % respondents cannot independently purchase OR scale property independently, On the other hand 30.8% have autonomy regarding property. (Chi-square=14.502 ; df=6 ; p=0.047) spend their income as their husband want, In contrast 84.6% have autonomy on their income that shows strongly correlation ($r=0.238$) with women decision making power, (Chi-square=17.535 ; df= 6 ; p= 0.008) in the mentioned distinctiveness positive correlation also observed ($r=0.165$), Decision regarding management of economic affairs of house hold of respondents husband demonstrate significant association (Chi-square=27.825 ; df=6 p=0.000), 100.0% respondents' deny that decision regarding management of economic affairs of family is handling by husband only, women dependency in economic affairs is strongly correlated ($r=0.401$) with management of economic affairs by husband (Chi-square=8.062 ; df=6 ; p=0.045), choice regarding separate account illustrate positive correlation ($r=0.142$) with decision making power of married university teachers

HYPOTHESIS: 2

Decision making power of married university teachers in family matters is likely to be related with their family planning

Respondent Basic Scale	Agree	Undecided	Disagree	Chi-square	df	p-value
Permission to use contraceptive						

BPS 18	42 (70.0)	0 (0.0)	18 (30.0)		6	0.018
BPS 19	21 (75.0)	4 (14.3)	3 (10.7)			
BPS 20	14 (73.7)	1 (5.3)	4 (21.1)	15.346		
BPS 21	12 (92.3)	0 (0.0)	1 (7.7)			
Total	89 (74.2)	5 (4.2)	26 (21.7)			
Authority to decide family size						
BPS 18	42 (70.0)	0 (0.0)	18 (30.0)		6	0.018
BPS 19	21 (75.0)	4 (14.3)	3 (10.7)			
BPS 20	14 (73.7)	1 (5.3)	4 (21.1)	15.346		
BPS 21	12 (92.3)	0 (0.0)	1 (7.7)			
Total	89 (74.2)	5 (4.2)	26 (21.7)			
Authority to decide gap b/w birth of children						
BPS 18	40 (66.7)	1 (1.7)	19 (31.7)		6	0.036
BPS 19	26 (92.9)	0 (0.0)	2 (7.1)			
BPS 20	14 (73.7)	1 (5.3)	4 (21.1)	13.411		
BPS 21	13(100.0)	0 (0.0)	0 (0.0)			
Total	93 (77.5)	2 (1.7)	25 (20.8)			
Pressure to increase family size by Husband /in-laws						
BPS 18	13 (21.7)	12 (20.0)	35 (58.3)		6	0.029
BPS 19	1(3.6)	5 (17.9)	22 (78.6)			
BPS 20	4 (21.1)	1 (5.3)	14 (73.7)	14.102		
BPS 21	0 (0.0)	0 (0.0)	13 (100.0)			
Total	18 (15.0)	18 (15.0)	84 (70.0)			

Decisions were considered After the birth of first baby							
BPS 18	37 (61.7)	5 (8.3)	18 (30.0)			0.032	0.20
BPS 19	16 (57.1)	5 (17.9)	7 (25.0)				
BPS 20	5 (26.3)	4 (21.1)	10 (52.6)	13.757	6		
BPS 21	11 (84.6)	0 (0.0)	2 (15.4)				
Total	69 (57.5)	14 (11.7)	37 (30.8)				
Decisions were considered After the birth of first baby boy							
BPS 18	29 (48.3)	12 (20.0)	19 (31.7)			0.038	
BPS 19	19 (67.9)	2 (7.1)	7 (25.0)				
BPS 20	7 (36.8)	2 (10.5)	10 (52.6)	13.307	6		
BPS 21	11 (84.6)	0 (0.0)	2 (15.4)				
Total	66 (55.0)	16 (13.3)	38 (31.7)				

There is significant association between the respondent basic pay scale and use of contraceptive devices by the respondents (Chi-square=15.346 ; df=6 ; p=0.018), 92.3% respondents shows their willingness, Decision regarding family size is significantly associated with basic pay scale of respondents (Chi-square=15.346 ; df=6; p=0.018), 92.3% respondents in the group of BPS 21,75.0% respondents in the group of BPS 19, 73.7% respondents in the group of BPS 20 and 42% in the group of BPS 18 respectively agreed that they have a right to decide their own family size. All the respondents (100.0%) in the category of BPS 21 and 92.9% in the category of BPS 19 accept that they have a right to decide a gap between the births of their children,73.7%, 66.7% in the group of BPS 20 and BPS 18 also have the same opinion. The chi-square value is (Chi-square=13.411; df=6; p=0.036) shows significant association, Finding indicates significant association between the respondents basic pay scale and pressure to increase family size by in-laws or husband (Chi-square=14.102; df=6 ; p=0.029) 100.0%, 78.6% , 73.7% and 58.3% from the BPS 21 BPS 19, BPS 20 and BPS 18 respectively enjoy the independence to decide their family size without any pressure.

Personal income /socio- economic status

Many changes occurred in the status of women in Pakistan. (Aziz, Zunaira and Siraj Bashir,2019) She is not only a house wife but she is entered in the work force and prove herself a responsible member of her family by actively indulging in decision making process and attain higher status but participation in labor force demand a lot from working women. Current study expose that role of income is significantly associated with decision making power of women and change occurred in their socio- economic status both in the household and societal level more over changes also observed in the attitudes of their

husbands' they gave them more respect and gave them a chance to participate in the decision making process(Barrech, sadia et al., 2019).To understand the decision making power of women at household level researcher try to find out the link between the decision making power of women and their demographic profile like their status, education, family monthly income, husband education, profession and residence etc.(Siraj Bashir and Huma Zafar,2017). Researcher also makes an effort to made association women achieved status and their involvement in family matters. It is observed that status of female is determined by the level of education, income but authority or supremacy in decision making process depend upon their financial contribution, women who earn more than their male counterpart have more influence in decision making process (Siraj Bashir and Huma Zafar,2017a). Change is also observed in male counterpart attitudes, their behavior toward wives that enabling women to enjoy an independent economic life (Spitaze & Huber,1980) (Thornton, A, & Freedman, D,1979).so it is concluded that economic status of women is significantly associated with their decision making power (Agarwal, B, 1994).

Husband autonomy

In a patriarchal social set up more specifically in(Quetta) Pakistan husband exercise more power over the economic resources of their family this un equal distribution of power effect the decision making power of women such as less autonomy over their own income, less control over financial resources, (Benazir, BiBi, et al. 2021c), because of supreme position of males as a head of family member either in (Nuclear, joint) family manage all economic affairs of their family so women due to their submissive attitudes plays vary little role in decision making (Duncan,B. A, 2004) (Wrigley-A sante, C., 2008) although women employment and income play very significant

role to achieve the decision making power both in family level as well as societal level too (England & Kilbourne, 1990 ; Sorensen & Me Lanahan 1987) but in patriarchal social setting elder male member or husband manage all economic affairs of their family, so how to manage the economic matters of family is the concern of husband but decisions related children education and marriages spouses often consult each other furthermore the decisions of women considered only unimportant matters like (Siraj Bashir and Huma Zafar,2017b).

Family planning

For the harmony peace and development purpose of the family mutual understanding between husband and wife in family planning issues considered very important. Present study examines the relationship between the socio-economic status of women and their involvement in decision making process regarding family planning matters and also try to study the factors that may have effect on married university teachers' decision-making power about the use of contraceptive devices, gap between the birth of children and to decide their family size. study reveals that level of education of spouses and their cultural back ground matter a lot in family planning decisions (Hollerbach, P. E, 1983). Furthermore governing or authoritative role of husband plays momentous role in family planning decisions (Hoffman, R. M., & Borders, L.D., 2001) Limited sovereignty of women in health related decisions might be restricted due to strong cultural ties (Story,W.T., & Burgard, S. A., 2012). Culture plays a role of mediator between the women's socio-economic status and reproductive health related decisions (Aziz, Zunaira and Siraj Bashir,2019). Study shows that Quetta is basically a patriarchal society where male is autonomous body to take decisions about all family matters but education and globalization of cultural brings a change in the belief (Rosliza, A. M., & Majdah, M., 2010). There is significant

association between women decision making power and their education (Njogu, W. 1991). furthermore occupation and income of the respondents significantly manipulate the fertility related decisions like (reproduction and use of contraceptive devices) of women (Balk, D, 1994) (Kritz, M. M., & Gurak, D. T. 1991). additionally, the desire of male child also influences the decision-making power of women in traditional set-up. Involvement of women in family planning is considered as the major field of household that may affect the mental and reproductive health of women (Erci, B., 2003 ; Hindin, M. J., 2000 ; Clark, G.,1995 ; Murthi, M.,Guio, A . C., Dreze, J, 1995). Researcher observed a change in the authoritative attitude of husbands over their wives due to the increase in their level of education and participation in labor force (Rogers, S. C, 1975).

CONCLUSION

A woman is the best creature of the world and integral part of the society. Development of family and society is not possible without the equal participation of woman in every sphere of life. Women have an ability to influence others by their thoughts, knowledge and ideas. In our society women plays different role under the supervision of their male counterpart, gender discrimination is started from birth and continuous still death. For prosperous family life spouses' equal participation is very much essential but patriarchal social set-up doesn't allow to take part in the process of decision-making regarding family matters.

Social class, residential patterns, region decide the status of women and Decision-making power of women at family level greatly affected by their age, education, access towards resources, autonomy on their own income, duration of married life, so researcher concluded that socio-economic status has significant association with their decision-making power at family level.

References

- Al Riyami, A., Afifi, M., & Mabry, R. M. (2004). Women's autonomy, education and employment in Oman and their influence on contraceptive use. *Reproductive health matters*, 12(23), 144-154.
- Aziz, Zunaira and Siraj Bashir (2019). Analyzing the Socio-Economic Condition of Women Beggars in Quetta, Balochistan. *Annual Pakistan Studies Journal*. Vol.No.10, Issue.No.2, PP-166-180
- Agarwal, B. (1994). Gender and command over property: A critical gap in economic analysis and policy in South Asia. *World development*, 22(10), 1455-1478.
- Ali, T. S., Krantz, G., Gul, R., Asad, N., Johansson, E., & Mogren. (2011). Gender roles and their influence on life prospects for women in urban Karachi, Pakistan: a qualitative study. *Global health action*, 4(1), 7448.
- Aziz, Zunaira and Siraj Bashir (2019). Analyzing the Socio-Economic Condition of Women Beggars in Quetta, Balochistan. *Annual Pakistan Studies Journal*. Vol.No.10, Issue.No.2, PP-166-180
- Bashir, Siraj (2019). Women Participation In Community Development Programs In Urban Area In Balochistan. *Pakistan Journal of Gender Studies* 193 Vol. 18, 2019, pp.193-210
- Balk, D. (1994). Individual and community aspects of women's status and fertility in rural Bangladesh. *Population Studies*, 48(1), 21-45.
- Benazir, BiBi, et al. (2021). A sociological Analysis of the Attitude of Working Females towards Joint Family System: A Case Study of Quetta City. *Indian Journal of Economics and Business*, Vol. 20 No. 2, pp-1779-1791
- Bashir, Siraj (2019a). Women Participation In Community Development Programs In Urban Area In Balochistan. *Pakistan Journal of Gender Studies* 193 Vol. 18, 2019, pp.193-210
- Bashir, Siraj (2019b). Women Participation In Community Development Programs In Urban Area In Balochistan. *Pakistan Journal of Gender Studies* 193 Vol. 18, 2019, pp.193-210
- Benazir, BiBi, et al. (2021a). A sociological Analysis of the Attitude of Working Females towards Joint Family System: A Case Study of Quetta City. *Indian Journal of Economics and Business*, Vol. 20 No. 2, pp-1779-1791
- Duncan, B. A. (2004). Access to and control over land from a gender perspective: A study conducted in the volta region of Ghana. *Food and Agriculture Organization of the United Nations*.
- Duze, M. C., & Mohammed, I. Z. (2006). Male knowledge, attitude, and family planning practices in Northern Nigeria. *African Journal of Reproductive Health*, 10(3), 53-65.
- Erci, B. (2003). Women's efficiency in decision making and their perception of their status in the family. *Public health nursing*, 20(1), 65-70.
- Greene, M. E., & Biddlecom, A. E. (2000). Absent and problematic men: Demographic accounts of male reproductive roles. *Population and development review*, 26(1), 81-115.
- Hakim, A., Sultan, M., & Ahmad, F. (2001). *Pakistan Reproductive Health*

- and Family Planning Survey (2000-01): Preliminary report. Islamabad, National Institute of Population Studies.
- Hindin ,M. J. (2000). Women's autonomy, Women's status and fertility – related behavior in Zimbabwe. *Population related and policy review*, 19 (3) , 255-282.
 - Hoffman, R. M., & Borders, L. D. (2001). Twenty-five years after the Bem Sex-Role Inventory: A reassessment and new issues regarding classification variability. *Measurement and Evaluation in Counseling and Development*, 34(1), 39-55.
 - Jejeebhoy, S. J. (1995). *Women's education, autonomy, and reproductive behaviour: Experience from developing countries*. OUP Catalogue.
 - Khan, A. A., Khan, A., Javed, W., Hamza, H. B., Orakzai, M., Ansari, A., & Abbas, K. (2013). Family planning in Pakistan: applying what we have learned. *J Pak Med Assoc*, 63(4 Suppl 3), 3-10.
 - Kandel, D. B., & Lesser, G. S. (1972). Marital decision-making in American and Danish urban families: A research note. *Journal of Marriage and the Family*, 134-138.
 - Kishor, S., & Gupta, K. (2004). Women's empowerment in India and its states: evidence from the NFHS. *Economic and Political Weekly*, 694-712.
 - Kritz, M. M., & Gurak, D. T. (1991). Women's economic independence and fertility among the Yoruba. presented at the Demographic and Health Survey World Conference Washington DC August 5-17
 - Muller, R. D. (1993). The sexuality connection in Reproductive Health. *Learning about sexuality*, edited by S. Zeidenstein and K. Moore. The population council New York published.
 - Mayoux, L. (2002). *Women's Empowerment or Feminization of Debt: Towards a New Agenda in African Micro Finance*. Report Based on a One\World Action Conference. London March 2002.
 - Mumtaz, Z., & Salway, S. (2009). Understanding gendered influences on women's reproductive health in Pakistan: moving beyond the autonomy paradigm. *Social science & medicine*, 68(7), 1349-1356.
 - Njogu, W. (1991). Trends and determinants of contraceptive use in Kenya. *Demography*, 28(1), 83-99.
 - Omeje, J. C., Oshi, S. N., & Oshi, D. C. (2011). Does possession of assets increase women's participation in reproductive decision-making? Perceptions of nigerian women. *Journal of biosocial science*, 43(1), 101-111.
 - Orisaremi, T. C., & Alubo, O. (2012). Gender and the reproductive rights of Tarok women in central Nigeria. *African Journal of Reproductive Health*, 16(1).
 - Reddy, G. N., & Narayana, R. S. (1987). *Women and Child Development*. Allahabad: Chugh Publishing House.
 - Rogers, S. C. (1975). female forms of power and the myth of male dominance: a model of female/male interaction in peasant society 1. *American Ethnologist*, 2(4), 727-756.
 - Rosliza, A. M., & Majdah, M. (2010). Male participation and sharing of responsibility in strengthening family planning activities in Malaysia. *Malaysian Journal of Public Health Medicine*, 10(1), 23-27.
 - Barrech,sadia et al.(2019a). Violence against women in Balochistan, A case study of Quetta. *BALUCHISTAN*

- REVIEW” ISSN 1810-2174 Balochistan Study Centre, University of Balochistan, Quetta (Pakistan) VOL. XLI NO. 2, 2019, pp-80-91
- Siraj, Bashir and Huma Zafar. (2017). Women empowerment through community Development 239programs in Balochistan. *Balochistan Review*. VOL. XXXVII NO. 2, 2017, pp-239-252.
 - Siraj, Bashir and Huma Zafar. (2017a). Women empowerment through community Development 239programs in Balochistan. *Balochistan Review*. VOL. XXXVII NO. 2, 2017, pp-239-252.
 - Saleem, A., & Pasha, G. R. (2008). Women's reproductive autonomy and barriers to contraceptive use in Pakistan. *The European Journal of Contraception & Reproductive Health Care*, 13(1), 83-89.
 - Songsore, J., & McGranahan, G. (2003). Women's household environmental caring roles in the Greater Accra Metropolitan Area: a qualitative appraisal. *Institute of African Studies Research Review*, 19(2), 67-83.
 - Siraj, Bashir and Huma Zafar. (2017b). Women empowerment through community Development 239programs in Balochistan. *Balochistan Review*. VOL. XXXVII NO. 2, 2017, pp-239-252.
 -
 - Story, W. T., & Burgard, S. A. (2012). Couples' reports of household decision-making and the utilization of maternal health services in Bangladesh. *Social science & medicine*, 75(12), 2403-2411.
 - Sultana, A. M. (2014). Cross sectional study on decision-making power of working and non-working women in family planning and reproductive health and rights in gombak, Malaysia. *Journal Womens Health Issues Care*, 3(2).
 - Thornton, A., & Freedman, D. (1979). Changes in the sex role attitudes of women, 1962-1977: Evidence from a panel study. *American Sociological Review*, 831-842.
 - Upadhyay, U. D., & Karasek, D. (2010). Women's Empowerment and Achievement of Desired Fertility in Sub-Saharan Africa.
 - wrigley-Asante, C. (2008). Men are poor but women are poorer: Gendered poverty and survival strategies in the Dangme West District of Ghana. *Norsk Geografisk Tidsskrift-Norwegian Journal of Geography*, 62(3), 161-170.
 - World Bank. 2015. *The Little Data Book 2015*. Washington, DC: World Bank. doi: 10.1596/978-1-4648-0550-9. Licence: Creative Commons Attribution CC BY 3.0 IG0.