



CENTRO DE INVESTIGACIONES
DE TRABAJO SOCIAL

ISSN 2244-808X
DL pp 201002Z43506

PERSPECTIVA INTERACCIÓN Y

Revista de Trabajo Social

Vol. 15 No. 3
Julio – Diciembre
2025

Universidad del Zulia

Facultad de Ciencias Jurídicas y Políticas
Centro de Investigaciones en Trabajo Social

INTERACCIÓN Y PERSPECTIVA

ARTÍCULO DE INVESTIGACIÓN

Revista de Trabajo Social

ISSN 2244-808X ~ Dep. Legal pp 201002Z43506

DOI: <https://doi.org/10.5281/zenodo.16911334>

Vol. 15 (3): 770 - 780 pp, 2025

Dilema sobre las decisiones sobre el embarazo: un estudio de mujeres alfabetizadas

Farah Mushtaq¹, Sadia Saeed²¹PhD Scholar, School of Sociology, Quaid-i-Azam University, Islamabad, Pakistan.

Corresponding.

E-mail: farrah470@gmail.com; ORCID ID: <https://orcid.org/0009-0005-6088-1887>²Associate Professor, School of Sociology, Quaid-i-Azam University, Islamabad, Pakistan.Email: ssaeed@qau.edu.pk; ORCID ID: <https://orcid.org/0000-0002-5977-5658>

Resumen. Este estudio examina el impacto del dimorfismo sexual en las capacidades cognitivas y la inteligencia social en adolescentes y estudiantes universitarios. La investigación emplea un enfoque de método mixto, integrando pruebas cognitivas (anagrama, generalización, autoevaluación) y evaluaciones de inteligencia social (labilidad intelectual, motivación para la autoevaluación). Los hallazgos revelan que mientras que los estudiantes varones demuestran una mayor adaptabilidad en las interacciones sociales, las estudiantes mujeres exhiben mayores niveles de iniciativa e inteligencia social autopercebida. La estabilidad emocional juega un papel crucial en el rendimiento cognitivo, ya que los estudiantes que experimentan malestar emocional muestran una menor eficiencia cognitiva. Estos resultados resaltan la necesidad de incorporar un entrenamiento cognitivo y de inteligencia social específico para cada género en los marcos educativos para fomentar un desarrollo personal y profesional equilibrado. Al comprender la interacción entre las habilidades cognitivas, la inteligencia social y el dimorfismo sexual, este estudio proporciona información valiosa para dar forma a las políticas educativas que apoyan tanto el crecimiento individual como el progreso social.

Palabras clave: dimorfismo sexual, cognición, inteligencia social, educación, diferencias de género.

Quandary about pregnancy decisions: a study of literate women

abstract. Present study examine the dilemma of unwanted and unhappy pregnancy faced by literate women of Pakistan. Existing literature highlights this problematic situation for women. However, there is a need to precisely categorize the different experience of women either they face unwanted pregnancy or unhappy pregnancy. Current study fills the literature gap from examining the causes and experiences of unwanted pregnancy and unhappy pregnancy. Moreover, illuminate on the unavoidable reasons for women to get pregnant neglecting their personal wish and health. Research employs the qualitative research design, 20 interviews were conducted from the target population of literate women. Findings reveal major cause to have unwanted pregnancy is the low rate of contraceptive use among married couples. People hesitate to abort their unplanned pregnancy because of their religious believes. Unhappy pregnancy greatly cause because of the wish for male child in family. Existing patriarchal system of Pakistan accelerates the desire for son among married couples. Parents feel pressure, particularly from their immediate family and from society as a whole. This lived experience violates women reproductive rights as results in critical physical and mental ailments. Pregnancy particularly salient conundrum as Pakistani women face immense pressure to meet with appraise of ingrained traditional gender roles and expectations. People more partial to have son in family owing to entrenched cultural and economic deliberation. Policies needed to be address on cultural grounds to avoid the violation of women reproductive rights. This study will help policy makers to ponder over the deep rooted reasons that are responsible for the insufficient implementation of women rights in Pakistan.

Key words: pregnancy decisions, women rights, economic deliberation literate women.

INTRODUCTION

Pregnancy seems to be happy phase in married life but it is not joyful when unwanted. Unhappy pregnancy results in mental issues like depression (Kitamura et al., 1993), woman who bear unwanted pregnancy may develop fear of child birth, medically diagnosed tokophobia (Take gata et al., 2018). Inadequate adjustment on psychological grounds is a negative reaction towards pregnancy (Ohashi et al, 2016). However, negative reaction towards pregnancy has two features, one is unwanted pregnancy in which woman face the pregnancy that is unplanned or unexpected. The other one is unhappy pregnancy in which woman is not happy with her pregnancy.

Reproductive rights are about the legitimate right to contraception, abortion, medical services for fertility treatment, reproductive wellbeing, and informed position about individual's reproductive body. Reproductive rights secure individuals' opportunity to make a choice about their body's abilities to (not) reproduce (Eriksson, 2021). Recently, the researches illustrated the present alarming situation about women reproductive issues in Pakistan (Memon et al., 2023; Shaheen et al., 2023; Ramzan, Nusrat & Arif, 2023; Malik et al., 2023). Unwanted pregnancy and unhappy pregnancy violates women reproductive rights. Reproductive rights permit women to meet with the features of empowerment as from rights practice they have control over their bodies and the decisions related

to their reproductive health (Tan et al., 2024). As, these rights has social and financial implications. Social institutions, family, politics and economy affect the practice of rights documented internationally (Asif & Pervaiz, 2021).

Global literature reflects the vulnerable conditions and ignored risk factors that diminish the development of the young population. High predominance of undesirable pregnancies, constrained childbearing, sexually transmitted infections, HIV, and hazardous fetus removals that portrays absence of information about sexuality and reproductive wellbeing among youths are noted in a globe (Mustapa, Ismail, Mohamad & Ibrahim, 2015). Teenagers represent 23% of the general weight of sickness due to pregnancy and labor (Patton et al., 2009). In developing countries, like Bangladesh, India and Pakistan, these rights are explained on the parameters of inequality, violation, subordination and marginalized gender schemas (Mehmood et al., 2022; Sattar, Ahmad & Asim, 2022). Saeed, Pillai and Gouher (2021) argued that reproductive rights knowledge and practice has strong association. People of Pakistan has insufficient knowledge about women reproductive rights. However, they have low use of contraception for fertility control.

The focus of the international community is on individual needs, women empowerment, and the criterion of a developing debate about the relationship between human rights and health. Pakistan signatory to Universal declaration of human rights which aims to regulate women reproductive health issues for the sake of overall women development and well-being (Sajjad, 2023). Despite this, women in Pakistan seem to be depriving from their basic rights on their own body. Susan Papp, managing director of policy and advocacy department of Women Deliver in 2019 conference stated that in 2018, 214 million females in developing nations had a neglected requirement for present-day contraception, produce 67 million unplanned pregnancies, 23 million impromptu births, and 36 million women (about twice the population of New York) adopted different methods to end their pregnancy (Elizabeth, Diya and Saranzaya, 2019). Saeed (2012) stated that there is a strong prevalence of son preference in Pakistan.

Current study focus on the dilemma of unwanted and unhappy pregnancy which shed a light on the reasons behind this violation of women reproductive right. It violates the right to health and right to take decisions about their own body. The research question of current study explores the multidimensional facets that act as responsible behind the practice of unwanted and unhappy pregnancy among literate women of Pakistan. This study is significant as women share their lived experiences and demonstrate how these negative event of their lives intersects with empowerment status in terms of physical as well as psychological matters. The manifest and latent consequences influencing on women well-being as a whole. However, this study helps the reader to differentiate between unwanted and unhappy pregnancy, as they have divergent in lived experience as well as pose different reasons of happening.

THEORETICAL APPROACH

Self-efficacy, a concept introduced by Bandura (1977), refers to an individual's belief in their ability to perform a particular behavior or achieve a specific outcome. In the context of SRH, self-efficacy plays a crucial role in determining whether individuals can advocate for their own health, seek information and services, and make decisions aligned with their SRH needs (Bandura, 1977).

Empowerment is a value-oriented concept as well as a theoretical understanding of the efforts to control the decisions that ultimately influence one's life. The value orientation of empowerment underlies the aims of efforts to achieve goals and the strategies to implement social change in the community. The theoretical understanding demonstrates the procedure by which one exercises and exerts control over decisions and organizing a knowledge framework in this regard. Empowerment theory encompasses critical awareness and participation in efforts to achieve goals. At the community level, empowerment relies on successful efforts to improve the community's effectiveness to accomplish its goals. However, at an individual level, empowerment is calculated from one's control and participation over decisions of life (Zimmerman, 2000).

Mary Zimmerman define empowerment on different levels of analysis, according to that empowering developments at the individual level of analysis comprise practices to exercise control by involvement in decision-making or handling any bad situation in one's instant setting. This could be attained from side to side involvement in community organizations or events, being included in work-place administration groups, or gaining knowledge for novel skills. Progressions related to cognitive proficiency (e.g, decision-making), handling resources, or engaged in collective work to achieve mutual objective possibly will have empowering prospective (Zimmerman, 2000).

Yet another theory that complements the empowerment perspective is the Health Belief Model. The Health Belief Model (HBM) and Empowerment Theory form a synergistic relationship in the context of women's reproductive rights. As women become aware of their health risks (HBM's perceived susceptibility and severity), they are motivated to seek knowledge, which is an empowering act. Recognizing the benefits of exercising reproductive rights (HBM) increases motivation for empowerment in other life areas. The health belief model's key constructs - perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cues to action, and self-efficacy - can be applied to understand how women in Pakistan perceive reproductive health issues and make decisions about their reproductive right (Green, Murphy & Gryboski: 2020). For example, women's perceived susceptibility to reproductive health problems, their perception of the severity of these issues, and their understanding of the benefits of exercising reproductive rights could influence their health-seeking behaviors. The HBM helps identify barriers to reproductive health practices, which can be addressed through targeted empowerment interventions. Conversely, empowerment alters health beliefs, leading to more proactive health behaviors and reduced perceived barriers. At the community level, empowerment creates social norms that serve as cues to action for reproductive health behaviors. This dynamic interplay between HBM and Empowerment Theory promotes better reproductive health outcomes for women.

Sexual and reproductive rights ensure the control of a woman on her own body and the denial in this regard indulges her in the position of exploitation and subordination. The empowerment of women in society significantly attached to her empowered position in social, economic, and political domains. The empowered position boosts up one's self-confidence and self-esteem that effects on whole life. The transferring power in Pakistani patriarchal society to empower women may demand structural changes including increase in education and job opportunities for women, boost up their health care services and shelters. The empowerment gives them power and control on their own life decisions. Therefore, this study selected the working as well as non-working women so that see their lived experience about their rights and also highlight their satisfaction on experiences. If, the working status, education make them empower to exercise their sexual and reproductive rights or other social determinants are more influence on their practices and knowledge. When a woman is empow-

ered, she can have control on her body and she can say no to sexual intercourse when not feeling comfortable to do so, no to unwanted pregnancy, take part in decision making about number and gap between children, utilization of contraception and new reproductive technologies if needed, accessibility and affordability of health care services, and having adequate knowledge in this regard.

Empowering women through rights practice has profound implications for societies and economies. Closing the gender gap in labor force participation and entrepreneurship can lead to substantial economic growth (World Bank, 2019). Additionally, women's empowerment is linked to improved health outcomes for women and children, as empowered women are more likely to seek healthcare and make informed decisions (Sen, 1990). Increased women's participation in political processes can contribute to political stability and peace (Hudson, 2005), and it can reduce gender-based disparities in income, education, and access to resources, promoting social equity (Kabeer, 2005). Challenges in promoting women's empowerment through rights practice persist. Gender-based violence, unequal pay, and underrepresentation in leadership roles are just a few examples. To address these challenges, future research and action should focus on recognizing intersectionality, promoting global partnerships, and enhancing gender education and awareness programs.

METHODS

Interpretative approach of qualitative research design has been used in this study. Explanatory approach employs intended to explicate the major causes behind the notorious reproductive issue of women. The qualitative approach was chosen for its suitability in understanding the unique perspectives of literate women of Pakistan, specifically those in their childbearing phase. 20 interviews were conducted with reproductive age (15-49) married women who are dwellers of the capital city, Islamabad, Pakistan.

The purposive sampling technique used in which face to face interviews served as getting firsthand information from target population related to the area of research. Questions were asked to explore lived experiences of women. Data categorize and explicit the unwanted and unhappy pregnancies. By examine the causes, multi-dimensional factors explained in this research endeavor. The flexible nature of the data collection method permits the researcher to get in-depth probing when respondents showed interest. When researchers ensure that comprehensive knowledge and understanding about the area of study achieved, the process of data collection stop.

Credibility was maintained through theoretical adequacy, method triangulation, and the use of verbatim accounts from interviews, while ethical considerations included informed consent, participant rights, and privacy protection. The information was filtered and clustered which help to establish themes. Thematic analyses helps to analyze and interpret the data. Quotes from the respondents mentioned to illuminate on the perspectives and understanding of the respondents alliance to research questions and objectives.

Cultural constraints inhabit Pakistani women for open discussions about their reproduction health and rights practice. Researchers build the comfort zone for participants. They were informed and ensure about the confidentiality of their live stories. The voluntary participation was also highly consider while women were interviewed who interestingly ready to answer the research questions.

FINDINGS AND DISCUSSION

Women rationality and entrenched social norms

Unwanted and unhappy pregnancies exist among educated people of Pakistan. From education, women become rational and have logical interpretations of their lived experiences. Women those have the live stories with their either unwanted or unplanned pregnancies have some reasons for this happening. For instance, the complex role of education in son preference is depicted in the patriarchal societies like Pakistan and can differ relying upon different factors like social standards, financial status, and opportunities to education.

Women educational achievements can prompt expanded familiarity with women rights discourse. Educated people are bound to challenge customary orientation standards, including the inclination for male children, and support the arguments for gender equity inside their families and networks. Despite the increased awareness in educated females, they face son preference and unwanted pregnancies attach to son preference because of the complex social fabric that ultimately support son preference in society. Respondent shares her experience as, although, my parents give higher education to me, but the life decision like mate selection was in their hand. After marriage, my family planning decisions are in my mother-in-law's hand. Unfortunately, education only give awareness of rights but the practices are in family's hand.

The educational achievements give women awareness about their rights but when they claim their rights and society doesn't responded positive then they face depression and stress. As they feel helpless in front of their societal norms and values. Especially, the depression is the result of unhappy pregnancy when wife is not happy with her pregnancy news. It has multiple reasons like tokophobia (fear of delivery pain), uncertainty about abortion conditions alliance with religious believes. Respondent shares her live story, my daughter is 11 years old. I develop a fear of delivery pain in my mind and promise myself to not get pregnant again. But, after 11 years of gap, right now I am pregnant just to have one male child in my family. I am depressed and feel unhappy. I go against my personal wish just to meet with in-laws demand. Another female educated respondent shares her lived experience as, I personally face unhappy pregnancy because of having one more son. (ALLAH jori mila dy) May ALLAH give another son, this was my mother-in-law's wish but I deliver three daughters to fulfill this wish.

Traditional gender roles and cultural constraints bound women in Pakistani society to violate their right of health and right of decision making about their body. On other side of frame, we observe that during pregnancy a woman can feel that this pregnancy is unplanned and they feel unhappy because of that but after giving birth to a child. Their motherhood make them comfortable with child and they feel happy. Pakistani women is socialize in this society penetrate the social norms and gender roles within it. So they become satisfied and adjusted in these matters. On the other hand, educated in-laws have very strong role. Some educated couples who have educated parents don't feel such mental pressure for having daughters. Educated people are happy to have son as they are socialize in this patriarchal society but at the same time education aware them enough that they not much concerned either way. Some mothers want daughters also as they see them closer to parents as compared to sons in old age. As, the economic stability is associated with sons, on the other side, emotional stability is associated with daughters. However, many few people in society have such pattern of thinking.

First delivered child and perceived status in family

In Pakistani society, the prevalence of son preference seems to be in strong association with the desires of in-laws for son. Findings mark this statement as true. Respondent argued that, my in-laws demand for a son. I have three daughters. My health does not allow me to get pregnant again but my mother-in-law and sisters-in law repeating their bitter words in front of me and give me mental pressure. This situation compel me to have unwanted pregnancy. As, I fear that if this time I deliver daughter then they will be unhappy and will have ill-behavior with me. Respondent share that, everyone is talking about mother-in-law's wish to have male child. In my case, my mother always say that in your whole pregnancy I pray for you to have son as it ensure and make female marriage strong. Society attach prestige to have first male child in family. It appears that there are multiple reasons because of them the people of society have desire for a son. Mostly, families desire for a son to carry family name and will give self-security to parents in old age. Respondent have a view that, I wish to have son. He will take care us in old age. I see some old couples those daughters get married and they left alone at home. In some cases, when parents move to daughters home, they loss their self-esteem.

Findings reveal multifactor analysis behind the prevalence of desire for a son in Pakistani families and even educated females from graduate colleges endorse these reasons. People have a mindset that sons in Pakistani society require less care than daughters as they attach family's respect with daughter's character. They also have a fear of distress that can be caused after the marriage of daughter such as settlement problems, conflict with in-laws, demands of in-laws and dowry burden. Some families mention inheritance issues as a reason to desire more sons in family.

Family structure and spouse understanding plays very important role in family planning. Couples who live in nuclear families don't have much involvement of others in their decisions. Although, people continuously poke their minds from their gossips but they are not as much concerned. However, they give mental pressure from their indirect intentions to involve in family planning decisions but here, research finds spousal understanding in couples plays a significant role. Respondent shares her lived experience as, I always live in nuclear family system since my marriage. The only pressure from my in-laws that I bear is the absence of son in my family. When I meet them, they talk about it. However, when your husband is with you in the matters related to family planning and other family affairs then everything is ok. Despite of the family demand, we decided that we don't need to go for any unwanted pregnancy. Despite the strong association between family and family planning decisions, in some cases when education of spouse, family structure and adoptability of modern approach towards life chances work in collaboration and interrelated form then the direct involvement of in-laws in couples family planning decisions is minimized.

Fertility and international gap of interests

It's essential to note that values and social mentalities are changing with the passage of time with the achievements in education, social mobility towards urban areas and mindfulness about gender orientation. Despite of these facts, in Pakistani society, there is son preference and associated social prestige with having more sons is still persisted in society in varying degrees. Old generation is more concern about male child. Respondent shares her mother's word as, May ALLAH give you son as your first child. Then, the matters in in-laws will settle down. It appears that the one of fear in parents for having daughters is the distress and conflicts caused in daughter's in-laws family for not delivering a son. Family consider deliver a baby boy as prestige. A female who have son is in strong position in family.

Pakistani society has been affected by man centric standards for a really long time. These standards put higher worth on male children because of their apparent capacity to carry on the family inheritance and accommodate the family. In certain social networks, having more male children is related with societal position and distinction. Respondent said that, Masha ALLAH, I have two sons. (Smiling with pride). My husband want to have one daughter but I refused as I don't want to get pregnant again. It shows that having sons is a matter of pride for Pakistani women. It boost their self-confidence to take the decisions of their own choice. A woman can say no for unwanted or unhappy pregnancy if she already have sons. Another perspective depicted from a respondent's statement is, in current scenario, couple should have only two children. We have two, and the expenses are hard to manage. Just for children bright future my husband is living abroad. Private school fees and food habits of our children stop them to have more children.

Furthermore, we find the intergenerational gap in interest towards gender control and family size. Like, the state of economy in our country inflates inflation. Parents struggle hard to fulfill their children needs. Young generation parents enthusiast to give their children bright future that result in fertility decline and small family size.

Economic considerations in son preference

In Pakistan, sons are in many cases seen as significant resources because of their expected contribution to the family's financial meets. Sons can help with money creating activities, subsequently expanding the family's efficiency and financial prosperity. There's an assumption in many societies, including Pakistan, that male children will upgrade the financial status of their parents in old age. This assumption originates from the belief that male children will have higher potential for achieving life opportunities contrasted with girls, consequently guaranteeing the parents economic stability in their later years.

Daughters perceived as financial burden because of the persisting dowry culture in society. Respondent said that, my mother-in-law stop us to spend money on my daughter's medical college fees. She said save this money for her marriage. Another respondent shares her lived experience and stated her own mothers comment on the heavy educational expenditures on daughters. She said that, Heavy educational expenditures can be spend on sons as they pay back you in old age when you are financially dependent on them. Spending heavy amount on daughters education is illogical as when they started job, they will soon get married. They others will have their income.

In patrilineal social settings like Pakistan, property legacy frequently goes through male members of family. Having male children guarantees that the family's riches and resources stay inside the patrilineal genealogy, protecting the financial status and influence of the family over ages. As opposed to having girls, who might require marriage settlements or huge marriage costs, male children are frequently viewed as less economic burdens. Families might see bringing up male children as an all the more financial feasible choice, as they are not supposed to bear the financial expenses related with their marriage.

Nexus between contraceptive use, abortion & unwanted pregnancy

The use of contraceptive methods have crucial role to prevent unwanted pregnancies. The unwanted pregnancies happen when people have low rates of contraceptive usage. There are multiple reasons behind the low rates of contraception among married Pakistani couples. Reasons vary

from accessibility, affordability and comfortable use results in low rate of adoptability. Respondent share her experience, my husband is not feeling comfortable with the contraceptive use. By the way, this the extra expenditure that can be avoid. People don't ponder over it as an important thing. Another respondent ironically said, people don't spend money on contraceptive purchase and have unplanned pregnancy and add the expenditure of unwanted child.

Affordability is an important factor that results in unwanted pregnancies that ultimately have economic burden for couple. An educated couple stated that, we never use any contraceptive method in our fifteen years of marriage as my husband don't like to use it. In my case, I heard that female contraception have many adverse effects on body. I don't want to face obesity which is one of the adverse effect of female contraceptive methods. It shows that people believe on the things from hearing from here and there. They don't experience the things by themselves and rely on others opinions.

Family planning decisions are highly influenced by the experiences of others in surroundings. A professional lady have contrary argument as, I use contraception from past eight years, Alhamdu-lillah no side effects experienced. No weight gain, no effect on body shape as we heard from people about it. These are just misperceptions. Women should consult an experienced gynecologist and take decisions by their own about reproduction. Educated women appears to be rational on decision making but these cases are in low ration in Pakistani society. Women rationality caught between their rational behavior and social norms when the societal pressure force them to catch traditional gender roles.

Moreover, the inconsistent and incorrect use of contraception is also the reason of unwanted pregnancy as people don't show enough knowledge about the available options of contraceptive methods. A respondent share that she don't know much about the available methods. My husband use the method of withdrawal as it is the only Islamic way to prevent pregnancy but she face two unwanted pregnancies due to them and have small gap between her children. It means people need to have sex education and awareness about contraceptive measures. They should learn about how to use them to avoid unwanted pregnancies. It's also seem that people have daughters have low rate of contraceptive use in their marital life. However, the people who want more sons in their family is not using contraception and have large family size.

Despite of extensive debates on international forums, there is always an open room for the good and bad about abortion practice. Findings of the study describe the nexus between the use of contraception and abortion of unwanted pregnancy. People poses low rate of contraceptive use due to multiple factors. Along with this fact, when they know that they face pregnancy that is unwanted and unhappy pregnancy simultaneously. They feel reluctant to abort as the most important responsible factor is their religious understandings. Many respondents share their likewise lived experiences. One of them stated that, when you know about your pregnancy you can't abort it as this is ALLAH's plan for you. People think that the abortion or intentional termination of pregnancy make them sinful. Although, there is plenty of existing literature and documented international debates on this matter. However, people perceive the efficacy of local knowledge that they derivate from here and there without authentic source of reference. As, the authenticity of knowledge and perception that they hold is operationalize for them from their peer groups including, family, friends, co-workers and, collectively from the close ones in intimacy and proximity in the society.

CONCLUSION

Uncertainty prevails regarding decisions taken for family planning in Pakistan. People have paradoxical understanding regarding unhappy and unwanted pregnancy which have different things if we keenly shed light on them. Unwanted pregnancies are unplanned or unintended pregnancies whereas, unhappy pregnancy is attach with the feelings of unhappiness of woman with pregnancy news. The main cause of unwanted pregnancy is low rate of contraceptive use and ambiguous minds about abortion. On the other hand, unhappy pregnancy is result of son preference.

It is generally recognized that people of Pakistani society have strong gender orientation patterns, or the cognition that directs their family planning decisions. The cultural values operate their reproductive behavior in which the son preference is in strong stance. Having son is the mark of social prestige in patriarchal society that results in large family size that paves way towards unhappy and unwanted pregnancies. Women health is on stake to meet the wish of more sons in family and she face unwanted pregnancies because of this demand of society. However, generally women themselves feel pride with son that directs their reproductive behaviors. Although, women with medical issues face risk factors because of having multiple pregnancies to catch their traditional gender roles and societal expectations. With regards to male child inclination, gender orientation hypothesis would recommend that the inclination for children is learned through socialization processes that underscore the significance of son preference in carrying on the family name and giving financial security in old age.

Despite the educational attainments, the Cultural constraints and social norms deeply rooted in our family institution. Pakistani women caught between rationality and entrenched societal values. Therefore, the universal documented women rights need to be explained on the base of cultural relativism proportions for the strong policy initiatives and their implementation.

BIBLIOGRAPHIC REFERENCES

- Tan, C. Y., Francis-Levin, N., Stelmak, D., Iannarino, N. T., Zhang, A., Herrel, L., & Zebrack, B. (2024). Differentiating gender-based reproductive concerns among adolescent and young adult cancer patients: A mixed methods study. *Journal of Psychosocial Oncology*, 42(4), 526-542.
- Sajjad, M. W. (2023). Prioritizing Religious Freedoms: Islam, Pakistan, and the Human Rights Discourse. *Muslim World Journal of Human Rights*, 20(1), 47-68.
- Memon, Z. A., Ahmed, W., Lashari, T. H., Jawwad, M., Reale, S., Spencer, R., & Soltani, H. (2023). Impact of Integrating Family planning with Maternal and child health on uptake of contraception: A Quasi-Experimental Study in Rural Pakistan.
- Shaheen, S., Harun, N., Ijaz, R., Mukhtar, N., Ashfaq, M., Bibi, F., & Khalid, Z. (2023). Sustainability Issues in Conservation of Traditional Medicinal Herbs and Their Associated Knowledge: A Case Study of District Lahore, Punjab, Pakistan. *Sustainability*, 15(9), 7343.
- Ramzan, S., Nusrat, G., & Arif, S. (2023). Marginalization of Women in Patriarchy: A Cultural Materialistic Critique of Kamal's Unmarriageable and Austen's Pride and Prejudice. *Pakistan Languages and Humanities Review*, 7(2), 346-354.
- Malik, A., Park, S., Mumtaz, S., Rowther, A., Zulfikar, S., Perin, J., & Surkan, P. J. (2023). Perceived social support and women's empowerment and their associations with pregnancy experiences in anxious women: a study from urban Pakistan. *Maternal and child health journal*, 27(5), 916-925.

- Mahmood, S., Hameed, W., & Siddiqi, S. (2022). Are women with disabilities less likely to utilize essential maternal and reproductive health services?—A secondary analysis of Pakistan Demographic Health Survey. *Plos one*, 17(8), e0273869.
- Sattar, T., Ahmad, S., & Asim, M. (2022). Intimate partner violence against women in Southern Punjab, Pakistan: A phenomenological study. *BMC women's health*, 22(1), 505.
- Saeed, S., Pillai, V., & Gouher, A. (2021). Reproductive rights knowledge, health care utilization, and contraceptive use in Pakistan: a reproductive rights perspective. *Open Access Journal of Contraception*, 113-121.
- Eriksson, M. K. (2021). Reproductive freedom: In the context of international human rights and humanitarian law (Vol. 60). *Brill*.
- Asif, M. F., & Pervaiz, Z. (2021). Correction to: Socio-demographic determinants of unmet need for family planning among married women in Pakistan. *BMC Public Health*, 21, 1.
- Green, E. C., Murphy, E. M., & Gryboski, K. (2020). The health belief model. *The Wiley encyclopedia of health psychology*, 211-214.
- Elizabeth, S., Diya, N., & Saranzaya, G. (2019). Women Deliver 2019: Delivering a Better World for All. *The Asia Foundation*.
- World Bank. (2019). Women, Business, and the Law 2019. Retrieved from <https://openknowledge.worldbank.org/bitstream/handle/10986/32438/9781464814270.pdf>
- Takegata, M.; Haruna, M.; Morikawa, M.; Yonezawa, K.; Komada, M.; Severinsson, E. (2018) Qualitative exploration of fear of childbirth and preferences for mode of birth among Japanese primiparas. *Nurs. Health Sci.*, 20, 338–345.
- Ohashi, Y.; Sakanashi, K.; Tanaka, T.; Kitamura, T. (2016) Mother-to-infant bonding disorder, but not depression, 5 days after delivery is a risk factor for neonate emotional abuse: A study in Japanese mothers of 1-month olds. *Open Fam. Stud. J.*, 8, 27–36.
- Mustapa, M. C., Ismail, K. H., Mohamad, M. S., & Ibrahim, F. (2015). Knowledge on sexuality and reproductive health of Malaysian adolescents—A short review. *Procedia-Social and Behavioral Sciences*, 211, 221-225.
- Saeed, S. (2012). Modeling Son Preference in Pakistan. *University of Texas, Arlington*.
- Patton, G. C., Coffey, C., Sawyer, S. M., Viner, R. M., Haller, D. M., Bose, K., & Mathers, C. D. (2009). Global patterns of mortality in young people: a systematic analysis of population health data. *The lancet*, 374(9693), 881-892.
- Hudson, V. M. (2005). Foreign policy analysis and gender. *International Studies Review*, 7(4), 641-654.
- Kabeer, N. (2005). Gender equality and women's empowerment: A critical analysis of the third Millennium Development Goal 1. *Gender & Development*, 13(1), 13-24.
- Zimmerman, M. A. (2000). Empowerment theory: Psychological, organizational and community levels of analysis. In *Handbook of community psychology* (pp. 43-63). Boston, MA: Springer US.
- Bandura, A., & Wessels, S. (1997). Self-efficacy (pp. 4-6). *Cambridge: Cambridge University Press*.
- Kitamura, T.; Shima, S.; Sugawara, M.; Toda, M. (1993) Psychological and social correlates of the onset of affective disorders among pregnant women. *Psychol. Med.*, 23, 967–975.
- Sen, A. (1990). More than 100 million women are missing. *The New York Review of Books*, 37(20), 61-66.