

Women Voices Matters: Understanding Reproductive Rights from an Emic Perspective

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Abstract: This article ethnographically presents the perception of Pakistani rural women regarding their reproductive rights. Women's Reproductive rights have significantly become a focal point of discourse in contemporary Pakistani society. The evolving nature of these rights reflects a mixture of traditional norms, cultural beliefs, and legal frameworks. The main objective of this article is to explain how women perceive and practice their reproductive rights and how their social environment and cultural expectations shape their understanding. This article elucidates the local worldview to understand how reproductive rights are operationalized and practiced. To provide a comprehensive picture of the state of women's reproductive rights, this study was conducted in the village Choha Shah Ghareeb of District Attock, in the Province of Punjab. The data for this purpose was collected from 60 married and reproductive-aged women. Anthropological research methods including participant observation and in-depth interviews were used to provide an emic perspective of reproductive rights. The study embarks on a comprehensive exploration of women's reproductive agency, fertility regulation, reproductive freedom, and utilization of reproductive health care services. Field findings highlight the supremacy of traditional values and norms that prioritize social conformity and familial expectations over women's reproductive agency. Patriarchal structure and strong social stigma associated with sexual and reproductive matters permit many women to initiate discussions with their spouses on issues like contraception, abortion, and related reproductive health concerns. Women's inability to make informed choices and their limited control over their reproductive potential keep them marginalized and they continue to face challenges when trying to get access to modern health care services. This gap between reproductive rights and every day realities reveals how cultural norms can overshadow the legal framework designed to protect and promote women's reproductive rights. The study suggests empowering women through increased awareness and advocacy initiatives to reshape cultural attitudes towards their health and wellbeing.

Key Words: Reproductive rights, Health care, Women, Fertility, Autonomy.

Introduction

Reproductive health rights are formed based on human integrity and well-being. They consider a wide range of political, economic, social, and cultural rights recognized in national and international legal and human rights documents. They proclaim that everyone should have access to reproductive health care and should have the freedom to make well-informed choices about their reproductive lives (Edmeades J, et al. 2018; Turner, 2002). Reproductive rights include the right to be free of discrimination, stigma, and coercion, the ability and access to choose birth control methods, the right to receive comprehensive knowledge, information means to do so, and the right to enjoy good-quality reproductive healthcare services (Singh: 2018).

Worldwide, women generally lack control over their sexual lives. The provision of sexual and reproductive rights is essential to ensure they have healthy and satisfying lives. Neglect of women's reproductive rights becomes evident in numerous ways including early & coerced marriages, unintended pregnancies, induced & unsafe abortions, and lack of antenatal care causing maternal morbidities and mortality (Garcia-Moreno and Claro; 1994). The culture of South Asia is largely gender stratified where women have fewer opportunities and freedom with regards to their marriages, sexual behavior, and reproductive decision making. Women's lower status and lack of autonomy is a well-documented factor resulting in increased maternal mortality in Islamic societies (Shehrbano Zia, 2022; Vandenhole, 2018). One in eighty women in Pakistan is at risk of maternal death and the ratio of maternal mortality is 476 per 100,000 live births. (Omer et al. 2021; WHO 2018). Unfortunately, these tragic deaths are accepted as inevitable and natural. This gender inequality and cultural undervaluing is a long-standing problem manifesting in all aspects of women's lives that results in violation of their reproductive rights and brings severe consequences for their sexual and mental health (Sadaf & Siitonen, 2022; Bhatti, Hussain, & Salman, 2022).

A huge body of literature is available on women's reproductive health issues but there is a dearth of work on socio-cultural factors that shape their perception of reproductive rights. The present study is an attempt to locate reproductive rights within a social framework by using an ethnographic and culture-centered approach. It explores cultural paraphernalia signifying traditional practices and discursive norms that glorify the reproductive role of women and represent them as custodians of motherhood. It investigates how reproductive rights are socially constructed by analyzing women's participation in decision-making with regard to their marriage, conception, family planning, emergency obstetric care, and other areas concerning their sexual and reproductive health.

Sustainable Development Goals (SDGs) aim to achieve universal access to sexual and reproductive health services by 2030 (WHO 2018). The present study can be a modest

step to achieve SGDs by prioritizing women's health on the national health agenda and by designing reproductive health initiatives in line with the ground realities. Understanding women's perception of their reproductive rights is a prerequisite for the successful implementation of any health intervention and programs.

Review of literature

The concept of 'Reproductive Rights' has been defined in various ways by a diverse array of entities, including international declarations, women's rights activists, health professionals, social scientists, and policymakers. This concept was introduced at the Women's International Tribunal during a meeting organized by the International Campaign on Abortion, Sterilization, and Contraception (ICASC) in 1984, as noted by Kumar et al. (2021). Since then, numerous international treaties and documents have been adopted at various United Nations conferences, with the 1994 International Conference on Population and Development (ICPD) being particularly influential in urging governments to prioritize reproductive rights within their health agendas. Recent debates highlight that reproductive rights are an integral part of gender equality and empowerment. Broadly speaking, reproductive rights include a broad range of fundamental human rights to ensure free choice of all individuals to make informed choices pertaining to their reproductive lives, health and sexuality. The recent acknowledgement of reproductive rights incorporates broader dimensions of reproductive autonomy and body integrity apart from the provision of relevant education, family planning and abortion related services. According to the United Nations, reproductive rights are integral to the realization of gender equality and the empowerment of women (UN, 2021). This definition acknowledges that the right to make decisions regarding reproduction is not limited to childbirth but also includes rights to family planning, education, and reproductive health services. Additionally reproductive rights must include rights of all men, women and sexual minorities that often lack appropriate reproductive health services (Smith, Doe & Rowell, 2022). Furthermore, the multifaceted nature of reproductive rights ensures its commitment to address socio-economic inequalities that particularly affect low-income groups (Johnson, 2023).

The definition of reproductive rights is constantly evolving but, no matter where and for whom they were framed reflects priority for equality and wellbeing for all individuals (R. Petchesky: 1998). Cook (1991) suggests that the concept of reproductive rights encompass three major components ((1) the right to be free from discrimination, (2) the right to marry and form a family, which also includes liberty, security, information access, and education, and (3) the right to access healthcare services and benefit from scientific advancements.

Anthropologist's approach of human rights emphasis culture specific models thus highlighting the role of cultural context and societal norms in shaping women's reproductive choices (Messer 1997). The field of medical anthropology also defines reproductive health in a comprehensive way, integrating broader societal context in which reproductive rights are granted or denied. It underscores the influences of culture and tradition which may restrict women's access to reproductive healthcare. Medical anthropology advocates for an emic perspective in defining reproductive health, particularly regarding aspects of sexuality and reproduction (Whittaker, A. 1996).

The notion of 'rights' can be explained in several ways, emphasizing the fact that these rights cannot be universally defined and vary from culture to culture. The way women exercise specific rights or assert their claims to these rights varies based on their gender roles, power dynamics, societal status, the latitude available to them for making such claims, and the potential costs of engaging in conflict over these rights relative to the anticipated benefits (Reilly, 2019; El Dawla, 2000).

Pakistan became fifth most populous country in the world with its population of 245 million (Worldometer 2024) with an annual population growth rate of 2.4% (WPP UN 2022). This alarming population growth rate puts great pressure on public health care services (Aziz et al. 2020; Hanif et al. 2021). The total fertility rate (TFR) in Pakistan stands at 3.6 births per woman, with statistics indicating that 5% of them as unwanted, while 7% are mistimed, leading to a high abortion rate of 50 per 1,000 reproductive-age women (NIPS and ICF 2019; Sreeramareddy et al. 2022). These alarming statistics highlight the inadequate provision of reproductive healthcare services in the country that particularly affecting rural women who disproportionately face challenges such as mistimed pregnancies and associated risks, prenatal care, sexually transmitted infections and other similar health complications (PDHS, 2018-19).

To address these reproductive challenges, it is vital that every woman can identify and utilize reproductive health services that are accessible, affordable, and reachable (Omer et al., 2021) when women can fully exercise these rights, it signifies their access to the highest feasible standard of health care. Recent figures reveal that only 37 percent of women engage in four or more antenatal care visits during their pregnancies, highlighting a concerning trend in maternal health. Notably, urban women demonstrate a significantly higher likelihood of receiving this level of care, with 62 percent attending four or more prenatal visits, compared to just 26 percent of their rural counterparts. Furthermore, more than 60 percent of women report encountering obstacles when seeking health care during illness, which is alarming given that around 52 percent of deliveries still occur at home, indicating a reliance on non-medical settings for childbirth. Only 48 percent of births in

Pakistan occur in health facilities, underscoring a critical gap in access to necessary medical care (PDHS, 2018-19).

Gender inequality and women's lower socio-economic status become the root cause for the denial and neglect of their reproductive rights (WHO, 2020; Khalid et al 2020). Many studies have suggested that a conducive social environment supports women to successfully navigate their challenges and significantly improve their health-seeking behavior (Khan et al 2021). The current study highlights the fact that universal declarations are unsuccessful in addressing reproductive rights violations confronted by women living across the globe. The definition of reproductive health care by the Cairo conference may not accurately reflect what emerges from local communities. Rather it is likely that it composes the perspectives of activists and actors whose 'worldview' may, in some cases, not be that of the populations that they seek to represent (Castle et al 2002).

Objectives of the Study

Reproductive rights have mainly been explored as a Western notion and little attention has been paid to analyzing the empirical relationship between culture and reproductive rights particularly with reference to the non-Western traditional societies (Petchesky, 2000; Dixon-Mueller, 1993). The current study seeks to fill this gap by investigating the unique cultural dynamics at play in the village of Choha Shah Ghareeb, aiming to uncover local perspectives on the nature and determinants of reproductive rights.

The key objectives of the study include the following,

1. To examine how women's reproductive rights are interpreted within their cultural context and practiced in their day-to-day lives.
2. To document the importance women place on various reproductive rights, including (1) the right to marry and establish a family; (2) the right to determine the number of children they wish to have; (3) the right to select contraceptive methods and access abortion services; (4) the right to receive complete and accurate information regarding their reproductive health; and (5) the right to obtain necessary health services during pregnancy, childbirth, and confinement.
3. To assess women's reproductive agency and their level of involvement in making fertility-related decisions and to access reliable reproductive health services.

Research Questions

The following research questions were mainly addressed through this study.

1. Are Pakistani women of reproductive age aware of the laws and policies that support their reproductive rights?

2. Do women find themselves in a position to actively claim or access their reproductive rights?
3. Do women perceive themselves as having the right to control their reproductive choices?
4. In what ways do women navigate their reproductive decisions?
5. What actions do women believe they should take to effectively exercise their reproductive rights?

Methodology

To gain a comprehensive understanding of how women conceptualize their reproductive rights, an anthropological study was conducted in the small village of Choha Shah Ghareeb, located in the District of Attock, within the Province of Punjab, Pakistan. To gather demographic information, important details regarding household composition, family size, education level, income, occupation, and residential patterns of eighty-six households were collected through a socio-economic census survey. This quantitative data was instrumental in selecting a representative sample comprising sixty married women of reproductive age group to carry out in-depth, face-to-face interviews. The sample was meticulously drawn using the purposive sampling technique, which aimed to include women from diverse socioeconomic backgrounds and family structures, as well as those with experience in birthing and fertility decision-making. Additionally, women who had a recent history of reproductive health issues, such as infertility, were purposefully included in the sample.

Before starting interviews, informed consent was obtained from each participant, and the study's objectives were conveyed to them. The respondents were explained that their participation in the study is voluntary, their opinions and responses will be kept confidential, and their privacy will be maintained. Therefore, the visual and audio privacy of the respondents was strictly adhered to throughout the process. Questions were carefully formulated and asked in the local language, aimed at acquiring in-depth information about the reproductive lives of the women, their reproductive autonomy, health-seeking behaviors, and their attitudes towards sexuality. This approach was designed to comprehend how respondents understood their reproductive rights and to identify any challenges they encountered in receiving appropriate healthcare. The utilization of open-ended questions provided an opportunity for respondents to express their experiences, highlighting factors that either facilitated or hindered their ability to exercise their reproductive rights. In addition, supplementary information was sourced from local health providers, including Lady Health Workers (LHWs), Traditional Birth Attendants (TBAs), and respected village elders, to enrich the data collected.

The research was thoughtfully designed by selecting several methodological tools, such as key informant interviews, participant observation, and focus group discussions, to enhance and optimize the credibility of the research findings. An extended stay in the village allowed me to be accepted as an ethnographer, helpful in gaining the trust of the community, and strong facilitating factor in unfolding the local worldview context regarding women's reproductive rights.

Results and Discussion

Socio-cultural norms significantly influence the reproductive behaviors of individuals (Cook, 2020). The current study sheds light on how married women of reproductive age (15-49 years) in this community perceive and practice their reproductive rights. Findings from the field indicate that women are unfamiliar with the term 'Reproductive Rights' and somehow find it alien. It is perceived as a foreign concept, difficult to translate into the local language. Rural women are least aware of what has been decided on international conventions and platforms, so to explore their worldview the exact term 'reproductive rights' was not used. Instead, the Urdu equivalent '*Tuleedi-Huqooq*,' which translates to 'rights associated with reproduction or childbirth,' was employed. When directly questioned about their reproductive rights, many women appeared confused. However, when specific rights were probed—such as the right to marriage and form a family, the right to choose desired family size, the right to choose birth control methods and abortion-related services, the right to access comprehensive reproductive health information, and the right to receive health services during pregnancy and childbirth—their recognition of these rights made it clear which right they recognized and which one they practiced or wished to exercise.

In-depth interviews highlighted that the notion of 'right' carries various interpretations, it is often associated with something positive, fair, justified, acceptable, or correct. The local term for rights, '*huqooq*' means that rights are essential for their well-being and must be guaranteed. Women considered it their right to have their basic needs met by their spouses and families. They also expressed the expectation that husbands should fulfill marital obligations by providing love (*muhabbat*) and care (*purwah*) to their wives. Women also considered it their husbands' responsibility to provide them financial and emotional protection.

In the village, reproductive needs are not typically articulated in terms of rights, nor are they communicated using the terminology of international declarations. The extensive interviews indicated that women's health beliefs and decisions are deeply rooted in their specific cultural contexts. Through the narratives shared by these women, several key themes emerged, shedding light on the cultural framework in which the meanings of reproductive rights are formed and embedded.

Socialization into submissiveness

This study explored the role of culture in shaping women's understanding of their reproductive health and rights. Specific questions about their gender roles and responsibilities were asked to know what was expected of them. Women described their primary duty as serving (*khidmat*) their families, asserting that qualities such as flexibility, loyalty, modesty, and self-sacrifice are highly prized in their socialization. Women having these qualities are more valued and appreciated. Traditionally, young girls are conditioned to adopt a submissive role, compelled to adhere to the decisions made by their parents, and later by their spouses and in-laws.

Unmarried girls view discussions related to sex and married life as acts of shame (*be hayai*). Many reported receiving limited sex-related information merely the night before their wedding that did not cover any knowledge about child spacing or contraception. Married women were not in favor of providing such prior knowledge justifying it against tradition. The study highlights that traditions and norms expect women to be obedient from an early age, that becomes the base for their limited reproductive agency.

Right to marry and selecting a spouse

Findings of this ethnographic study indicate that women perceive marriage as religious obligation and parent's responsibility. Interestingly, many of them knew it as their religious and legal right to choose their own spouse but refrained from voicing or asserting their personal preferences in this regard as it is typically seen as inappropriate and shameful.

Women consider it more respectful to align their desires with their parents' wishes rather than openly contradicting them. The study shows a clear inclination towards endogamous marriages; only 21.66 percent of the women surveyed were not married to their blood relatives. The primary rationale cited for this endogamous marriage pattern included mutual understanding and comfort, alongside a reduced risk of deceit when marrying within one's own family.

The study also shows slight changes in the ways marriages are arranged attributed to the influence of modern media. Young generation now express their opinions wherever they feel that a proposal does not meet their standards. Yet the prospect of going against the choice of parents is still not well recognized. Regarding the ideal age at marriage, early marriages are popular among women who have been interviewed to protect the chastity and honor of their daughters and to ensure healthy reproduction. The deep-rooted cultural norm to adhere to the decisions of elders perpetuates the idea that parents should primarily decide on marital arrangements, which in turn leads to an expectation among women to maintain their marriages, often even in extremely challenging situations to avoid the social stigma of being divorced.

Right to have sex and Sexual Subservience

Women informed that they must negotiate their reproductive rights in consultation with their husbands and families. The domination of husbands in sexual relationships is well documented in this study. Disagreeing with the spouse can lead to conflict and hostility. When probed about their right to have or not to have sex with their husbands, majority disagreed considering it a sin to deny their husbands sexual relations for religious reasons, viewing sex as a primary obligation of the wife and an essential component of married life. Women stated sex as an issue where choice making was not possible. Women also expressed their apprehensions to face threatening consequences in case of challenging husband's authority by refusing their demand for sex. Such consequences might involve verbal abuse and anger, or even escalate to more severe reactions, including physical violence, beatings, and forced sexual acts. They stated that men cannot control their sexual urge and often unable to understand the excuses for which sex was refused. Men are considered lawful owners of women bodies, and which gives them right to have coercive sex even when the wife is not willing. Women also reported instances of forced sex during pregnancy and postpartum period. Women generally consider it not their right rather a duty and an opportunity that keeps husband and wife closer and dependent on each other.

Women's Right to Give Birth

Childbearing is considered a natural outcome of marriage and fundamental for securing respect and security. Motherhood is perceived as inevitable for ensuring the continuation of their family's lineage through successful reproduction and wished to have a healthy and safe reproductive life. Women's right to give birth was investigated and their understanding of 'Reproduction' was somehow similar to the definition of the World Health Organization which they explained in terms of having healthy bodies (*women particularly referred to healthy uterus*), bodies free from morbidity (*absence of disease and any sort of weakness*) and the ability to safely navigate their reproductive years. Among the factors considered essential for "safe motherhood," women identified proper nutrition, especially during pregnancy and postpartum, along with access to healthcare services, antenatal care, free mobility, and help with household chores as fundamental rights that must be afforded to them.

Within joint family structures, women contextualized their right to give birth and decide the number of children they would like to have as per their familial expectations. They tend to uphold Islamic traditions that confer decision-making power to men regarding the family and kin. They give priority to their family wishes thinking about potential repercussions of not being able to meet their familial expectations may cause distress for them. Women discussed the significance of progeny in terms of their marital stability and achievement. Having a quick pregnancy is the most desired thing. It is considered useless

and unacceptable to think of deferring the first pregnancy and to form specific reproductive plans before giving birth to any child. The study highlights women's preference to have a quick child, particularly a son, to elevate their status and to strengthen conjugal bond. Women discussed infertility as a curse as childless woman must face stigma, criticism, exclusion and social condemnation.

Right to Reproductive Health Care

Reproductive rights include the right of every woman to access health care services that enable her to complete the process of childbirth safely to ensure healthy reproduction (WHO, 2018). Women conceptualized reproductive healthcare in the context of their family aspiration and customs. Women considered conception as 'natural process' that do not necessitate require medical interventions and need to receive pre-natal care from trained medical professional. In many cases, these women turn to their senior female relatives who have previously navigated such experiences, relying on their traditional knowledge. The responsibility of providing care during pregnancy and confinement typically lies with knowledgeable women within the household, further solidifying the familial and traditional basis of reproductive health practices. Though the WHO recommends that a pregnant woman should have at least four antenatal visits to identify potential complications (WHO, 2006), it remains commonplace for most women to seek medical attention only when faced with severe health concerns or emergencies. Numerous women have recounted life-threatening experiences and complications relating to their pregnancies or post-birth situations when home births occurred, highlighting times they needed a doctor's assistance but found themselves unable to access hospitals or healthcare facilities. The findings highlight many obstacles such as family restrictions, lack of accessible health facilities making travel difficult for pregnant women to receive antenatal care. However, women desired to avail professional medical care in case of complicated pregnancy to mitigate risks and prevent potential morbidities. Women seldom exercise the right to choose place of birth even in situations of obstetric emergencies. Most of them agree to give birth at home with the assistance of traditional birth attendant on the recommendations of the older women. That is how 'shared knowledge' is created which is transformed into acceptable behavioral pattern that is culturally reinforced. New mothers are reluctant to question the efficacy of their traditional wisdom out of trust and respect. This complex dynamic reveal that while women may assert certain reproductive rights, their abilities are often limited in other areas. They were unable to demand hospital care when their family is not willing. Hospitals, for the most part, are kept for health emergencies and it is the authority of the husband who decides when a situation qualifies as severe enough to warrant medical intervention.

The findings also reveal that women overlook the crucial need of formal postnatal care for preventive health, although postpartum period is a time of physical vulnerability having increased chances of serious complications during this period. Evidence has shown that a substantial number of maternal deaths occur within the first 48 hours post-delivery (Withers, Kharazmi, & Lim, 2018). Alarming, this translates to approximately thirty women losing their lives every minute due to childbirth-related issues, coupled with an astoundingly high neonatal mortality rate of forty-eight percent (Dawn, 2003). Women mostly rely on their natal families for care and support during this phase and mentioned local methods for the preparation and consumption of nutrient-rich foods and specific substances designed to alleviate pain and fatigue.

The Right to Family Planning and Fertility Regulation

The narratives of the women reveal that the decision regarding family planning is a matter that should not be made without the explicit consent of their husbands. In their perspective, the man is viewed as the breadwinner and head of the family, possessing a greater understanding of the financial and practical implications of raising children. This belief is further strengthened by traditional and religious norms that dictate that women often cannot make independent choices regarding family planning. Newly wedded women understand they are expected to be sexually available to their husbands and are often pressured to bear children, for the sake of stable and harmonious marital life. The figures mentioned below indicate that 81.66% of women will acknowledge their right to choose birth control methods and 78.33% expressed their right to birth spacing as per their desire. Similarly, 65% of women consider it their right to freely determine their family size and the number of children they would like to bear. However, even with this acknowledgment, many women still prefer mutual decision-making in agreement with their spouses, as independent decision-making is often seen as inappropriate. For instance, numerous women articulated that reproductive health decisions are rarely made by them alone but are instead influenced by the preferences and opinions of those surrounding them, highlighting a lack of reproductive freedom.

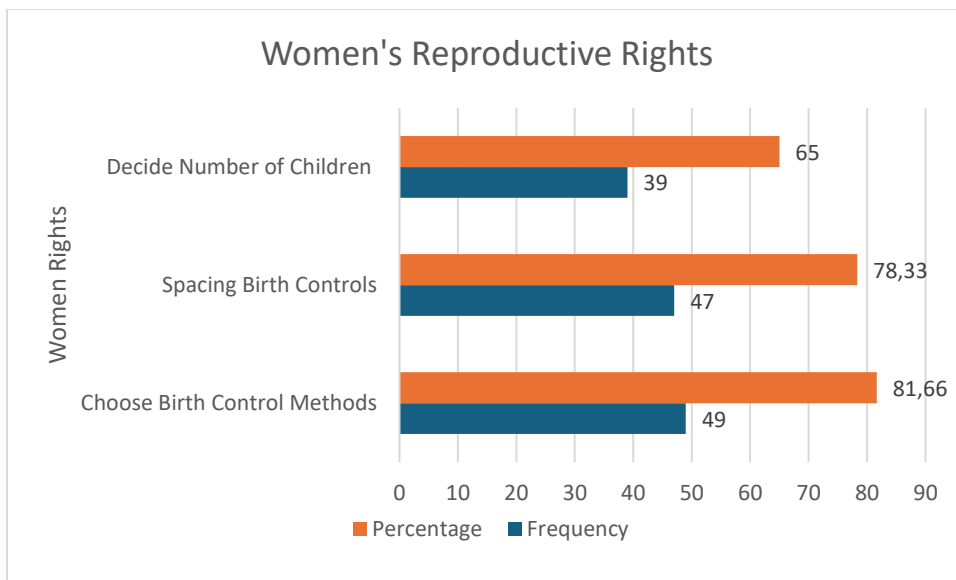


Figure: 1. Women’s Response to the Right to Family Planning

In the traditional rural setting, women feel reluctant to discuss contraception and birth control options due to their link with sexuality. Family planning is a taboo subject due to the cultural sensitivity attached to it. A closer analysis of the responses from women indicates that many prefer to approach the exercise of their reproductive rights within the confines of socially prescribed norms. The choices available to women are often framed by family expectations, leading to a reluctance to consider birth control methods that delay the first pregnancy, as they fear that such choices could displease their husbands and their families. The context and conditions under which women begin to use family planning methods, as depicted in the study's figures, provide further insight into these dynamics.

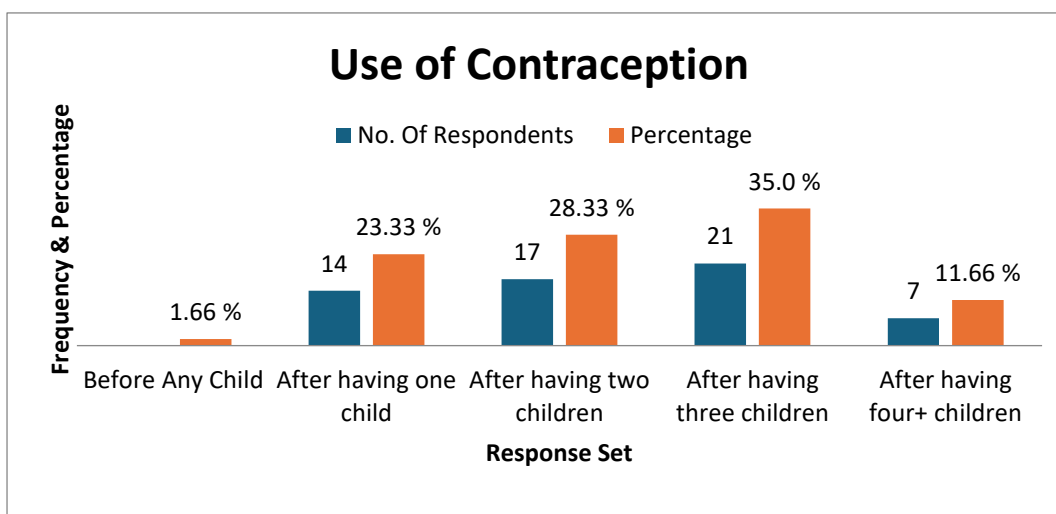


Figure 2: Use of Contraception for the First Time

The above-mentioned figures explain the acceptance and use of contraceptives with an increased number of children. Worth discussing here is the strong preference for having sons. This phenomenon remained pronounced to have a significant impact on reproductive intentions and fertility control behavior of women. The findings also indicate that women who are content with their number of sons are more inclined to adopt family planning methods compared to those who lack sons or have only one son. This fear stifles many women from asserting their reproductive rights and sharing their opinions. These findings resonate with other studies that have documented the limited opportunities for women to exercise their judgment and make decisions that align with their interests.

Conclusion

This study concludes that traditions, norms, and culture play a significant role in the recognition and successful implementation of reproductive rights. It is evident that the neglect of women's reproductive rights predominantly stems from the socio-cultural frameworks in which they reside. Gender inequalities are constructed and solidified through the socialization processes that prioritize societal expectations of motherhood and familial obligations over individual autonomy and self-determination. As a result, many women hesitate to express their concerns regarding these issues, often feeling that they must conform to cultural expectations of being exemplary wives and mothers.

Despite a strong awareness of the hardships that accompany these traditional norms, many women express an unwillingness to challenge them. Breaking the norms and going against cultural ways may bring negative repercussions for them. Women who defy cultural norms often face significant risks. Normative traditions reinforce the subordination of women, leading to outcomes such as early and arranged marriages, sexual obedience, coercively established sexual relationships, excessive childbearing, and uncontrolled fertility. The study suggests a comprehensive strategy to provide appropriate reproductive health information and counseling for both men and women. This can be a step forward to improve the acceptance and importance of women's reproductive rights in their own culture.

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