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WOMEN REPRODUCTIVE HEALTH WITHIN SOCIO –ECONOMIC AND CULTURAL FRAMEWORK: A STUDY OF TWO URBAN SETTELMENTS OF PUNJAB

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ABSTRACT

There are difficulties with women's reproductive health all around the world, especially in developing countries. The study concentrates on women's healthcare facilities in Pakistan. This study was carried out to examine the issue of women's healthcare for women in Punjab (Pakistan). The main objective of this study was to evaluate the impact and improvements in society's behavior patterns on the demographic, social, cultural, religious and economic dimensions of females living in urban areas of Rajanpur and Jampur in various groups. For the purpose of women's health issues, the research refers to social, economic and cultural awareness. The quantitative and qualitative uni-variate, bi-variate and multivariate data shows proof that the analysis generates information that trained spouses lead a stable and productive community life, resulting in a substantial decline in infant and maternal mortality for both study cities in Punjab. The most extraordinary and critical factor is retaining regulation about the use of contraceptives at family size but that is feasible with public health. The data analysis demonstrates that female's education and cultural practices have a major impact on fertility and reproductive actions in terms of selective involvement of women in family and non-family affairs, religiosity, family life, responsibilities and dominance of husbands. It also concluded from the results of the study that culture retains its impact independently of economic growth in describing reproductive behavior and limited family size. The data in the report shows all this with literacy and education in women, the priorities of male children over female children, i.e., expectations of sex preferences, have shifted. The evolving position of women does have a dominant effect on women's health. In the analysis, the shifting customs of family setup were noticeable. The study found a significant inclination towards contact standards between partners. Improving women's status and involvement in decision-making in home affairs was the essential part and issue in the study; however male dominance in the lower class could relate to many negative sides of women's full participation in decision-making processes.

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Introduction

The rapid growth in south Asia with high density of population has created intensity and problems of diverse

nature. The main reason of this turmoil in many areas of life is related to high fertility. Indeed, reproductive health has been developed by community rapid expansion at global arena as a severe social issue, defined as the combination of approaches, techniques and factors which contribute to women's reproductive health and the well by identifying and controlling health issues (Saleem and Pasha, 2008). The south Asian region including Pakistan has been experiencing health problems due to high population growth. The fertility transition is rapid in the last decade, with fertility decline at high rate in relation to rest of Asia, (Wazir, 2018). Sexual and reproductive health is the core of people's lives and well-being. The focus on sexual and reproductive health is justified on grounds of human rights, equity and social justice. The initiation of cost-effective methods for preventing reproductive health problem is necessary. It should base upon effective diagnosis of the complications, and impact assessment of the socio economic and cultural factors effecting ill health of women. The goal of the research is to analyze the influence of socio-economic and cultural factors in the form of married couple education, employment, income level, and family unit. Demographic variables in regards of marriage pattern, length of marriage, present age, household size and gender preference, ideal family size, child health survival. The world has generally understood the importance of health, well-being and equal rights for women. Over 500,000 women in developed nations die from childbirth diseases each year (WHO, 2016). In addition, 51 percent of females die from iron-deficiency anaemia worldwide, 43 percent of all females. One hundred and twenty million women believe that because of the non-availability of resources as well as other socio-cultural barriers, they don't like being pregnant, and are not supported by the use of birth control methods. Twenty million unwanted pregnancies cause tens of thousands of deaths per year, and millions of disabilities per year.

National Programs on Reproductive Health:

The goal of the programme is to provide basic health care via the mobilization of Lady Health Workers (LHWs) working with their own regions at the door - step of the disadvantaged segment of the population. With 70,000 lady health workers and 3,000 lady managers nationally, the programme was launched, mostly in the country's villages slums. These staff delivered services in the fields of child welfare, nutrition, reproductive health and diagnosis of minor diseases to their societies. The role of lady health workers expanded to provide the broader definition of women's healthcare. This has enhanced the objectives of the Extended Immunization Programme. In acknowledgement of the success of LHWs at the grassroots level, several other public health programmes have chosen to use their services. These services have been developing in a steady way. The target of 100,000 LHWs throughout the area was accomplished; with that kind of intensity, 90 percent of the target group was represented by LHWs. Through currently, few aid organisations have provided significant help to city or local governments to develop urban areas for women's reproductive health. Several of the rapid urban health programmes are highly development, as expressed in the explanations of bilateral and multilateral donor activities in many developed world countries (Doldstein et al, 2014). Sometimes, these initiatives are not very well incorporated into the current health care distribution as well as support structure of the countries involved and/or do not follow the strategy of healthcare services.

Objectives of the study:

1. To know the socio-economic characteristics of there spondents.

2. To explore the socio-cultural values about reproductive health.

3. To examine the association of socio-cultural value with reference to reproductive health.

4. To explore the respondent's religious perception about R.H. (Reproductive health).

5. To identify the normative and physical cost of contraception and their affect on reproductive health.

LITERATURE REVIEW

With growth and change of social, cultural and economic systems at a worldwide platform, reproductive health issues have been identified. Various methods related to reproductive health issues are elaborated through references; explored in the social and cultural sense. Reproductive health is seen by the world community as a fundamental human right. Citizens must have access to full women's healthcare information and resources in order to practise this right inside sociocultural boundaries. In addition to making free and educated decisions, they must eventually regulate the size of the family and make use of some contraceptives to control massive birth rates. The main cause of female reproductive health is a huge population growth. In low-income families, the population amplifies strongly. Families with more kids because they can handle can be found. That is not enough to give birth; however, the specific number of kids, that may be two to three in numbers, is much more significant, as well as the most important consideration is really how soon or how late to have the second child, and what the difference might be; whether a family wants the third or the last child? The important preference in the low socio-economic status groups is having a male child. So, what do poor, uneducated, poorly educated or literate spouses do? Try, try, try, try to end up with a cricket or football team for women, harming the welfare of both mother and child. One of them was a winning member, a dad who had to sustain a large family. The degree of crude death rate (CDR) is also a significant factor affecting the total population in a state, in addition to the birth rate. The result of the birth rate increasing the rate of death applies to a growing population. In Pakistan, the birthrate continues to spiral. The mortality rate has decreased dramatically, and this in turn has contributed to the spectre of a booming population. In addition, to this and important indicator of death of a child is infant mortality rate (IMR) which at present is eighty-four per thousand in Pakistan. Sadly, the mortality rate between babies in Pakistan has been increasing. The child mortality rate is thus an index of low developmental socio-economic status.

Ages of Respondents:

One of the significant factors affecting family size is age at marriage. The implications of early marriages have a powerful effect on population expansion. In developing countries, studies have begun investigating the effect of teenage father involvement on young men. There is little information collected from developed countries. The UNICEF (2013) study revealed that marital age is a significant factor in pregnancy and childbirth. Global figures indicate that girls aged 15-19 are twice as likely as women in their twenties to death from childbirth, whereas girls less than 15 face a danger which is five times greater. In fact, quite young women die from pregnancy-related reasons at a young age than in any other reason (PRB, 2010). A survey published by Janjua et al. (2015) found that participation in family relationships at a young age was an important component in high birth rates, that reflects Pakistan's current reproductive behaviour. In addition to the age of females who are married at an early age, the age of the partner often plays a major role in the size of the family. Large family size taught me which early marriages lead to a massive family size. If the marital age is young, this will result in high family fertility. The research performed by (Janjua et al., 2015) revealed that, the adult oriented value of man marriages at earlier ages also a significant factor of high birth rates in Pakistan.

Occupation and Economic Status:

Ahsan et al. (2018) disclosed that the respondent's occupation occupies a key role in the control of fertility and women's reproductive health in homes. Improvements in women's economic status in homes relate to changes in

fertility behaviour. Low socio-economic trends, such as women's unemployment, raise the stress of spending. Low-income families have more participants and more small children, with a high participation rate representing a high rate of fertility, resulting in bad circumstances for the bulk of them.

Women participation and reproductive health:

WHO (2012) introduced and proposed several of the variables used in this study that address the evaluation of real and desired cycles since they operate as effective analysis, planning, and mobilization instruments and suggest as follows: Since the decision of couples regarding family planning is affected by their particular circumstances and expectations, and not only by the beneficial effects of longer periods, new messages that tell couples that birth intervals of 3 to 5 years are ideal need to be responsive to their desires.

Research Methodology

Research Design

In all forms of social science, methodology is equally relevant. Until will have its own way of inquiry, academic research is almost meaningless. Methodology refers to the methods which are tools of data generation and analysis.

Profiles of the study areas:

The district of Rajanpur and Jampur were randomly selected for the study. Rajanpur is the most populous in whole province where as is 7th largest city 2011; the population of urban Rajanpur was 2019 thousand, whereas Jampur population was 562.64 thousand.

Data Collection

The instrument selected for this study was interview schedule. For selecting this particular method of data collection, the following points were considered: a) The low level of respondents, therefore face to face interviews were found suitable to get reliable information. b) In order to investigate the relationship between dependent and dependent variables, the questions must be built to maintain the hypothesis in view.

Sample size:

The sample size of the phase of the survey was initially intended to consist of 360 respondents in each district, in urban area. All the sample size consisted of females aged between 15 and 49 of childbearing age.

Techniques of Data Analysis

Bi-variate Analysis

To access the correlation between two, bivariate analysis is used, that indicates that the allocation of values of the two parameters is linked. Essentially, it aims to explain the interaction, calculate the strength of relationship and formulating hypotheses. The chi-square method makes it easier to understand a relation but not the intensity of a relation. The intensity is connected to the extent or level of interaction between all the variables.

Multivariate Analysis (Multiple Linear Regressions)

The multivariate analysis involves multiple linear regressions for exploring the relationship of dependent variable family size, and use or not use of contraception. The widely used approach for conducting multivariate analysis is regression analysis. The regression approach is used to identify the relative importance of independent variables to explain the independent variables. The regression equation is generally expressed.

$y = a + b1\ x\ 1 + b2\ x2 + b3\ x3 + bn\ xn + e$

Where "x's" are the independent variables, "b's" are the regression coefficients of the independent variables, and "e" is an error term that indicated the proportion of unexplained variance in the dependent variables.

General Characteristics of Respondents and Index Variable

Socio- economic, cultural& demographic variables:

Ages of Respondents

Large family size suggested that early marriages of women in research region were at high practise which was heading towards that large family size.

Table 5.1 Ages of Respondents

Age of Respondents	Frequency	Percentage
15-25yrs	141	19.58
26-36	376	52.22
37-above	203	28.00
Total	720	100%
Statistics	**Mean: 32.11**	**SD= 7.093**

The above table shows that the age and life span of 19.58 percent of respondents is around 15 and 25 years. While the age of 52.22 percent of respondents are around 26 and 36, the corresponding 28.00 percent of respondents were 37 years of age and above, the average age was 32.11, with 7,093 years of standard deviation.

Age of Husband:

The age of husband also plays an important role in determining family size.

Table 5.2 Age of Husband

Age of Husband	Frequency	Percentage
15-25yrs	70	09.72
26-35	322	44.72
36-45	276	38.33
+46	052	07.22
Total	720	99.99
Statistics	**Mean 35.18**	**S D 7.471**

Similarly, the age of the husband indicated that 9.72% husbands were at the age of 15 to 25 years; and 44.7% husbands were between the age of 26 and 35 years, whereas 38.33% husbands were between the age of 36 and 45 years and 7.22% husbands were above 46 years. It was reflected from the above discussion that majority of the husbands were between the age of 26 to 35 years. The mean of husband's age was 35.18 years with standard deviation 7.471 years respectively.

Husband age at Marriage:

The cultural trends play very important role in determining male age at marriage and age at marriage is an important determinant of reproductive health.

Table 5.3 Husband age at Marriage:

Husband age at Marriage	Frequency	Percentage

15-20yrs	151	20.97
21-26	334	46.39
27-45	235	32.63
Total	720	99.99
Statistics	**Mean 24.40**	**SD 4.480**

The data in the above table indicated that husband's age at marriage was between 15 to 20 years, i.e., 20.97%. The data showed that 46.39% males/husbands were at the age of 21 to 26, and remaining 62.3% were among 27 to 45 years old. It is found that majority of the male got married between the age of 21 to 26, and most of females got married before the age 20 years. The mean age at marriage with standard deviation was 24.40 and 4.480 years respectively. In traditional cultures, it is popular assumption that young age marriages are more advantageous than comparatively old age; medical studies indicate that more linear sperm motility and even high sperm counts in young men are higher than older people, so young marriages are highly favored for achieving a large family in these cultures.

5.4. Respondent's Literacy:

The proportion of the female population aged 15 and above, for those that can read or write, is shown by female literacy in the report. The less priority given to women's education than to males, i.e., little female literacy, is a hindering variable in the transfer to reproduction.

Table 5.4 Respondent's literacy

Variable	**Frequency**	**Percentage**
Yes	431	59.9
No	289	40.1
Total	**720**	**100**

The above table describes that the percentage of the literate respondents was 59.9%, whereas the illiterate respondents were 40.1 percent. It is concluded from the above discussion in the table that, though the majority of respondents were literate and their proportion was 3:2; means that sixty percent respondents were literate and forty percent respondents were illiterate, showed that still in study area a lot of women need education.

Occupation of Respondents:

Occupation or labor force participation rate is the basic indicator determining the level of occupational activities.

Table 5.5 Respondent's Occupations

Variable	**Frequency**	**Percentage**
House wife	530	73.6
Employee	125	17.4
Business	47	6.5
Business by sell	13	1.8
Any other	5	.7
Total	**720**	**100**

Above table described that majority of respondent were housewives means dependent on his husband and very low proportion was either employed or having business in one form or another.

Respondents Husband occupation:

It is important to the relation with poverty and population growth and reproductive activity.

Table 5.6 Husband's occupation

Occupation	**Frequency**	**Percentage**
Government employee	305	42.4
Agriculturists	34	4.7
Businessmen	111	15.4

Self employed	119	16.5
Unemployed	26	3.6
Any other	125	17.4
Total	**720**	**100**

Pakistan has been going across a high inflation rate economic downturn; due to several factors, like uneven income inequality, economic deterioration, and social tensions, etc., contributing to unemployment and low purchases.

Type of family living in:

The majority of the family unit was hierarchical, but at a low/negligible level, the trend in urban areas was towards the patriarchal society family.

Table 5.7 Type of family living in

Type of family living in	Frequency	Percentage
Nuclear	325	45.1
Joint	254	35.3
Extended	141	19.6
Total	**720**	**100**

This "type of family" variable is described as a group of people living collectively, showing that 45.1 percent lived in the nuclear family and 35.3 percent lived in the common family; and 19.61.1 percent lived in the family members. This can be seen that most of the respondents were nuclear; thus, the trend was against the family structure. The statistics revealed that most educated females like to live in a family system, so the shift in family structure was noted, and the form of family pattern is contributing to changes. A research performed by Saba (2013) indicated that in Punjab and other urban centres in Pakistan, most newlyweds, especially women, preferred to live in a family structure with their spouse.

Sex preference: Table 5.8 Percentage distributions regarding perceptions of sex preference

Variable	S.A	A	No	D.A	S.D.A	Total
a. Women is n0t respected in family if she has no boy	32.4	12.8	0.9	18.8	34.2	720
b. Male Children are preferred over Females	17.4	22.4	4.2	43.5	12.6	720
c. More male children strong is family in Society	16.8	22.8	7.2	40.8	12.4	720
d. Too' many girls are unwanted children	10.4	14.4	6.9	53.1	15.1	720
e. Family continue with male children.	30.8	23.2	4.7	28.1	13.2	720
f. Male children guarantee good husband wife relation.	5.6	17.9	6.1	56.3	14.2	720
g. Women get more respect with male children in family.	9.4	26.7	6	44.7	13.2	720

The above table showed that the family increased with decrease in social status. powerAs a consequence, there is a high level of rural poverty. In reality, upwards of 50 percent of Pakistani citizens live below the poverty line (World Bank, 2003). The data on the husband's occupation is concerned, the data on the indicator showed that 42.4 percent were government workers, 4.7 percent were farmers, 15.4 percent were companies, 16.5 percent were self-employed, 3.6 percent were unemployed and 17.4 percent were doing the job they wanted. The bulk of the husband of the respondent were government workers but very few husbands were unemployed, it is indicated.

Facilitation of reproductive health problems

The expansion in service delivery through welfare and reproductive health service center in the public and private sectors for provision of facilities regarding contraceptive and formal and informal methods used in addressing reproductive health problems is of key importance to enhance reproductive health.

Prenatal Checkup

Table 5.9 No of prenatal check up

Variable	Frequency	Percentage
No response	12	1.7
Once	129	17.9
Twice	251	34.9
More	328	45.6
Total	**720**	**100**

The table above described regarding number of prenatal checks, 17.9 percent had once prenatal checkup, 34.9% twice and 45.6 percent more than two percent. It is found from the table above that consciousness regarding prenatal check has been increasing with the passage of time. Those who were currently using contraception had discussed reproductive health with their doctors.

Post-partum Checkup: Consultation after delivery and post-partum checkup are important factors counted in reproductive health.

Table 5.10Post partum:

Variable	Frequency	Percentage
No checkup	10	1.5
Once	238	33.0
Twice	104	14.4
More.	368	51.1
Total	**720**	**100**

The above table described about post-partum checkup or consultation. As far postpartum checkup was concerned, 51.1% got checking more than twice, 33.0% got checked once, and 14.4% got checked two times.

EXPLORING RELATIONSHIP AMONG VARIABLES AND TESTING HYPOTHESIS

The strength of relationship between independent and dependent variable was examined with Chi-square and Pearson correlation for bi-variate analysis. The regression analysis has been used for the identification of significance of independent variables in predicting response variables.

6.2Age at marriage:

Hypothesis No.1 There is inverse relationship between family size and age at marriage.

Table 6.1 Bi-variate relationship of family size with age at marriage

Age at marriage of spouse		Family size			Row total
		Small	Medium	Large	
< 20	Number	93	136	113	342
	Row (%)	27.2%	39.8%	33.0%	100%
20 – 27	Number	156	101	22	279
	Row (%)	55.9%	36.2%	7.9%	100%

> 27	Number	76	17	6	99
	Row (%)	76.8	17.2	6.1	13.8
Column total	Number	325	254	141	720
Total (%)	Row(%)	45.1	35.3	19.6	100.0

Chi-square = 125.106** Gamma = -0.2506 The relationship between age at marriage and family size is examined in table 6.1 indicates that there is association between age at marriage and family size, 27.2% respondents who got married before the age of 20 years and had small family size (1-2 children) were for fewer than the respondents who got married after age of 20 years and had the same family size (small family size). The Table also reflects that 33% of the respondent who got married before the age of 20 years and had large family were numerous than the respondents who married after the age of 27 years and had the large family size. It emerges from the table that there is an inverse relationship between age at marriage and family size. As the age at marriage increases the family size decreases i.e. younger the age of marriage large family size. It is concluded that later the age at marriage smaller the family size. The chi-square value which is 125.106 is significant at 1% level. It further establishes association between the age at marriage and family size. The gamma value is -0.2506 that confirms the inverse association. While, the girls younger than the age of 15 years, face a risk that is five times as greater than as mature females. Indeed, more adolescent's girl's die from pregnancy related causes than from any other cause. The poor self-efficacy of contraceptive awareness, low successful use of contraception, low socio-economic status, more common marrying and older age. The outcome helps health practitioners to build intervention that is more effective in reducing this problem.
For efficient policy formulation, the findings may also be used.

Respondent's literacy:

Hypothesis: No 2. There is direct relationship between family size and family income**.**

Table 6.2 Bivariate relationship of family size with respondent's literacy:

Literacy		Family size			Row total
		Small	Medium	Large	
Yes	Number	215	154	51	420
	Row (%)	51.2	36.7	12.1	58.3
No	Number	110	100	90	300
	Row (%)	36.7	33.3	30.0	41.7
Column total	Number	325	254	141	720
Total (%)	Row (%)	45.1	35.3	19.6	100.0

Chi-square (χ^2) = 37.22** Gamma (γ) = 0.3286
Literacy or educational attainment is an important factor affecting the social behavior of people of any society. It has been viewed in many studies that literacy does affect fertility and contraceptive behavior. Literate people refer to have small family as compared to illiterate people (Zafar, 2009).

Husband's occupation:

Hypothesis No.4 There is inverse relationship between family size and husband income**.**

Table :6.4 Bi-variate relationship of family size with husband's occupation.

Husband's occupation		Family size			Row total
		Small	Medium	Large	
Govt. Employee	Number	136	105	64	305
	Row (%)	44.6	34.4	21.0	42.4
Agriculturist	Number	9	15	10	34
	Row (%)	26.5	44.1	29.4	4.7
Businessman	Number	58	44	9	111
	Row (%)	52.3	39.6	8.1	15.4
Self employed	Number	48	42	29	119
	Row (%)	40.3	35.3	24.4	16.5
Unemployed	Number	13	7	6	26
	Row (%)	50.0	26.9	23.1	3.6
Any other	Number	61	41	23	125
	Row (%)	48.8	32.8	18.4	17.4
Column total	Number	325	254	141	720
Total (%)	Row (%)	45.1	35.3	19.6	100.0

Chi-square=18.24*Gamma=0.05

The Table indicates that the percentage of occupation of the respondents were almost for all categories such as Government employee, businessman, self-employed and un-employed are almost the same who had small family size except respondent's husbands who had the agricultural occupation. The chi-square value which is 18.24 reflects association between husband between occupation and family size. The chi-square values indicated the significant relationship (P< 0.01), that there was strong association between family size and Husband's occupation. Freedman concluded the negative relationship varies in degree and sometimes in direction. The net effect of education on reproductive health by controlling other variables, e.g., income, residence, occupation,

family planning practices etc, vary substantially within country and between countries.
Sex preference:

Hypothesis No.5 There is direct relationship between sex preference and family size**.**
Table: 6.5 Bivariates relationship of sex preference with family size.

Sex preference		Family size			Row total
		Small	Medium	Large	
High	Number	16	19	73	108
	Row (%)	14.8	17.6	67.6	15.0
Medium	Number	118	194	53	365
	Row (%)	32.3	53.2	14.5	50.7
Low	Number	191	41	15	247
	Row (%)	77.3	16.6	6.1	34.3
Column total	Number	325	254	141	720
Total (%)	Row (%)	45.1	35.3	19.6	100.0

Chi-square=313.93**Gamma=-0.7168
The developing societies like Pakistan are male dominated. The people from these societies prefer to have many sons due to socio-economics, political and cultural reasons. The effect of sex preference on family size is also studied. Table indicates that 14.8% of the respondents who had sex preference and had small family size were far fewer than respondents who had low sex preference and had the same family size. Table also reflects that percentage of respondents who had high sex preference and had large family size i.e. (67.6%) were numerous than the respondents who had low sex preference and the same family size. It can be said that sex preference is associated with family size. The higher the sex preference, larger the family size, and lower the sex preference the smaller the family size. The Chi-square and gamma value i.e., 313.93 and -0.7168 are significant that ($P<0.01$) establish the importance of sex preference in determining family size. The chi-square values indicated the significant ($P< 0.01$) results that there was strong association between family size and sex preference. This is an important index variable given in the table showed that family size and sex preference were inversely related. There was change in the behavior pattern of people. The community liked to get rid of the norm of sex preference i.e., the preference for boys was very much in practice.

Conclusion

The present study has investigated determinants of family size and use of contraceptive in the socio-economic and cultural frame work. By employing a preplanned questionnaire, 720 married women aged 18-45, with at least

one surviving child and presently living with their husbands were interviewed from the two districts of Punjab i.e., Rajanpur and Jampur.

Age at marriage of spouse

Age at marriage is an important demographic variable influencing the family size and contraceptive use. The young and universal marriage pattern which is common in developing societies like Pakistan is primarily responsible for large families and low contraceptive use. The uni-variate analysis demonstrates that in Punjab, the marriage pattern is young and universal. The effect of age at marriage on family size and contraceptive use also emerged in the study. The chi square and gamma values clearly demonstrate its significant effect on family size at one percent level. The relationship of age at marriage with contraceptive use established by chi-square. The Pearson correlation coefficient also confirms the relationship of age at marriage with family size and contraceptive use. The multivariate linear regression level identified a significant effect of age at marriage in influencing the family size. The logistic regression establishes the effect of age at marriage on contraceptive. Study results reflects that there exists a cause-and-effect relationship between women education and reproductive health. It can be said that education of mother has depressing effect on family size and promotes contraceptive use which lead to better and enhanced women reproductive health. Education enables women and men to think rationally and also enhances ability for better learning and developing prompt attitude about family formation. The bivariate and multivariate analysis identifies a significant effect of husband education and family size and contraceptive use.

Family income

Economic foundation of a person or a family determines the social status in the society. Income earned from different sources play a vital role in predicting the family formation, attitude of individual and couples in families. The findings indicate that 9.0 % respondents belonged to high income category, which is 22.9% and 25.9% of the respondents were earning in the income range of 20000-40000. The effect of income with family size and contraceptive use emerged in bivariate analysis. The chi-square and gamma values with family size and with contraceptive use establish a significant association of variables being investigated. The multivariate analysis also identifies a significant role of family income in affecting family size and contraceptive use.

Efficient policy planning:

A carefully designed population policy based on empirical evidences with short and medium range priorities is required to achieve population goals. It may aims to empower women control on their fertility and improve women involvement for joint, fertility decision-making. The new determinants of marital fertility explored in the study lie of vital significance for the achievement of population objectives in Pakistan. These include the provision of health and family planning services within the distance of less than two km, motivation for higher utilization of pre- and postnatal cares. Similarly, the; provision of correct knowledge to adult women about the chances of pregnancy during menstrual cycle is of vital importance to reduce the chances of unintended pregnancy. It may act as best natural contraceptive in societies where religious elements strongly oppo*se* the use of man-made contraceptives. Based on the conclusion, some specific policy recommendations have been presented in the forthcoming paragraphs.

Increase in literacy ratio

More efforts are required to promote education in the society. In this regard, special focus is needed on female education and particularly in rural areas. The incentives of the form of free books, transportation, and financial

support and scholarship may motivate parents to educate their daughters. The food for education program during primary schooling may increase enrollment rate and lower the drop out on account of anal poverty. Similarly, the involvement of people's local representatives in planning the strategies to promote education in their areas may also prove effective in this regard.

Attitudinal change:

The transformation in the attitude of health providers is needed to extend good health care services to the needy women. Special care may be extended to the women visiting for maternity care. These women cannot afford any sort of non-cooperative attitude while they are struggling to give new life. An attitude evaluation system with the help of patients and track record of cases mishandled may also prove effective strategy to spring the healthy changes in health providers' attitude. The problems of accessibility can be overcome through a mobile health unit comprising multidisciplinary team of health professionals constituted to extend weekly or biweekly service to the people at union council level in urban areas and at village level in rural areas on rotational basis. The involvement of District Governments may assist in finalizing such arrangements. Similarly, a public-private-partnership strategy can improve people doorstep access to health and family planning services.

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