



## **Impact of Socio-Economic and Demographic Factors on Women Decision Making while making the household Purchasing - Evidence from Pakistan**

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### **Abstract**

*This research aims to identify the critical socio-economic and demographic factors influencing women's decision-making power within households. Utilizing data from the Pakistan Demographic and Health Survey (PDHS) 2017-2018, the study focuses on currently married women aged 15-49 years (n = 11,831). The investigation examines four categories of decision-making by women at the household level: own healthcare, major household purchases, utilization of husband's income, and visits to family or relatives. Various socio-economic and demographic variables are analyzed to assess their impact on the four decision-making types. The findings reveal that women's age, employment status, education, place of residence, and number of living children significantly influence their decision-making capacity. Notably, women residing in rural areas demonstrate lower decision-making power across all four domains, highlighting the necessity for targeted empowerment programs to enhance their roles in household decision-making. Moreover, women's education is found to have a positive correlation with decision-making in all four categories ( $p < 0.01$ ), underscoring its pivotal role in empowering women within the household context. Arguably, the study uncovers that wealthier women have a lower likelihood of holding decision-making power compared to those living in poorer or middle-class households. Addressing this discrepancy necessitates a comprehensive government-level strategy to enhance women's socio-economic status, thereby fostering their authority in household decision-making.*

**Keywords:** *Socio-Economic, Demographic Factors, Women Decision Making, Consumer behavior, Pakistan*



## **Introduction**

Women's empowerment and gender equality are fundamental principles for sustainable development and inclusive societies (Sarfranz et al., 2023). The extent of women's decision-making power within households, particularly in household purchasing, plays a crucial role in achieving these goals (Park & Yang, 2023). Understanding the socio-economic and demographic factors that influence women's decision-making power is essential for designing effective policies and interventions to promote gender equality and empower women.

Pakistan, like many other countries, faces persistent gender disparities. According to the Pakistan Demographic and Health Survey (PDHS) conducted in 2017-18, women's status and empowerment indicators in the country remain low. For instance, the survey revealed that only 26% of women aged 15-49 had a say in making major household purchases. Similarly, only 27% of women were involved in decisions regarding their own healthcare. These statistics highlight the limited decision-making power that women possess in crucial aspects of their lives.

Active participation of women in decision-making at all levels is a crucial aspect in achieving equality and fostering peace within families and countries. However, in many third-world nations, especially in Pakistan, women's decision-making power is often limited due to the predominance of male control over both decision-making authority and economic resources within households (Reshi, 2023; Pokharel, 2023). Women in Pakistan are frequently deprived of decision-making power, particularly concerning their own concerns. This power imbalance influences access to essential material and social resources, such as food, income, knowledge, power, and prestige within their families and communities (Mohammed et al., 2023).

The significance of women's decision-making in healthcare is evident, as it directly impacts maternal and child health outcomes and serves as an indicator of women's empowerment (Khan et al., 2022). Gender inequalities can impede communication between couples regarding reproductive decisions and women's access to reproductive health services, leading to adverse health outcomes (Reproductive Health Gebeyehu, 2022). Studies conducted using Pakistani data have revealed that women's age and family structure significantly influence their decision-making capabilities, with older women and those from nuclear households being more active participants in family decision-making (Dadras, 2022).



Cultural norms and socio-cultural contexts also play a significant role in limiting women's decision-making power. In Pakistan, women often experience unequal access to resources, education, and opportunities, along with limited legal rights. Their decision-making abilities are intricately linked to ethnicity, deprivation level, urban/rural background, education, and the number of living children (Smith et al., 2022). Addressing this issue requires a deeper understanding of the determinants of women's decision-making and recognizing regional and socio-cultural variations within the country. Empowering women through awareness of opportunities and legal rights can lead to enhanced decision-making power and reproductive choices, including increased contraceptive use and reduced "unmet need."

To gain insight into the role of women in Pakistan, it is essential to investigate not only their public and legal spheres but also their influence within their households. This investigation should consider the socio-economic and demographic factors that influence women's decision-making concerning healthcare utilization, purchasing goods, managing husband's income, and visiting family and relatives. Exploring these factors can guide efforts to address the issue and promote gender equality, empowering women to participate more actively in decision-making processes and enhance their overall well-being and social standing.

### **Statement of the Problem**

The decision-making power of women in household purchasing is influenced by various socio-economic and demographic factors (Asim, 2022). According to Shahbaz (2022) understanding the significance of these factors is crucial for policymakers and organizations seeking to empower women and promote gender equality. In the context of Pakistan, where gender disparities persist, it is important to identify the specific factors that affect women's decision-making power and formulate targeted strategies to enhance their socio-economic status (MacQuarrie, 2022).

While there have been studies examining the influence of socio-economic and demographic factors on women's decision-making power in household purchasing, there is a research gap in the context of Pakistan (Dadras, 2022). The available literature on this topic in Pakistan is limited, and there is a need for more empirical evidence to support policy development and program implementation.

The existing studies Ishfaq et al., (2023) and Saleemi (2022) have primarily focused on broader gender disparities and women's empowerment in Pakistan, with limited



attention given to specific factors that influence women's decision-making power in household purchasing. Furthermore, the majority of existing research predates the Pakistan Demographic and Health Survey (PDHS) conducted in 2017-18, which provides a comprehensive dataset for analyzing the relationship between socio-economic and demographic factors and women's decision-making (Mubeen, 2022). Therefore, this study aims to fill the research gap by utilizing the PDHS 2021-22 data to examine the specific socio-economic and demographic factors that impact women's decision-making power in household purchasing. By identifying these factors, the study will contribute to the existing body of knowledge and provide valuable insights for policymakers and organizations in Pakistan working towards empowering women and promoting gender equality.

#### **Significance of the study:**

The significance of this study lies in its potential to contribute to the promotion of gender equality and women's empowerment in Pakistan. By investigating the influence of socio-economic and demographic factors on women's decision-making power in household purchasing, this research offers valuable insights that can inform policy development and program implementation. Policymakers and governmental organizations can utilize the findings to design targeted interventions that address the specific barriers faced by women in decision-making processes. These interventions can aim to enhance women's autonomy, agency, and socio-economic status within households, leading to improved overall well-being and gender equality. Additionally, the study's identification of factors such as age, education, employment status, and place of residence that significantly impact women's decision-making power can guide the development of empowerment programs tailored to the needs of women in different contexts. By addressing these specific barriers and empowering women to actively participate in household purchasing decisions, these programs can foster women's economic independence, self-confidence, and leadership skills. Overall, the study's findings hold immense significance in advancing the understanding of women's decision-making dynamics and can serve as a foundation for comprehensive strategies aimed at enhancing women's socio-economic status and empowering them in household decision making.

#### **Research question and objective**



RQ1 – What are the factors that influence women’s decision making at the household level?

The research objective is as follows:

- To determine the factors that affect women’s decision-making power at the household level.

### **Literature Review**

In this section published literature is reviewed on the influence of socio-economic and demographic factors on women's decision-making power in household purchasing. The review highlights existing research findings and identifies the research gap that the present study aims to address.

#### **Women decision-making within households**

Numerous studies Zheng (2022) and Seidu et al., (2022) have emphasized the significance of women's decision-making power within households and its implications for gender equality and women's empowerment. Research conducted by Li (2022) in China identified several socio-economic and demographic factors that influence women's decision-making abilities in household purchasing.

#### **Education and women decision-making within households**

According to Okunlola (2022) education has consistently emerged as a critical factor impacting women's decision-making power. Study by Owoo (2022) have shown that higher levels of education among women are associated with increased decision-making authority in various domains, including household purchasing. For example, a study by Yanovskaya (2022) conducted in rural Bangladesh found that educated women were more likely to be involved in household decisions, including purchasing durable goods. Similarly, a study by Sharma (2019) in India demonstrated a positive relationship between women's education and their decision-making power in household purchases.

#### **Employment and women decision-making within households**

Another influential factor is women's employment status. Research suggests that women who are employed outside the home often have greater decision-making power compared to non-working women. For instance, a study by Awan (2022) in Bangladesh found that women engaged in paid work had more control over their income and were more involved in decision-making processes related to household expenditures.

#### **Age and women decision-making within households**



Age has also been identified as a significant factor shaping women's decision-making power. Studies indicate that as women grow older, their decision-making authority tends to increase. For example, research by Manandhar et al., (2023) in Nepal showed that older women had greater decision-making power in household purchases compared to younger women.

### **Residence place and women decision-making within households**

Place of residence is another factor that influences women's decision-making power. Studies have consistently found that women residing in rural areas tend to have lower decision-making authority compared to their urban counterparts. For instance, a study by Javed (2019) in India revealed that rural women had limited involvement in household decision-making, including purchasing decisions. Furthermore, the number of living children has been identified as a factor affecting women's decision-making power. Research suggests that as the number of children increases, women's decision-making authority tends to decrease. A study by Rahman (2022) in Bangladesh found that women with fewer children had more decision-making power in household purchases compared to women with more children.

### **Literature gap**

Despite the existing research on women's decision-making power, the literature in the context of Pakistan remains limited. Previous studies conducted in Pakistan have primarily focused on broader gender disparities and women's empowerment, with limited attention given to the specific factors that influence women's decision-making power in household purchasing.

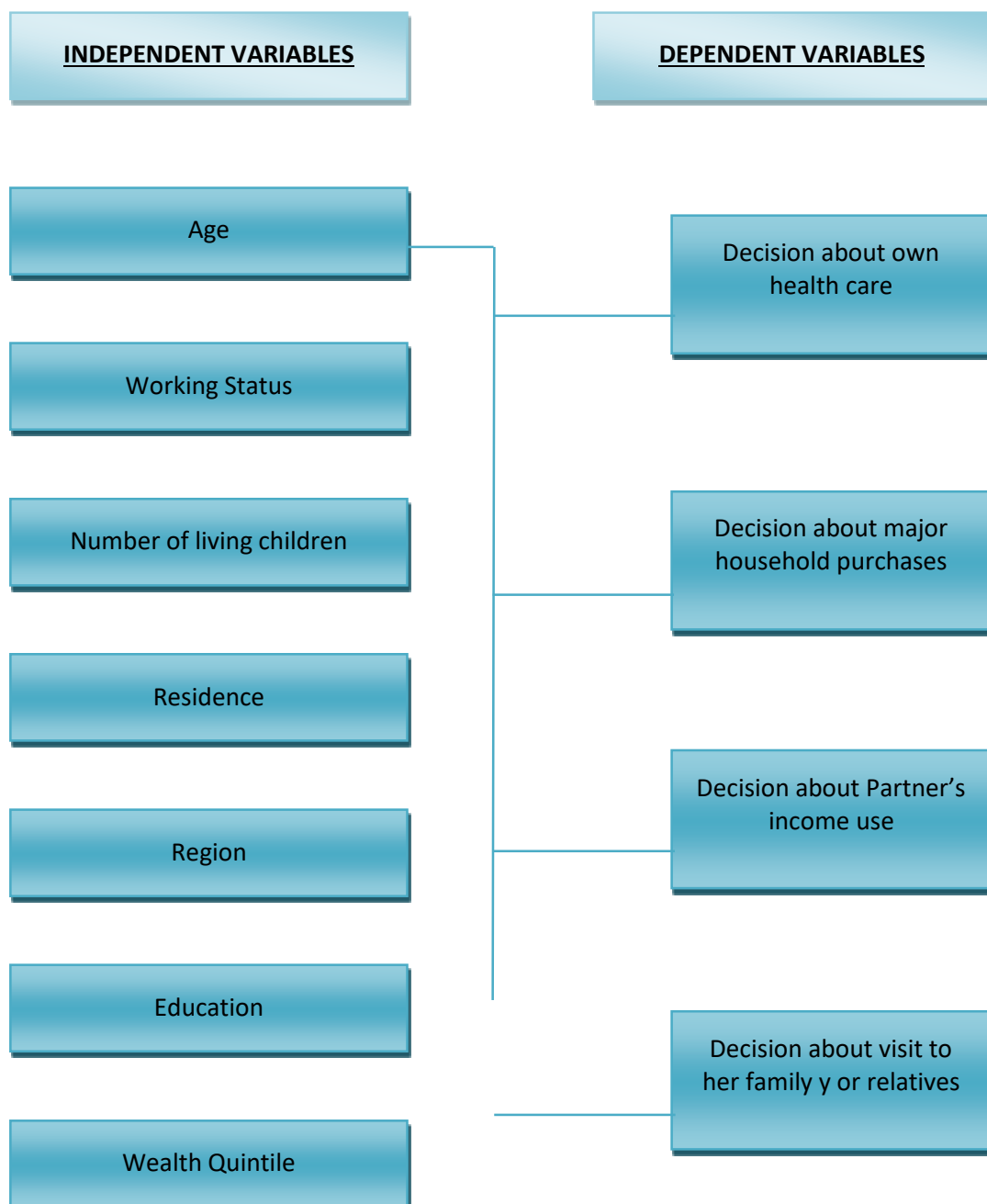
The research gap that this study aims to address is the lack of empirical evidence specifically examining the socio-economic and demographic factors influencing women's decision-making power in household purchasing in Pakistan. By utilizing the Pakistan Demographic and Health Survey (PDHS) 2017-18 data, this study aims to provide valuable insights into the specific factors that shape women's decision-making authority and contribute to the existing body of knowledge. According to Ilyas (2023), effective leadership skills have the potential to address and resolve issues related to intimate partner violence (IPV). Another study also supports this notion, suggesting that responsible leadership plays a crucial role in the prevention and control of IPV (Ilyas, 2023).



Overall, this literature review highlights the importance of investigating the influence of socio-economic and demographic factors on women's decision-making power in household purchasing. The present study aims to fill the research gap by focusing on the context of Pakistan and utilizing robust data to provide a more comprehensive understanding of the factors that affect women's decision-making authority in this specific setting.

### Theoretical framework

Figure 1







## Family Type

### Research Methodology

#### Study Design

The research follows a quantitative cross-sectional study design, utilizing data from the Pakistan Demographic and Health Survey (PDHS) 2017-2018. The PDHS is a nationally representative survey conducted by the Pakistan Bureau of Statistics, in collaboration with other national and international agencies, providing comprehensive data on various demographic and health indicators.

#### Sample Selection

The sample for this study consists of ever-married women aged 15-49 years. The PDHS dataset includes a representative sample of 12,364 ever-married women meeting the inclusion criteria. These women were interviewed to gather information on their decision-making power in relation to their own health care and major household purchases.

#### Variables

The study examines the influence of socio-economic and demographic factors on women's decision-making power. The independent variables include women's age, working status, education level, residence (urban or rural), and number of living children. The dependent variables are the four types of decision making mentioned earlier.

#### Data Collection

The data used in this research is secondary data obtained from the PDHS 2017-2018. The PDHS employs a standardized questionnaire that collects detailed information on various socio-economic and demographic characteristics of women and their households. Trained interviewers conducted face-to-face interviews with the selected participants to gather the required data.

#### Data Analysis





Data is analyzed using SPSS 24. Descriptive statistics were used to summarize the socio-economic and demographic characteristics of the sample. To examine the influence of the independent variables on women's decision making, regression analysis or other appropriate statistical methods (e.g., chi-square tests) were employed. The significance level was set at  $p < 0.01$  to determine the statistical significance of the results.

### **Ethical Considerations**

The PDHS follows ethical guidelines for data collection, ensuring informed consent, confidentiality, and privacy of the participants. The original survey obtained ethical approval from relevant institutional review boards and followed established protocols for data collection. The use of the secondary data for this research adheres to the terms and conditions set by the PDHS, ensuring anonymity and confidentiality of the respondents.

### **Limitations**

The study has several limitations. Firstly, the cross-sectional design limits establishing causal relationships between the independent variables and women's decision making. Secondly, reliance on self-reported data may introduce recall and reporting biases. Additionally, the study focuses on ever-married women, excluding unmarried women and their decision-making dynamics. Finally, the study is based on data from 2017-2018 and may not capture recent changes in socio-economic and demographic factors affecting women's decision making in Pakistan.

## **Discussion and Analysis**

This chapter presents the results and in further section discussion on these results are mentioned.

### **Socio-economic and Demographic characteristics**

Cross-tabulation result in table 1 shows that all socio-economic and demographic attributes are significantly correlated with all four types of women's decision-making statistics.

Table 1 shows 52 percent women have participated in decision making regarding their own health care, participation of women in decision making related to major household purchases is 47 percent, women participation in decision related to use of husband's



income is 45 percent and half of the women (50 percent) participated in decisions related to visit to family or relatives.

Of those total respondents, three-fifth (59 percent) of currently working women have participate in the decisions about their own health care, more than half (56 percent) of women participate in decisions regarding major household purchases, over half (53 percent) of women decide (alone or jointly) that how to spend husband's income and about three fifth (59 percent) participate in decisions related to visit to family or relatives.

Table 1 illustrates the level of women's participation in the decision-making process across different regions. Balochistan stands out as having the lowest level of women's participation, with less than one-fourth of women being involved in all four types of decisions. Only 25 percent of women participate in decisions concerning their own healthcare, and even fewer, 21 percent, are engaged in major household purchases. For decisions on how to spend their husband's income and visits to family or relatives, the participation rate is 22 percent and 25 percent, respectively. In contrast, Punjab displays the highest level of women's participation in decision-making. A significant 58 percent of women actively participate in decisions regarding their own healthcare, while 55 percent are involved in major household purchases, and 52 percent participate in managing their husband's income. Additionally, 56 percent of women are actively engaged in decisions related to visits to family or relatives.

Urban women demonstrate higher participation in decision-making compared to their rural counterparts. Among urban women, 61 percent are actively involved in decisions about their own healthcare, 55 percent participate in major household purchases, 51 percent participate in managing their husband's income, and 58 percent are engaged in decisions concerning visits to family or relatives.

Education also plays a role in women's participation in decision-making. For women with no education, the participation rates are lower, with 49 percent participating in decisions about their own healthcare, 45 percent in major household purchases, and a similar proportion in managing their husband's income. Among women with higher education, the participation rates increase significantly, with 64 percent participating in decisions about their own healthcare, 57 percent in major household purchases, 48 percent in managing their husband's income, and 59 percent actively engaged in decisions concerning visits to family or relatives.



Furthermore, wealth status influences women's participation in decision-making. Among the poorest women, 42 percent participate in decisions about their own healthcare, 36 percent in major household purchases, 36 percent in managing their husband's income, and 40 percent in decisions concerning visits to family or relatives. In contrast, among the richest households, 61 percent of women participate in decisions about their own healthcare, 55 percent in major household purchases, 49 percent in managing their husband's income, and 58 percent in decisions related to visits to family or relatives. This suggests that as wealth status increases, women tend to be more actively involved in decision-making processes.

Table 1

Percent distribution of currently married women aged 15-49

	Model 1		Model 2		Model 3		Model 4		N		
	No	Yes	No	Yes	No	Yes	No	Yes	Total	Chi Squ.	
Decision on own health care											
Decision on major purchases											
Decision on partner income use											
Decision on visit to family & relatives											
Chi Squ.											
Respondent working											
Not working		50.9	49.1	100	0.000	56.1	43.9	100	0.000	57.8	42.2
100	0.000	53	47	100	0.000	2808					
Currently working			40.1	59.1	100		44.2	55.8	100		46.6
53.4	100		41.5	58.5	100		9023				
Region											
Punjab	41.7	58.3	100	0.000	45.3	54.7	100	0.000	47.8	52.2	100
0.000	43.6	56.4	100	0.000	6740						
Sindh	48.3	51.7	100		58.6	41.4	100		60	40	100
	52	48	100		2735						
KPK	48.3	48.3	100		66.5	33.5	100		67.4	32.6	100
	65.1	34.9	100		1770						
Balochistan		75.2	24.8	100		78.7	21.3	100		77.6	22.4
100		75.5	24.5	100		489					
Gilgit Baltistan		58.6	41.4	100		68.9	31.1	100		78.3	21.7
100		55.3	44.7	100		60					
Islamabad		39.1	60.9	100		38.8	61.2	100		46.5	53.5
100		37.4	62.6	100		37					
Residence											



Urban	39.3	60.7	100	0.000	44.8	55.2	100	0.000	49.2	50.8	100
0.000	41.7	58.3	100	0.000	3839						
Rural	52.5	47.5	100		57.1	42.9	100		57.8	42.2	100
	54.2	45.8	100		7992						
Education Level											
No Education	51.4	48.6	100	0.000	55.2	44.8	100	0.000	55.4	44.6	
100	0.000	52.3	47.7	100	0.000	6639					
Primary	48.3	51.7	100		52.2	47.8	100		54.5	45.5	100
	48.4	51.6	100		1957						
Secondary	43.6	56.4	100		52	48	100		55.4	44.6	
100	49.3	50.7	100		2109						
Higher	36.4	63.6	100		43.3	56.7	100		52	48	100
	41.1	58.9	100		1126						
Wealth Index											
Poorest	58.5	41.5	100	0.000	64	36	100	0.000	63.7	36.3	100
0.000	60.2	39.8	100	0.000	2290						
Poorer	50.1	49.9	100		53.7	46.3	100		52.6	47.4	100
	50.7	49.3	100		2321						
Middle	47.3	52.7	100		51.2	48.8	100		52.7	47.3	100
	49.8	50.2	100		2330						
Richer	45.9	54.1	100		51.5	48.5	100		55.3	44.7	100
	48.5	51.5	100		2447						
Richest	39.2	60.8	100		45.3	54.7	100		50.7	49.3	100
	41.9	58.1	100		2443						
Age Groups											
15 - 29	60.6	39.4	100	0.000	68.4	31.6	100	0.000	66.9	33.1	100
0.000	66.2	33.8	100	0.000	4860						
30 - 39	43.3	56.7	100		47.8	52.2	100		50.3	49.7	100
	44	56	100		4231						
40 - 49	33.5	66.5	100		34.2	65.8	100		40	60	100
	31	69	100		2740						
Number of Living children											
No children	66.6	33.4	100	0.000	76.3	23.7	100	0.000	74.6	25.4	
100	0.000	72.8	27.2	100	0.000	1690					
1 - 2	53	33.4	100		59.3	40.7	100		60.4	39.6	100
	57.7	42.3	100		3468						



3 - 4	41.4	58.6	100	45.1	54.9	100	48.4	51.6	100
	42.3	57.7	100	3419					
5+	40.9	59.1	100	43.3	56.7	100	46.5	53.5	100
	39.1	60.9	100	3254					
Total		48.1	51.9	100	53	47.0	100	54.9	45.1
100		50.1	49.9	100	11831				

Increased age is associated with greater strength in decision-making for women. Among women in the age group of 40-49, over two-thirds (66 percent) actively participate in decisions regarding their own healthcare, major household purchases, use of husband's income, and visits to family or relatives, each accounting for the same proportion.

Likewise, women with a higher number of living children (5+) demonstrate greater involvement in decision-making across all outcome variables. Nearly three-fifths (59 percent) of women with 5 or more living children participate in decisions about their own healthcare. Additionally, 57 percent are actively engaged in major household purchases, 54 percent participate in managing their husband's income, and 61 percent participate in decisions concerning visits to family or relatives.

Furthermore, women from joint family structures exhibit more participation in decision-making compared to women from nuclear family setups. More than half (54 percent) of women from joint family structures actively engage in decisions regarding their own healthcare. Additionally, almost half (49 percent) of women are involved in major household purchases, 47 percent participate in managing their husband's income, and 52 percent are actively engaged in decisions concerning visits to family or relatives.

### **Multivariate analysis**

The analysis was performed using SPSS version 22.0. To account for the impact of the sample design, appropriate sample weights were applied. Moreover, the analysis was focused solely on currently married women, utilizing a filter to ensure the representation of results at a national level. The investigation aimed to understand the correlation between predictive factors related to socio-economic and demographic backgrounds and four outcome measures concerning women's decision-making. To achieve this, Logistic Regression analysis was employed. By adopting these measures, the study ensures both accuracy and representative findings for the target population.



### **Working Status**

The analysis results indicate a positive association between women's participation in household decision-making and their employment status. Working women demonstrate a significantly higher likelihood of actively engaging in decision-making processes compared to non-working women. This finding is particularly relevant in the context of Pakistan, where traditional gender norms often result in men having control over the household finances. As a consequence, women may face challenges in accessing funds for essential needs such as healthcare or transportation to healthcare facilities.

Consequently, their involvement in decision-making related to their own healthcare, household purchases, management of their partner's income, and visiting family or friends is restricted.

The employment of women, however, emerges as a crucial factor that empowers them to overcome these limitations. When women are employed, they tend to have some financial independence, which in turn enhances their decision-making influence within the household. By having their own income and savings, working women gain more agency to participate actively in determining crucial aspects of household matters.

### **Region**

The regression analysis shows that relative to Islamabad all regions indicate more or less significant impact on decision making regarding women health care (Model-I), major house hold purchases (Model-II), use of husband's income (Model-III) and visit to family or relatives (Model-IV).

The odds of decision making about health care, major household purchases, husband's income use and visit to family or relatives for the women are higher in Punjab as compared to Islamabad. However, women living in other regions are less likely to participate in all four decisions when compared to women living in Islamabad. (Model-I, II,III,IV) (Lai, 2022).

### **Residence**

The regression findings reveal a notable disparity between rural and urban women in terms of their participation in decision-making. Specifically, rural women display a significantly lower likelihood of engaging in decision-making processes compared to their urban counterparts. This relationship holds true across all four components of decision-making studied. It is essential to recognize that the impact of the place of

residence on decision-making extends beyond the physical environment and also influences the overall well-being of individuals in the area.

Moreover, individual time-space circumstances interact with the local conditions, particularly in communities characterized by poverty and social exclusion (Ullah, 2022). This indicates that the role of the place of residence in decision-making is now widely acknowledged and involves complex interactions between various factors affecting the decision-making process. Many studies show that rural women are less likely to be involved in decision making than urban women (Ilyas, 2023).

Table 2  
 Logistic Regression Coefficients and Effects (Odd Ratios)

	Model 1	Model 2	Model 3	Model 4							
Decision on own health care	Decision on major purchases			Decision on partner income use			Decision on visit to family & relatives				
Exp(B)	95% C.I for EXP(B)		Exp(B)	95% C.I for EXP(B)		Exp(B)	95% C.I for EXP(B)		Exp(B)	95% C.I for EXP(B)	
Exp(B)	Lower	Upper	Exp(B)	Lower	Upper	Exp(B)	Lower	Upper	Exp(B)	Lower	Upper
Respondent working											
Notworking	0.672***		0.613	0.737	0.644***	0.587	0.707	0.705***			
Currently working RC	0.644	0.771	0.661***	0.603	0.726						
Region											
Punjab	1.233*	0.718	2.117	1.025	0.59	1.781	1.088*	0.644	1.839	1.034	
	0.594	1.8									
Sindh	0.927*	0.538	1.598	0.551*	0.316	0.96	0.633*	0.373	1.074	0.708*	
	0.405	1.237									
KPK	0.529**	0.306	0.917	0.455**	0.259	0.797	0.494**	0.29	0.843	0.708**	
	0.257	0.794									
Balochistan		0.345***		0.194	0.613	0.257***		0.142	0.465	0.309***	
	0.176	0.542	0.708***	0.161	0.526						
Gilgit Baltistan		0.692**	0.346	1.384	0.398**	0.193	0.82	0.272**	0.131	0.566	
	0.708*	0.348	1.43								
Islamabad RC											





Residence										
Urban	1.441***		1.301	1.597	1.562***		1.407	1.733	1.48***	1.336
	1.638	1.482***	1.335	1.645						
Rural RC										
Education Level										
No Education	0.491***		0.491	0.577	0.516***		0.438	0.606	0.786**	
	0.672	0.92	0.542***	0.461	0.638					
Primary	0.559***		0.474	0.661	0.601***		0.508	0.711	0.813**	0.69
	0.957	0.68***	0.574	0.804						
Secondary	0.743***		0.637	0.868	0.675***		0.577	0.788	0.855**	
	0.735	0.994	0.711***	0.609	0.831					
Higher RC										
Wealth Index										
Poorest	0.962*	0.811	1.141	0.997	0.837	1.187	0.994*	0.838	1.179	0.935*
	0.786	1.112								
Poorer	1.334***		1.138	1.563	1.424***		1.212	1.674	1.506***	
	1.286	1.764	1.355***	1.153	1.592					
Middle	1.257**	1.087	1.452	1.299***		1.121	1.505	1.268***		1.098
	1.463	1.172**	1.012	1.358						
Richer	1.071*	0.944	1.215	1.066*	0.938	1.211	0.996	0.879	1.128	1.034*
	1.175									0.91
Richest RC										
Age Groups										
15 - 29	0.373***		0.331	0.419	0.285***		0.253	0.322	0.439***	
	0.391	0.493	0.284***	0.252	0.32					
30 - 39	0.626***		0.565	0.694	0.538***		0.485	0.596	0.691***	
	0.625	0.763	0.555***	0.5	0.616					
40 - 49 RC										
Number of Living children										
No children	0.485***		0.42	0.56	0.375***		0.322	0.436	0.422***	
	0.364	0.49	0.385***	0.332	0.447					



1 - 2	0.83**	0.738	0.932	0.816**	0.725	0.918	0.797***	0.71	0.895	
	0.731***	0.65	0.822							
3 - 4	1.097*	0.99	1.217	1.117*	1.007	1.239	1.052**	0.951	1.164	1.048**
	0.944	1.163								
5+ RC										

RC: Reference Category

Notes: OR= odds ratio; 95% CI = 95% confidence interval; \*p < 0.05; \*\*p < 0.01; \*\*\*p < 0.0

### Education

The regression analysis shows that the highly educated women are more likely to take part in decision making in described four models. “Education” is a significant predictor of participation in decision making and has an impact on decision making regarding women’s health care (Model-I), major house hold purchases (Model-II), use of husband’s income (Model-III) and visit to family or relatives (Model-IV). The odds of decision making about health care, major household purchases, husband’s income use and visit to family or relatives for the women who got higher education is highest when compared with other educational levels (Misu, 2023).

### Wealth Quintile

The surprising findings concerning the decision-making process imply that there could be additional factors influencing the association between wealth and women's decision-making. Notably, the economic status of women's households emerged as a significant factor that impacts their decision-making power. These results highlight the importance of considering other variables that might contribute to the understanding of how wealth and decision-making interrelate among women. Further exploration of these factors could lead to a more comprehensive and nuanced comprehension of the dynamics influencing women's decision-making abilities.

The odds of decision making about health care, major household purchases, husband’s income use and visit to family or relatives for the women who are poorer is higher as compared to richest. Interestingly, the impact of women from lower and upper middle class is also statistically significant and odd shows higher participation than the richest women. This means that women from middle wealth index are more likely to participate in all four decisions (model- I, II, III, IV) than the richest women.

### Age



The regression analysis shows that there is a significant influence of women's age on her decision-making power among all four measures. Young (2022) mentioned that especially in joint or extended family system. A possible explanation to this relationship could be that day-to-day life experiences make an older woman more confident and independent in decision making (Tickell., 2022).

### **Number of living children**

The analysis results show that like age, number of living children indicates more or less similar relationship with women's decision-making power. The analysis shows that other than women with 3-4 living children, women having 1-2 children or no children are less likely to participate in decision making as compared to women having 5 or more children (Zaidi, 2022). The relationship is also significant.

### **Family type**

The regression analysis shows the unexpected results regarding decision making process that there is a significant influence of joint family type on women decision making power among all four measures.

The odds of decision making about health care, major household purchases, husband's income use and visit to family or relatives for the women who are from the joint family type is highest when compared with nuclear family type.

Today nuclear family system replaces the joint family but availability of other family members and division of household responsibilities in joint family system give women more opportunities to participate in household decision making.

### **Conclusion and Recommendation**

To elucidate, various factors play a crucial role in influencing women's ability to participate in household decision-making. These factors are contingent upon the nature of the decision and the specific circumstances in which women live. The third Millennium Development Goal (MDG) purposes to encourage gender parity and women's enablement, and to achieve this objective, it becomes imperative to allocate sufficient financial resources that can equally benefit and empower women and girls (MDGs 2015 Report). Central to women's decision-making is the dynamic of husband-wife relations within the household. Enhanced communication between spouses can lead to sustained and deserved support, ultimately facilitating women's involvement in decision-making processes. Lack of education often results in women being excluded from decision-making roles (UNIFEM Data). Conversely, empowerment through



education and employment has consistently demonstrated a positive impact on women's decision-making abilities (Iqbal, 2022) and has the potential to reduce gender inequalities. Results shown that both the poorest and the wealthiest households tend to grant women the least decision-making power. By providing education and employment opportunities to women, their dependence on family and husbands can be reduced. In particular, empowering women in rural areas through income-generating activities can significantly enhance their decision-making capabilities. Addressing regional disparities by ensuring equal access to education and employment opportunities for women across all regions is vital in promoting women's empowerment and decision-making.

### References

- Ali, A., Khaliq, A., Lokeesan, L., Meherali, S., & Lassi, Z. S. (2022). Prevalence and predictors of teenage pregnancy in Pakistan: a trend analysis from Pakistan Demographic and Health Survey datasets from 1990 to 2018. *International Health*, 14(2), 176-182. <https://doi.org/10.1093/inthealth/ihab025>
- Asim, M., Hameed, W., & Saleem, S. (2022). Do empowered women receive better quality antenatal care in Pakistan? An analysis of demographic and health survey data. *PLoS One*, 17(1), e0262323. <https://doi.org/10.1371/journal.pone.0262323>
- Awan, A., & Bilgili, F. (2022). Energy poverty trends and determinants in Pakistan: Empirical evidence from eight waves of HIES 1998–2019. *Renewable and Sustainable Energy Reviews*, 158, 112157. <https://doi.org/10.1016/j.rser.2022.112157>
- Dadras, O., Dadras, M., Jafari, L., Nakayama, T., & Dadras, F. (2022). Women empowerment and access to maternity and reproductive healthcare in Pakistan: cross-validation of a Survey-based Index in Afghanistan (SWEI-A). *BMC Women's Health*, 22(1), 453. <https://doi.org/10.1186/s12905-022-02031-2>
- Gebeyehu, N. A., Gelaw, K. A., Lake, E. A., Adela, G. A., Tegegne, K. D., & Shewangashaw, N. E. (2022). Women decision-making autonomy on maternal health service and associated factors in low-and middle-income countries: Systematic review and meta-analysis. *Women's Health*, 18, <https://doi.org/10.1177/17455057221122618>.
- Ilyas, M. D. (2023). Negotiating the Uncharted: How Leadership Skills are Crucial in Resolving the Russia-Ukraine Conflict. *Journal of Emerging technologies and Innovative Research (JETIR)*, 10(4)



- Ilyas, M. D. (2023). Responsible Leadership in Crisis Management: Lessons from the Cuban Missile Crisis and Russia-Ukraine War. *Open Journal of Business and Management*, 11(3), 983-999. <https://doi.org/10.4236/ojbm.2023.113054>
- Ilyas, M. D., (2023). Probing the impact of the China-Pakistan Economic Corridor in Civil-Military Relations and Democracy in Pakistan: An Analysis of Interplay between Economics and Politics. *Journal of Xi'an Shiyou University*. <https://www.xisdxxsu.asia/viewarticle.php?aid=1915>
- Iqbal, S., Zakar, R., Fischer, F., & Zakar, M. Z. (2022). Consanguineous marriages and their association with women's reproductive health and fertility behavior in Pakistan: Secondary data analysis from Demographic and Health Surveys, 1990–2018. *BMC Women's Health*, 22(1), 118. <https://doi.org/10.1186/s12905-022-01704-2>
- Ishfaq, S., Anjum, A., Kouser, S., Nightingale, G., & Jepson, R. (2022). The relationship between women's empowerment and household food and nutrition security in Pakistan. *PloS one*, 17(10), e0275713. <https://doi.org/10.1371/journal.pone.0275713>
- Javed, R., & Mughal, M. (2019). Have a son, gain a voice: Son preference and female participation in household decision making. *The Journal of Development Studies*, 55(12), 2526-2548. <https://doi.org/10.1080/00220388.2018.1516871>
- Khan, I. M., Sahadev, S., Rashid, T., & Banerjee, S. (2022). Social media and empowerment in hospitality and tourism decision-making: A study among UK Muslim women. *International Journal of Hospitality Management*, 101, 103125. <https://doi.org/10.1016/j.ijhm.2021.103125>
- Lai, S. L. (2022). Fertility differentials in Bangladesh and Pakistan: evidence from demographic and health surveys. *Asian Population Studies*, 18(3), 275-293. <https://doi.org/10.1080/17441730.2021.1986254>
- Li, Z. (2022). Does Family Decision-Making Power Improve Women's Happiness?. *Journal of Family Issues*, 43(8), 2016-2039.
- MacQuarrie, K. L., & Aziz, A. (2022). Women's decision-making and contraceptive use in Pakistan: an analysis of Demographic and Health Survey data. *Sexual and reproductive health matters*, 29(2), 2020953.
- MacQuarrie, K. L., & Aziz, A. (2022). Women's decision-making and contraceptive use in Pakistan: an analysis of Demographic and Health Survey data. *Sexual and reproductive health matters*, 29(2), 2020953.
- Manandhar, P., Wannemuehler, K., Danovaro-Holliday, M. C., Lochlainn, L. N., Shendale, S., & Sodha, S. V. (2023). Use of catch-up vaccinations in the second year of life (2YL) platform to close immunity gaps: a secondary DHS analysis in Pakistan, Philippines, and South Africa. *Vaccine*, 41(1), 61-67.



- Misu, F., & Alam, K. (2023). Comparison of inequality in utilization of maternal healthcare services between Bangladesh and Pakistan: evidence from the demographic health survey 2017–2018. *Reproductive health*, 20(1), 43.
- Mohammed, K., Batung, E., Kansanga, M., Nyantakyi-Frimpong, H., & Luginaah, I. (2023). Does joint agricultural decision-making improve food security among smallholder farmers?. *African Geographical Review*, 42(3), 391-410.
- Mubeen, S., Shahid, M. H., & Hye, Q. M. A. (2022). The relationship between the empowerment of women and preferences related to fertility in Pakistan. *Journal of Social Economics Research*, 9(2), 121-136.
- Okunlola, D. A. (2022). Women's and male partners' socio-demographic and economic characteristics associated with contraceptive decision making in Nigeria. *BMC Women's Health*, 22(1), 1-16.
- Owoo, N. S. (2022). Couple's Decision-Making Power, Women's Labour Market Outcomes, and Asset Ownership. *Population Research and Policy Review*, 41(6), 2365-2391.
- Park, S., Yang, F., Hayden, M., & Morel, A. (2023). Testing the disclosure decision-making model: disclosing birth control status among college women. *Communication Quarterly*, 71(1), 86-106.
- PDHS., (2018). Pakistan Demographic and Health Survey 2017-18. The DHS Program. Report # [FR354]. Retrieved from <https://dhsprogram.com/pubs/pdf/FR354/FR354.pdf>. Accessed on March, 2023.
- Pokharel, A., & Pokharel, S. D. (2023). Women's involvement in decision-making and receiving husbands' support for their reproductive healthcare: a cross-sectional study in Lalitpur, Nepal. *International Health*, 15(1), 67-76.
- Rahman, S. U., Chaudhry, I. S., Meo, M. S., Sheikh, S. M., & Idrees, S. (2022). Asymmetric effect of FDI and public expenditure on population health: New evidence from Pakistan based on non-linear ARDL. *Environmental Science and Pollution Research*, 1-16.
- Reshi, I. A., & Sudha, T. (2023). ECONOMIC EMPOWERMENT OF WOMEN: A REVIEW OF CURRENT RESEARCH. *International Journal of Educational Review, Law And Social Sciences (IJERLAS)*, 3(2), 601-605.
- Saleemi, S., & Kofol, C. (2022). Women's participation in household decisions and gender equality in children's education: Evidence from rural households in Pakistan. *World Development Perspectives*, 25, 100395.
- Sarfraz, M., Hamid, S., Kulane, A., & Jayasuriya, R. (2023). 'The wife should do as her husband advises': Understanding factors influencing contraceptive use decision making among married Pakistani couples—Qualitative study. *PLOS one*, 18(2), e0277173.





- Seidu, A. A., Ahinkorah, B. O., Armah-Ansah, E. K., Dadzie, L. K., Aboagye, R. G., Ameyaw, E. K., ... & Yaya, S. (2022). Women's household decision-making power and contraceptive use in Mali. *Reproductive Health, 19*(1), 232.
- Shahbaz, P., ul Haq, S., Abbas, A., Batool, Z., Alotaibi, B. A., & Nayak, R. K. (2022). Adoption of Climate Smart Agricultural Practices through Women Involvement in Decision Making Process: Exploring the Role of Empowerment and Innovativeness. *Agriculture, 12*(8), 1161.
- Sharma, M., & Kota, H. B. (2019). The role of working women in investment decision making in the family in India. *Australasian Accounting, Business and Finance Journal, 13*(3), 91-110.
- Smith, S. E., Sivertsen, N., Lines, L., & De Bellis, A. (2022). Decision making in vaccine hesitant parents and pregnant women—An integrative review. *International Journal of Nursing Studies Advances, 4*, 100062.
- Tickell, K. D., Denno, D. M., Saleem, A., Ali, A., Kazi, Z., Singa, B. O., ... & Walson, J. L. (2022). Enteric Permeability, Systemic Inflammation, and Post-Discharge Growth Among a Cohort of Hospitalized Children in Kenya and Pakistan. *Journal of Pediatric Gastroenterology and Nutrition, 75*(6), 768.
- Ullah, R., Saleem, M. A., & Ahmad, N. (2022). Factors Affecting Stunting Growth of Children in Pakistan: Evidence from Pakistan Demographic Health Survey 2017-18. *Human Nature Journal of Social Sciences, 3*(3), 395-411.
- Yanovskaya, O., & Lipovka, A. (2022). Gender Stereotypes and Family Decision-Making: Comparative Study of Central Europe and Central Asia. *Central European Management Journal, 30*(3), 61-84.
- Young, N., Bowman, A., Swedin, K., Collins, J., Blair-Stahn, N. D., Lindstedt, P. A., ... & Flaxman, A. D. (2022). Cost-effectiveness of antenatal multiple micronutrients and balanced energy protein supplementation compared to iron and folic acid supplementation in India, Pakistan, Mali, and Tanzania: A dynamic microsimulation study. *PLoS Medicine, 19*(2), e1003902.
- Zaidi, B. (2022). Son preference and sex differentials in receipt of key dimensions of children's healthcare: Evidence from Pakistan. *Population Studies, 76*(2), 309-328.
- Zheng, H., Zhou, Y., & Rahut, D. B. (2022). Smartphone use, off-farm employment, and women's decision-making power: Evidence from rural China. *Review of Development Economics*.