

## ÉDITORIAL

# Renforcer les systèmes de données pour promouvoir la santé et les droits sexuels et reproductifs en Afrique subsaharienne

DOI: 10.29063/ajrh2026/v30i11.1

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Le développement de la santé et des droits sexuels et reproductifs (SDSR) en Afrique subsaharienne est fondamentalement entravé par la « pauvreté des données de santé »<sup>1</sup>. Si de nombreux pays à revenu élevé ont réalisé des progrès significatifs dans le renforcement de leurs systèmes de données de santé, l'Afrique subsaharienne continue de faire face à d'importantes lacunes<sup>1-3</sup>. Malgré le besoin crucial de pratiques fondées sur des données probantes, le paysage régional des données est caractérisé par une méconnaissance généralisée de la valeur intrinsèque de données exactes. De nombreux pays de la région ne disposent pas de recensements de population réguliers, de dossiers de santé fiables ni de systèmes fonctionnels d'état civil et de statistiques vitales.

L'exactitude des données est souvent compromise par une réticence profondément ancrée des populations à fournir des informations personnelles. Dans de nombreux contextes africains, les tabous culturels, les croyances religieuses et la méfiance envers les « étrangers » entraînent des taux de refus élevés lors des enquêtes menées auprès des ménages et dans les établissements de santé. Par exemple, une étude menée en Afrique du Sud a mis en évidence comment des femmes peuvent refuser de parler de santé reproductive en raison d'une opposition religieuse ou par crainte d'être jugées par les chercheurs<sup>4</sup>. Les données sont parfois sujettes à la falsification et au biais de désirabilité sociale. Les personnes interrogées « apprennent » souvent à répondre de manière à minimiser la longueur des questionnaires, par exemple en déclarant moins de partenaires sexuels pour éviter les questions complémentaires.<sup>5</sup>

Plus grave encore, la crainte de répercussions juridiques ou sociales conduit à la dissimulation active d'informations sensibles par les individus et les établissements de santé. Des personnes ont déclaré avoir menti sur leur statut sérologique ou sur les violences sexistes qu'elles ont subies par crainte d'une intervention policière ou de la stigmatisation sociale.<sup>4</sup>

Même lorsque des données sont disponibles, on observe une minimisation et une non-utilisation systématiques des informations factuelles pertinentes pour la prise de décision et la planification stratégique. L'institutionnalisation du suivi fondé sur les données demeure faible et les plans annuels sont souvent élaborés sans tenir compte des informations sanitaires courantes.<sup>6</sup> Dans de nombreux cas, la planification fondée sur des données probantes est supplantée par l'ingérence politique et le népotisme, où les intérêts politiques — plutôt que les données empiriques — déterminent quels programmes de santé sont mis en œuvre et qui est nommé pour les diriger.<sup>7</sup> Sans s'attaquer à ces barrières culturelles et structurelles, les systèmes de données continueront de produire des informations de mauvaise qualité qui ne permettront pas d'améliorer significativement les résultats en matière de santé sexuelle et reproductive dans la région.<sup>1,8</sup>

Depuis la Conférence internationale sur la population et le développement (CIPD) du Caire en 1994 et jusqu'aux Objectifs de développement durable (ODD) pour 2030, la santé sexuelle et reproductive est reconnue comme un droit humain fondamental.<sup>9-11</sup> Ce droit est désormais inscrit dans les politiques nationales de santé et les cadres juridiques de nombreux pays.

Le droit à la santé sexuelle et reproductive comprend l'accès à la contraception, aux soins de fertilité et d'infertilité, aux services de santé maternelle et périnatale, à la prévention et au traitement des infections sexuellement transmissibles, à la protection contre les violences sexuelles et sexistes, et à l'éducation à des relations saines et sans risque.<sup>12</sup> comprend également le droit à l'information et la capacité de faire des choix éclairés concernant sa vie reproductive.

Lorsque cet accès est retardé ou refusé, les conséquences peuvent être graves, notamment le décès, un handicap permanent et des difficultés socio-économiques. Pour que ces droits se concrétisent, les systèmes de santé ont besoin de systèmes de données robustes. Des données précises, actualisées et

## ORIGINAL RESEARCH ARTICLE

# Financial and legal empowerment in women's reproductive health decision-making in rural China and Pakistan: A qualitative study

DOI: 10.29063/ajrh2026/v30i12.9

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## Abstract

This study investigates how financial and legal empowerment affects women's reproductive health decisions in rural China and Pakistan, both of which face notable patriarchal and socioeconomic challenges. We used a qualitative approach, employing semi-structured interviews to gather in-depth insights from rural women who faced barriers in making reproductive health decisions due to financial and legal constraints. We used purposive sampling to recruit participants. Data were collected from 30 women aged 18–45 years from rural Anhui Province, China, and Khyber Pakhtunkhwa, Pakistan. The results show that women are much better able to make informed choices about their reproductive health when they are financially independent, have control over their money and income opportunities, and are aware of their legal rights. Women who are economically empowered and legally informed have greater autonomy in accessing reproductive healthcare and challenging patriarchal norms. The study concludes that financial and legal empowerment are essential for enhancing reproductive health outcomes and that their integration into policy and practice is crucial for enabling women's independent reproductive decisions. This study contributes to the literature on women's autonomy in reproductive health by highlighting the combined role of financial and legal empowerment, offering insights for policymakers, healthcare providers, and legal reformers seeking to improve reproductive health outcomes in rural marginalized communities. (*Afr J Reprod Health* 2026; 30 [12]: 81-94).

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**Keywords:** Financial and Legal Empowerment, Reproductive Health, Rural Women, Gender Equality, China, Pakistan

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## Résumé

Cette étude examine comment l'autonomisation financière et juridique influence les décisions des femmes en matière de santé reproductive dans les zones rurales de Chine et du Pakistan, deux régions confrontées à d'importants défis patriarcaux et socio-économiques. Une approche qualitative a été utilisée, avec des entretiens semi-directifs, afin de recueillir des informations approfondies auprès de femmes rurales confrontées à des obstacles dans leurs choix en matière de santé reproductive, liés à des contraintes financières et juridiques. Un échantillonnage raisonné a permis de recruter les participantes. Les données ont été recueillies auprès de 30 femmes âgées de 18 à 45 ans, issues des provinces rurales d'Anhui (Chine) et de Khyber Pakhtunkhwa (Pakistan). Les résultats montrent que les femmes sont bien mieux à même de faire des choix éclairés concernant leur santé reproductive lorsqu'elles sont financièrement indépendantes, qu'elles maîtrisent leurs finances et leurs opportunités de revenus, et qu'elles connaissent leurs droits. Les femmes économiquement autonomes et informées juridiquement ont une plus grande autonomie dans l'accès aux soins de santé reproductive et sont plus à même de remettre en question les normes patriarcales. L'étude conclut que l'autonomisation financière et juridique est essentielle à l'amélioration des résultats en matière de santé reproductive et que son intégration dans les politiques et les pratiques est cruciale pour permettre aux femmes de prendre des décisions indépendantes en matière de reproduction. Cette étude enrichit la littérature sur l'autonomie des femmes en matière de santé reproductive en soulignant le rôle combiné de l'émancipation financière et juridique. Elle offre des perspectives précieuses aux décideurs politiques, aux professionnels de santé et aux réformateurs juridiques qui cherchent à améliorer les résultats en matière de santé reproductive dans les communautés rurales marginalisées. (*Afr J Reprod Health* 2026; 30 [12]: 81-94).

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**Mots-clés:** Émancipation financière et juridique, Santé reproductive, Femmes rurales, Égalité des sexes, Chine, Pakistan

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## Introduction

Social equality and reproductive health are integral to human development and directly impact sustainable health outcomes.<sup>1</sup> The World Health

Organization (WHO) defines reproductive health as "a state where people feel well physically, mentally, and socially in all things related to the reproductive system, not just the absence of disease." According to the WHO, this means that people can enjoy a safe

and satisfying sex life and have the power and freedom to choose if, when, and how often to have children. This includes access to family planning, care for mothers and newborns, safe pregnancy and childbirth, treatment and prevention of reproductive infections, and the right to make informed and independent choices about reproduction.<sup>2</sup> In patriarchal societies with economic inequality and restrictive legal frameworks, social norms, financial dependence, and legal constraints frequently shift reproductive health decision-making power to male family members or institutions, thereby limiting women's autonomy.<sup>3</sup> Despite the critical importance of financial and legal rights for women's reproductive autonomy, research rarely examines these aspects or how they influence each other. Some studies have explored women's economic empowerment, healthcare access, and household decision making. Others have focused on legal rights, legal awareness, and reproductive justice. However, few qualitative studies have investigated the interaction between financial and legal empowerment in shaping women's reproductive health decisions, especially in rural and patriarchal contexts such as China and Pakistan.

While financial and legal resources, particularly economic independence and legal entitlements, have been primarily studied in the context of healthcare access and the use of services such as antenatal care, contraception, and maternal health services, they have been less frequently investigated in relation to women's autonomy in reproductive health decision-making.<sup>4,5</sup> In both China and Pakistan, women's reproductive health decisions are shaped by legal and economic limits. However, these limits differ significantly. In Pakistan, women depend on male relatives for money, struggle to find paid work, and often lack control over their family resources. Laws and customs exacerbate these problems by favoring male consent in family matters, failing to properly enforce women's rights to inherit and make choices about their bodies, and limiting access to legal information, especially outside cities. In China, the law recognizes women's reproductive rights; however, rural women still face economic inequalities due to the rural-urban gap, fewer job options, and weaker access to public benefits and

health insurance. The effects of past population policies, local rules, and ongoing patriarchal attitudes further affect women's reproductive choices.

Researchers have examined reproductive health issues in China and Pakistan, focusing on healthcare accessibility, maternal mortality, and family planning.<sup>5,6</sup> Entrenched social norms, cultural practices, and laws in Pakistan limit women's access to reproductive healthcare by restricting their autonomy and agency. Patriarchal gender roles assign women duties as wives and mothers, while decision-making power, especially over reproduction and healthcare, lies with male family members, such as husbands or elders. Social norms about female modesty, mobility, and the need for male approval often stop women from independently seeking reproductive health care, including contraception and abortion.<sup>7</sup> Institutional and legal factors reinforce these barriers to care. Although reproductive healthcare is legal in some cases, unclear safeguards, inconsistent law interpretations, and weak enforcement restrict women's choices. Service access, including abortion and family planning, depends on spousal consent, in-law expectations, and stigma fear. Social, cultural, and legal obstacles mean that family authority and patriarchy, rather than personal choice, control women's reproductive health decisions in Pakistan.<sup>7,8</sup> Strict family rules exacerbate the problem, as legal systems do not sufficiently protect women's rights.<sup>9,10</sup> Women in rural areas face unique challenges due to traditional norms that prioritize home and caregiving over their health, compounded by inadequate infrastructure and medical facilities in their regions.<sup>11</sup> These barriers contribute to high rates of maternal mortality in rural areas by limiting access to adequate reproductive healthcare.<sup>12-14</sup>

The one-child policy continues to influence women's reproductive choices in China. However, this policy was officially repealed in 2015.<sup>15,16</sup> The historical consequences of this policy continue to cause serious problems for women, who face perceived bias against girls, a lack of resources, and a lack of legal support for their reproductive rights.<sup>17</sup> Although the Chinese government has developed family planning policies to address reproductive health issues, providing

comprehensive care for women to exercise reproductive autonomy, particularly in rural areas, remains challenging.<sup>18</sup> Economic inequality exacerbates these challenges, preventing women from accessing reproductive health services.<sup>17,18</sup> However, the limited literature on reproductive health in China and Pakistan focuses primarily on access to health services in individual situations without considering other relevant socioeconomic and legal issues, including financial independence and legal rights, which significantly influence women's reproductive health choices.

While a growing body of research acknowledges the importance of women's autonomy in reproductive health, existing studies have often examined financial and legal empowerment as separate domains. For instance, Duflo (2012) and Sen (1999) highlight how economic agency enhances women's decision-making capacity, enabling access to healthcare and family planning services.<sup>19,20</sup> In contrast, scholars such as Nussbaum (2000) and Kabeer (2005) have emphasized the role of legal rights and literacy in securing reproductive justice and challenging patriarchal norms.<sup>21,22</sup> However, few studies have systematically investigated how financial and legal empowerment intersect and interact to shape reproductive choices, particularly in rural, patriarchal contexts such as those in China and Pakistan. Recent work by Gammage et al. (2020) called for an integrated approach, arguing that economic resources without legal protection—or legal rights without economic means—may be insufficient to ensure substantive reproductive freedom.<sup>23</sup> Similarly, Sen and Mukherjee (2017) note that sustainable empowerment requires both material resources and recognition of institutional rights.<sup>24</sup> Despite these theoretical advances, empirical research remains sparse, especially in cross-national comparative settings, where legal systems, cultural norms, and economic opportunities vary significantly.

An unanswered question remains about the direct impact of the combination of financial factors (e.g., control over household finances and access to income-generating opportunities) and legal autonomy (e.g., the right to make reproductive health decisions) on women's ability to make reproductive health decisions.<sup>25-27</sup> However, in the

existing academic literature on reproductive health and women's empowerment, studies examining women's economic empowerment and legal rights have primarily focused on these factors separately, with relatively few qualitative investigations examining how they jointly shape women's reproductive health decision-making processes. In particular, in the poor rural areas of China and Pakistan, there is a significant knowledge gap regarding how financial and legal empowerment can improve reproductive health.<sup>28,29</sup> This disparity becomes increasingly apparent when considering the challenges women face in these areas, including limited access to education, social restrictions on women's autonomy, and the absence of a legal framework guaranteeing their rights.<sup>30-32</sup>

This qualitative study aimed to explore how women's access to and control over financial resources shapes reproductive health decision-making in rural China and Pakistan, examine how awareness of legal rights related to reproduction influences women's participation in reproductive health decisions, and understand how the interaction between financial empowerment and legal awareness affects women's reproductive autonomy within patriarchal rural contexts.

### ***Conceptual framework***

This study examines the impact of the interaction between financial and legal empowerment on women's reproductive health decisions in rural Pakistan and China. To achieve social justice in the reproductive health sector, the framework focuses on the need to empower women, especially those living in rural societies, to make their own choices regarding their reproductive matters without being subjected to the supervision of patriarchy, economic dependence, and limiting legal provisions. This framework informed the study of the combined influence of financial independence and legal rights on women's reproductive health decision-making in these regions, particularly by detailing how these factors reduce the plight of women in rural underserved communities.

The primary concept of the framework is that individuals can effectively manage their finances and make informed economic decisions.<sup>33,34</sup> In patriarchal societies such as rural

Pakistan and China, women do not have a say, particularly on critical issues such as reproductive health, due to the financial autonomy they are attached to the male family.<sup>35-37</sup> Women have free access to contraception, maternity, and family planning services only if they control resources in the home.<sup>11,38</sup> Economically stable women can make choices about their reproductive health and medical care without involving male family members or friends.<sup>39</sup> Financially independent women gain access to healthcare services, practice family planning, and focus on maternal health without external intervention. This situation provides them with the autonomy to make their own decisions regarding reproductive health.<sup>40</sup> Women who work, run their businesses, or own land and property are in a better position to make wise decisions about their reproductive fate. Such empowerment is necessary in rural areas, where women often face barriers to accessing formal healthcare services and economic opportunities, including employment.<sup>41</sup> Hence, women must be financially independent to escape gendered financial domination and liberate themselves to make independent and informed decisions regarding family size and health.<sup>39</sup>

This structure includes empowering the legal system, which involves financial empowerment for women. Women gain significant empowerment, particularly in reproductive health, when they exercise their rights under the law.<sup>42</sup> Economic limitations and legal policies in most rural areas of Pakistan and China prevent women from making reproductive decisions. For example, women face challenges in making decisions concerning their reproductive health because family laws are restrictive, limiting their freedom in matters such as inheritance, divorce, and family planning.<sup>43</sup> In Pakistan, women face the challenge of accessing reproductive healthcare treatments without the consent of a male, which is blocked by a mixture of patriarchal legal systems and gender-biased interpretations of family law.<sup>44</sup> Similarly, the one-child policy continued to influence reproductive decisions in China, even after its official termination in 2015.<sup>45</sup> The expectation to conform to societal norms, poverty, and the absence of legislative safeguards to reproductive rights are all reasons why women continue to experience

many challenges today. Legal empowerment can protect the autonomy of women in making reproductive choices and empower them with the legal means to help them break through social and legal barriers.<sup>46</sup> Women are afforded legal protection to ensure that they can enjoy their rights and freedoms. Legal safeguards for female reproductive rights are a vital part of the scheme to empower women. To avoid unwanted pregnancies and prove their right to complete maternity care, women must be independent of men.<sup>47</sup> When women are aware of their legal rights and can exercise them, they can make independent choices regarding their reproductive health. Furthermore, women empowered with legal resources and information are more likely to challenge patriarchal practices and oppressive laws that aim to suppress their agency and autonomy.<sup>48</sup>

The key element in this initiative is the integration of women's financial and legal empowerment, as the two concepts complement each other in terms of women's independence in reproductive matters. Financial independence enables action, but the security and legitimacy that accompany legal empowerment are crucial for facilitating actions that transcend social and legal boundaries.<sup>49</sup> A combination of these factors enables women to more easily defend their reproductive rights and achieve better reproductive health outcomes. The probability of a woman being able to freely access health services, explore her family planning options, and make informed decisions about her reproductive health increases when she is financially independent and has control over household resources.<sup>24,50</sup> Cultural forces or legal constraints can override financial independence, limiting reproductive choices.<sup>51</sup> However, women often lack enough funds to access services or advocate for their rights. Although they are legally allowed to make such decisions, their reproductive health choices are restricted.<sup>52</sup> The convergence between the two forms of agency suggests that a comprehensive agenda is necessary to eliminate the legal and economic barriers to reproductive health in rural neighborhoods.<sup>53,54</sup>

The central theoretical assumption of this framework is the belief in social justice, wherein women should have equal ability to make choices about their reproductive health, irrespective of their

socioeconomic or legal status. Two examples of structural barriers that limit women's freedom are financial dependence and legal systems that discriminate based on gender.<sup>55</sup> To achieve social justice in reproductive health, these barriers must be addressed and overcome. The framework emphasizes that women should be empowered financially and legally and allowed to make independent choices concerning their reproductive health without restrictions imposed by society and the law.<sup>56</sup> The proposed research asks the following question: How do financial and legal empowerment, access to medical care, and economic and legal contexts shape women's reproductive choices in rural Pakistan and China? By examining these factors together, this study addresses a gap in literature. This paradigm informs intervention strategies that support women's financial and legal autonomy and improve reproductive health outcomes. The model analyzes how access to capital and legal frameworks impacts childbearing decisions in these regions and aims to guide policymakers in addressing socioeconomic and legal barriers to enhanced reproductive health

## Methods

We employed qualitative research methods, focusing on semi-structured interviews and thematic analysis to develop an in-depth understanding of women's experiences in the specified areas.<sup>57</sup> The following subsections provide a detailed overview of the study's design, data collection methods, target population, sampling strategies, interview procedures, and data analysis techniques, all of which are designed to fulfil the study goals.

### *Research design*

We adopted a qualitative research design, which is best suited for analyzing the situational issues surrounding the complex contextual factors that affect women's reproductive health decision-making. Through qualitative research,<sup>57</sup> holistic and multidimensional information based on lived experiences and the views of people can be gathered, which is necessary to comprehend the connection between financial and legal empowerment and the desired outcomes for

reproductive health. The research design is based on constructivist epistemology,<sup>58</sup> which emphasizes the need to understand the realities of the people with whom they live and the meanings assigned to their experiences. In this way, we were able to examine the complex relationship between reproductive decisions, socioeconomic status, and legal issues in various cultural and legal contexts. The study was based on semi-structured interviews that aimed to stimulate discussion and provide opportunities for participants to share their thoughts, feelings, and experiences in a group setting.

### *Research questions*

This study seeks to understand how women's financial resources and economic independence influence their reproductive health decision-making in rural China and Pakistan, how awareness of legal rights related to reproduction shapes women's participation in reproductive health decisions, and how financial empowerment and legal awareness interact to influence women's reproductive autonomy in rural and patriarchal settings?

### *Population and sampling*

Data were collected from 1st October to November 3, 2025. The sample consisted of 30 married women aged 18–45 years from rural Anhui Province, China, and Khyber Pakhtunkhwa, Pakistan. These women were selected based on their firsthand experience with reproductive health decisions, such as family planning, medical care, pregnancy, and childbirth. We used purposive sampling,<sup>59</sup> to recruit participants who provided diverse insights into the intersection of financial empowerment, legal awareness, and reproductive health. To ensure variation relevant to reproductive autonomy, we applied a stratified purposive sampling. We based this on age group, education, employment status, household type (nuclear or extended), and the number of children. Stratification involved purposefully selecting women from different socioeconomic and family backgrounds at each site. Thirty women participated in the study, with 15 from each region. This cross-national design enabled a comparison across two patriarchal rural settings. These settings

differ in terms of their legal frameworks, economic opportunities and sociocultural norms. The sample included women with a range of education levels, employment statuses (unemployed, informal, formal, or self-employed), and family sizes. This approach captured experiences relevant to the study objectives (Table 1).

Participants were included if they were aged between 18 and 45 years, were married and living in a rural household, and had personal experience in making decisions related to reproductive health, including contraception, pregnancy, healthcare seeking, and childbearing. Women who did not meet the age criterion or who reported no experience in reproductive health decision-making were excluded. Experience was determined during recruitment using the preliminary screening questions. These addressed women's involvement in decisions regarding contraception, pregnancy, healthcare seeking, and childbearing. The final sample size was determined by data saturation. Saturation was reached when no new themes emerged from the interviews. This was reached within each country after approximately 13–14 interviews. However, the interviews continued to the planned total of 15 per country for balance and robustness in the cross-contextual comparison. The demographic diversity of the sample is shown in Table 1, which summarizes the participants' background characteristics at both study sites.

### **Data collection**

Data were collected through individual semi-structured interviews with rural women in Anhui Province, China, and Khyber Pakhtunkhwa, Pakistan. This method allowed the participants to describe their lived experiences, perceptions, and decision-making processes in their own words. The focus was on financial empowerment, legal awareness, and women's reproductive health. Consistency was ensured through the interviews. A total of 30 interviews were conducted, 15 in China and 15 in Pakistan. Each interview lasted approximately 50–70 minutes, providing time for an in-depth discussion of sensitive topics. Interviews were conducted in gender-homogeneous, neutral, and accessible community locations to ensure participant comfort and privacy,

especially given the patriarchal social contexts of the study sites.

The interview guide consisted of open-ended questions focusing on women's access to and control over financial resources, their awareness of and ability to exercise legal rights related to reproduction and family decision-making, and their participation in reproductive health decisions, including family planning, healthcare seeking, and childbearing. The interviewers flexibly used probing questions to clarify responses and explore emerging issues. Trained female interviewers fluent in Pashto (Pakistan) and Chinese (China) and familiar with local cultures conducted all interviews. The interviewers completed two days of training on ethical research, gender-sensitive interviewing, rapport, and managing power dynamics. They prioritized making the participants feel safe to share their views without fear of judgment or repercussions.

Before each interview, the participants received a clear explanation of the study objectives, voluntary participation, and confidentiality measures. All participants provided written informed consent before data collection. Participants could decline to answer any question or withdraw from the study at any time without consequence. All interviews were audio-recorded with the participants' permission. We took detailed field notes to capture contextual information and nonverbal cues. We transcribed the Pashto and Chinese interviews verbatim and translated them into English. The research team verified the selected transcripts against the audio recordings. The English transcripts were used for thematic analysis.

### **Thematic analysis**

Data analysis was conducted using thematic analysis,<sup>60</sup> following the six-phase approach outlined by Braun and Clarke. All interview transcripts were imported into NVivo 12 (QSR International) to facilitate systematic data management, coding, and retrieval. This method was particularly suitable for this study because it enabled an in-depth exploration of the participants' lived experiences and the meanings they attributed to them. All records were transcribed and analyzed during the interviews. The readings were repeated

to ensure a thorough understanding of the materials. The transcripts were systematically coded to identify the initial themes related to financial and legal empowerment, as well as choices regarding reproductive health. It was both inductive and deductive coding (the former was based on the data, and the latter on the theoretical framework). Once the first codes were developed, the second step involved combining them into larger themes that explained key patterns across the entire dataset. This exercise was efficient because it constantly compared data sources to draw similarities and differences in the lives of women in both countries. The themes were narrowed down to a coherent story explaining how the enablement of financial and legal choices for women affected their reproductive health. This study also explores the significance of these factors in relation to the sociocultural norms and legal requirements of China and Pakistan. The final step in analyzing the themes involved interpreting them in relation to the research questions and the existing literature on financial and legal empowerment, as well as reproductive health. This practice will help expose how these forces are used to determine the embodiment of women's empowerment in making informed and autonomous decisions about reproductive health. We repeated the data analysis process, reflecting on and revising the coding and themes as new patterns emerged.

Peer debriefing and member checking validated the analysis, during which the initial results were reviewed by the participants, who had the opportunity to ensure that the analysis was accurate and appropriate to the data. Each interview participant was assigned a unique identifier indicating country, interview number, age, and gender to ensure anonymity and allow clear differentiation between participants in the presentation of results.

### **Ethics statement**

Ethical approval for this study was granted by the Department of Sociology, School of Sociology and Political Science, Anhui University, People's Republic of China, on September 16, 2025, under approval number S23101003. All participants were informed of the study objectives and their right to withdraw at any time. Written informed consent

was obtained, and confidentiality and anonymity were strictly maintained throughout the study.

## **Results**

The results presented below are based on interviews with rural women in China and Pakistan. The analysis is based on the themes emerging from the data, one of which is the influence of financial and legal empowerment on reproductive health choices.

### ***Economic empowerment: financial independence & healthcare access***

The freedom that women enjoy in making independent choices about their reproductive health is highly influenced by their economic freedom. Many women in Pakistan reported constraints in accessing reproductive healthcare due to financial dependence on male relatives, which limited their ability to seek care independently and in a timely manner. The following are the different opinions collected through the interviews:

*"I cannot visit a doctor without my husband's permission. Even when I am accompanied by my children or other family members, the decision is not mine. If I had my own income, I would be able to make healthcare decisions independently."*(PK-INT-03, age 32, female)

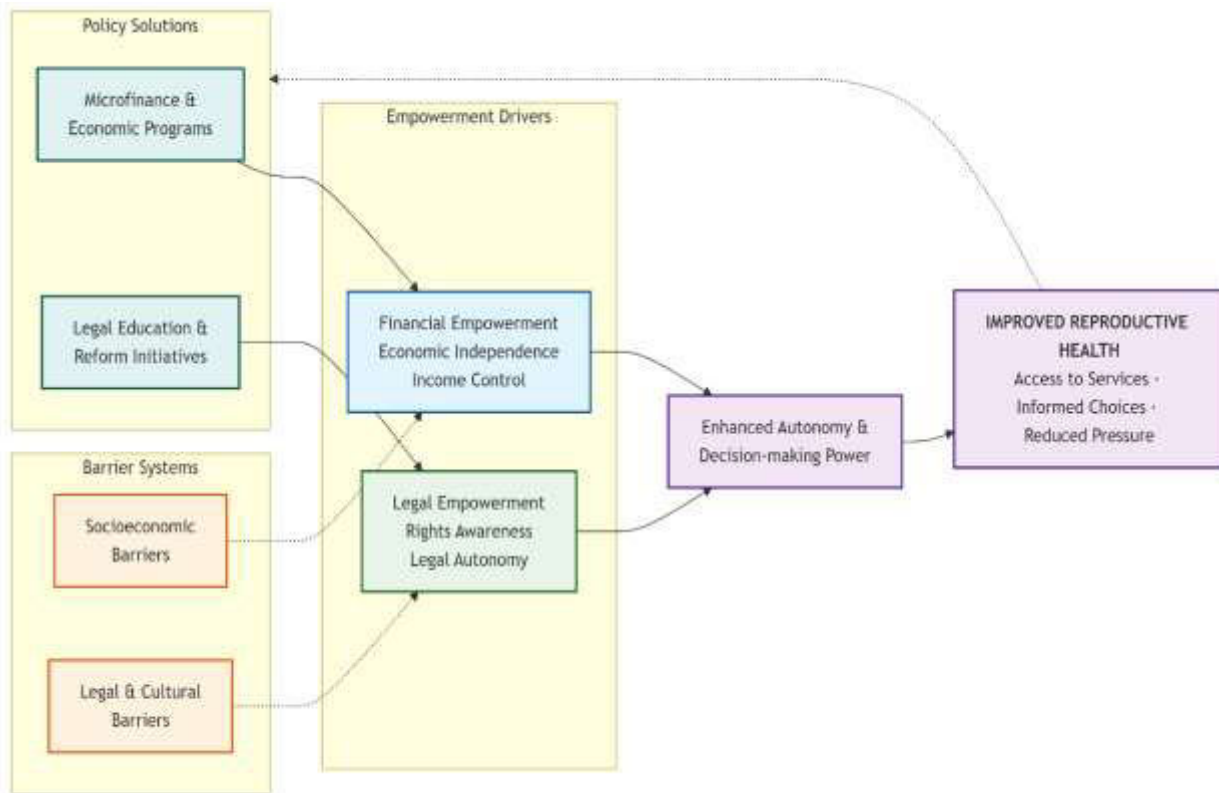
*"If I had my own job and income, I would go for regular health checkups. Because I depend on my husband's money, I often delay seeking care."*(PK-INT-07, age 35, female)

*"When I have a health problem, I must first ask my husband or brother for money. If they say no, I cannot go to the doctor."*(PK-INT-11, age 29, female)

*"I earn more than 3,000 yuan a month, so I can afford gynecological checkups, contraception, and pregnancy care whenever I need them."*(CN-INT-04, age 27, female)

*"I control my own income, and that allows me to decide when to seek reproductive healthcare without asking anyone for permission."*(CN-INT-09, age 34, female)

The findings show clear differences between Pakistan and China in how financial dependence affects access to reproductive healthcare.



**Figure 1:** Conceptual framework

**Table 1:** Demographic characteristics of participants

| Characteristic    | Category                        | China (n = 15) | Pakistan (n = 15) | Total (n = 30) |
|-------------------|---------------------------------|----------------|-------------------|----------------|
| Age (years)       | 18–24                           | 3              | 2                 | 5              |
|                   | 25–34                           | 7              | 8                 | 15             |
|                   | 35–45                           | 5              | 5                 | 10             |
| Marital status    | Married                         | 15             | 15                | 30             |
|                   | No formal education             | 2              | 6                 | 8              |
| Education level   | Primary                         | 4              | 5                 | 9              |
|                   | Secondary                       | 6              | 3                 | 9              |
|                   | Higher education                | 3              | 1                 | 4              |
| Employment status | Not employed/housewife          | 6              | 11                | 17             |
|                   | Informal work                   | 4              | 3                 | 7              |
|                   | Formal employment/self-employed | 5              | 1                 | 6              |
| Household type    | Nuclear                         | 8              | 4                 | 12             |
|                   | Joint/extended                  | 7              | 11                | 18             |

In Pakistan, women rely on male relatives, which limits their ability to seek care independently, causes delays, and reduces their autonomy. In

China, most women do not face male financial control as a barrier to working. Financially independent women access services on their own,

while those with limited income face structural barriers instead of needing permission from their husbands. Patriarchal norms function differently in each context and impact women's reproductive autonomy in different ways.

### **Legal empowerment: rights & legal knowledge**

The results indicated that many women, particularly in rural areas, were not aware of their legal rights in reproductive health, which made them unable to champion their rights. The following are some of the passages from the interviews:

*"I always believed my husband had the final say in family planning. I did not know that the law gives women the right to decide until I learned about it later."*(PK-INT-05, age 31, female)

*"After attending a legal awareness session, I realized that I could refuse having another child if I did not want one."*(PK-INT-12, age 26, female)

*"Although the law gives women the right to decide about childbearing, in my family those decisions were made by my in-laws, and I felt unable to oppose them at that time."*(CN-INT-06, age 38, female)

*"Many rural women do not read the law because of low education. Without knowing our rights, we cannot protect ourselves."*(CN-INT-10, age 41, female)

The interviews show that patriarchal values and legal ignorance are significant sources of influence on reproductive decisions in China and Pakistan. Among the participants in Pakistan, limited awareness of legal rights related to family planning often resulted in reliance on husbands or in-laws for reproductive decision-making. In contrast, participants in China generally demonstrated greater awareness of formal legal rights; however, family level pressures and traditional norms continued to shape reproductive decisions. These findings highlight that legal awareness and the ability to exercise legal rights operate differently across different contexts.

### **Intersection of financial & legal empowerment: Combined impact on reproductive decisions**

Participants who reported financial independence and legal awareness described greater autonomy in

reproductive decision-making, whereas those lacking these forms of empowerment experienced limited agency. The following are some of the interview results.

*"Having my own income and knowing my rights has completely changed my life. Now I decide when to seek healthcare and how many children I want."*(CN-INT-08, age 30, female)

*"When I started earning money and learned about my legal rights, I stopped asking for permission to make decisions about my health."*(PK-INT-09, age 28, female)

*"Before I had financial independence, I was not consulted about family planning. Now, I make those decisions myself."*(CN-INT-12, age 36, female)

*"Understanding my rights gave me confidence, but having my own income gave me the power to act on those rights."*(PK-INT-14, age 33, female)

*"Because I do not earn money and I do not know the law, I cannot argue. Whatever my husband and in-laws decide, I have to accept."*(PK-INT-15, age 37, female)

In contrast, participants who lacked financial independence and legal awareness reported minimal autonomy in their reproductive decision-making. These women described being excluded from decisions related to family planning and healthcare-seeking, with choices largely controlled by their husbands or senior family members. Limited income restricts their ability to access services independently, while a lack of knowledge about legal rights reduces their confidence to question or resist family pressure. Consequently, reproductive decisions were often framed as family obligations rather than personal choices, reinforcing women's marginal role in decision-making.

## **Discussion**

This study examines the impact of financial and legal empowerment on women's reproductive health decisions in rural China and Pakistan, expanding the current literature on empowerment and patriarchal limitations. These findings emphasize the value of economic autonomy, as women with financial independence—through employment or entrepreneurship—demonstrate a greater ability to make informed reproductive

decisions, challenging traditional patriarchal norms.<sup>61-62</sup> For example, a participant from China noted that her income allowed her to make independent healthcare choices, aligning with the capability approach, which emphasizes enhancing women's agency through economic empowerment.<sup>20</sup> In Pakistan, women's access to healthcare is restricted due to their financial dependence on male relatives, highlighting how economic reliance increases vulnerability in patriarchal societies.<sup>52,63</sup> This study highlights the crucial significance of legal empowerment, especially in situations in which legal frameworks restrict women's rights. Many participants lacked awareness of their legal rights, echoing the assertion that legal illiteracy hinders women's reproductive autonomy.<sup>22</sup> Education about legal rights led to a notable shift in decision-making, supporting the concept of 'functioning,' which posits that knowledge of legal rights is essential for realizing individual capabilities.<sup>21</sup>

The intersection of financial and legal empowerment proved to be a potent combination, enabling women to navigate healthcare systems effectively. This aligns with the emphasis on the necessity of integrating economic and legal rights into comprehensive empowerment.<sup>64</sup> Women who were financially self-sufficient and knowledgeable about the law indicated the most significant degree of autonomy in their reproductive health choices.<sup>27</sup> For instance, one participant suggested that her financial independence and legal knowledge allowed her to make reproductive choices without needing permission from male relatives and that the ability to access healthcare services independently was crucial for improving reproductive health outcomes.<sup>65</sup> Women who controlled their household income and understood their legal rights experienced higher rates of contraception use, regular health checkups, and less pressure from their in-laws regarding family planning. These findings align with the framework that advocates for multifaceted empowerment strategies to address both economic and legal barriers, thereby enhancing women's health outcomes.<sup>66</sup>

Our findings resonate with those studies conducted in other regions yet reveal context-specific nuances. Corroon et al. similarly found that

economic agency enhances maternal healthcare utilization in Nigeria.<sup>50</sup> However, unlike Nigeria, legal awareness in our study emerged as an equally critical mediator, suggesting that in settings with deeply entrenched patriarchal legal systems, such as rural Pakistan and, to a lesser extent, rural China, knowledge of rights may be as vital as material resources. Similarly, in Bangladesh, Shohel et al. observed that microfinance alone often fails to empower women in the absence of parallel legal literacy initiatives.<sup>49</sup> Our study extends this insight by demonstrating how financial and legal empowerment interact synergistically in two distinct yet patriarchal contexts, highlighting the need for integrated interventions over isolated approaches. Furthermore, while studies in sub-Saharan Africa often emphasize community-based health systems, our findings from China and Pakistan underscore the role of state-level legal frameworks and grassroots legal education in bridging the gap between policy and practice, a dimension that has been less examined in the African context.

This study highlights the crucial link between financial and legal empowerment and women's reproductive health decision-making, particularly in rural China and Pakistan. This study proposes a longitudinal assessment of how financial independence influences reproductive choices and the role of digital platforms in enhancing legal literacy. This study underscores the need to incorporate socioeconomic factors, legal awareness, and family dynamics while promoting initiatives such as microfinance and vocational training to foster economic independence. Enhancing legal empowerment entails educating communities about reproductive rights and gender equality, requiring collaboration between governmental and non-governmental organizations to improve awareness and access to legal resources. The study advocates an integrated approach that includes tailored programs focusing on financial independence and legal literacy, facilitated by partnerships between healthcare and legal organizations. Community education campaigns are essential for challenging patriarchal norms and promoting systemic changes to improve women's reproductive health.

### **Limitations of the study**

This study has limitations, notably its focus on rural areas in China and Pakistan, which may not accurately represent the experiences of women in urban areas. Future research should incorporate urban perspectives, address biases in self-reported data using a triangulated approach and consider the influence of male partners and community figures on reproductive decisions. Furthermore, the cross-national design may overlook cultural and economic differences, suggesting that a comprehensive examination of barriers and opportunities for women in both countries is necessary.

### **Conclusion**

This study underscores the crucial impact of financial and legal empowerment on enhancing women's reproductive health choices in rural areas of China and Pakistan. By exploring economic self-sufficiency and legal awareness, this study adds depth to the discussion on women's autonomy in male-dominated societies. The findings indicate that financial empowerment allows women better access to reproductive health services and more influence over decision-making, in line with the Capability Approach, which stresses the significance of agency and autonomy. A grasp of reproductive rights enhances women's ability to challenge patriarchal norms. These results imply that combining financial independence with legal knowledge can lead to better reproductive health outcomes. Additionally, it highlights gaps in the existing research, emphasizing the need for further studies on the experiences of urban women and the perspectives of male family members. This study illustrates the importance of holistic strategies that address both financial and legal obstacles to effectively promote gender equality and reproductive rights.

### **Author's contributions**

Zhang Biao wrote the original draft, developed the methodology, conducted the review and editing, and performed the formal analysis. Professor Sun Zhongfeng supervised the project. Muhammad Suhail Khan contributed to data collection and

software development. All authors read and approved of the final manuscript.

### **Funding**

This research received no specific grant from any funding agency, commercial or not-for-profit sectors.

### **Conflict of interest**

The authors declare that there is no conflict of interest regarding the publication of this article.

### **Data availability**

The data that supports the findings of this study are unavailable to the public and inaccessible upon request, as this information could compromise the privacy of the research participants

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