Oshada; Jurnal Kesehatan
https://nawalaeducation.com/index.php/O/index
Volume 3 Nomor 1, February 2026
e-ISSN : 3047-017X
DOI : https://doi.org/10.62872/pkwppn26

# Gender Inequality and its Impact on Women's Reproductive Health Status

**Yumi Abimulyani[1], Annisa Nurrachmawati[2]**
Poltekkes Kemenkes Jayapura, Indonesia[1], Universitas Mulawarman, Indonesia[2]
e-mail*: yumiabimulyanigom@gmail.com

| | | | |
|---|---|---|---|
| Input | : January 07, 2026 | Revised | : January 22, 2026 |
| Accepted | : February 20, 2026 | Published | :February 25, 2026 |

## ABSTRACT

Gender inequality remains a fundamental barrier to achieving optimal reproductive health outcomes for women globally. This literature review synthesizes current evidence examining the multifaceted relationship between gender inequality and women's reproductive health status across diverse geographic contexts. A comprehensive review was conducted analyzing peer-reviewed studies published between 2021-2025 that examined gender inequality and reproductive health outcomes. The evidence reveals that gender inequality consistently correlates with poor reproductive health outcomes through three primary mechanisms: male-dominated decision-making power over healthcare access, unequal resource distribution and workload burdens, and early discrimination including child marriage. Studies from Tanzania, Morocco, Pakistan, Bangladesh, India, and Uganda demonstrate that women with limited decision-making autonomy experience substantially higher rates of unintended pregnancies, lower contraceptive use, and unsafe delivery practices. Educational inequality and economic marginalization further compound these effects by restricting women's knowledge of reproductive rights and limiting access to sexual and reproductive health services. Gender inequality operates independently of poverty as a determinant of reproductive health, though the two often intersect to create compound vulnerabilities. The evidence points toward solutions including women's education, community programs challenging restrictive gender norms, economic empowerment interventions, and policy frameworks promoting gender equality. Gender inequality fundamentally undermines women's reproductive rights and choices, contributing to increased maternal and infant morbidity and mortality. Strengthening gender equality through education, decision-making empowerment, and economic access represents a critical pathway to improving women's reproductive health outcomes globally.

**Keywords**: *Gender Inequality, Gender Norms, Healthcare Access, Maternal Health, Reproductive Health, Women's Empowerment*

## INTRODUCTION

Reproductive health represents a fundamental human right and a cornerstone of women's overall wellbeing and development. Despite significant global progress in healthcare access and maternal mortality reduction over recent decades, substantial disparities persist, particularly affecting women in low and middle-income countries. Among the multitude of factors contributing to poor reproductive health outcomes, gender inequality has emerged as a critical and pervasive determinant that shapes women's access to healthcare services, reproductive choices, and health outcomes throughout their life course (Heise et al., 2019; Klasen, 2018).

Gender inequality manifests in diverse forms across different cultural and socioeconomic contexts, yet its impact on reproductive health follows consistent patterns. Women facing gender-based discrimination experience systematic barriers to accessing reproductive healthcare services, exercising reproductive autonomy, and achieving positive health outcomes. These inequalities are embedded in social norms, economic structures, educational systems, and power dynamics that collectively constrain women's agency over their own bodies and health decisions (Branisa et al., 2013; Heise et al., 2019). Gender inequality operates across multiple dimensions including education, labor markets, politics and law, health systems, and cultural norms, creating intersecting barriers to women's reproductive health (Altuzarra et al., 2021; Nguyen et al., 2020).

The global burden of poor reproductive health outcomes remains substantial. According to the World Health Organization, approximately 295,000 women died from pregnancy-related causes in 2017, with 94% of these deaths occurring in low-resource settings. Beyond mortality, millions of women suffer from preventable reproductive health morbidities including obstetric fistula, postpartum hemorrhage, and complications from unsafe abortions. These adverse outcomes are not randomly distributed but rather concentrate among populations experiencing the greatest gender inequality (Alcalde-Rubio et al., 2020).

Understanding the mechanisms through which gender inequality affects reproductive health is essential for developing effective interventions. Research has identified multiple pathways including restricted decision-making power, limited educational opportunities, economic marginalization, disproportionate domestic workloads, and harmful practices such as child marriage (Mitra et al., 2015; Khaidir et al., 2025). These factors operate both independently and synergistically to create complex barriers to reproductive health. The Lancet Commission on gender equality emphasizes that restrictive gender norms interact with other forms of discrimination including racism, class inequality, and homophobia to produce differential health risks and unequal access to services (Heise et al., 2019).

Recent evidence from diverse geographic contexts including Tanzania, Morocco, Pakistan, Bangladesh, India, and Uganda has illuminated specific mechanisms linking gender inequality to reproductive health outcomes. Studies have documented how male-dominated household decision-making restricts

women's ability to seek antenatal care, use contraception, or access skilled birth attendance (Tesha et al., 2023; Ouahid et al., 2023; Ali et al., 2025; Roy et al., 2022; Sedlander et al., 2024). Research has also revealed how educational disparities limit women's knowledge of reproductive rights and available services, while economic inequality restricts their ability to afford or travel to healthcare facilities (Galos & Coppock, 2023; Llorens et al., 2021).

The relationship between gender inequality and economic development has been extensively documented. Studies across developing countries, ASEAN nations, and OECD countries demonstrate that gender inequality in education consistently reduces economic growth, while improvements in gender equality in education and labor force participation enhance national economic performance and savings (Altuzarra et al., 2021; Khaidir et al., 2025; Gariba & Prokop, 2024; Klasen, 2018). This bidirectional relationship means that gender inequality not only harms women's health but also constrains broader development progress, while investments in gender equality generate positive spillover effects across multiple domains.

This review synthesizes current evidence on the relationship between gender inequality and women's reproductive health status, examining both the mechanisms through which inequality operates and the interventions that have demonstrated effectiveness in addressing these disparities. By analyzing peer-reviewed research from multiple countries and contexts, this study aims to provide a comprehensive understanding of how gender inequality undermines reproductive health and identify evidence-based strategies for advancing gender equality as a pathway to improved reproductive health outcomes.

The significance of this topic extends beyond individual health outcomes. Reproductive health is intimately connected to broader development goals including poverty reduction, educational attainment, economic productivity, and intergenerational health transmission (Dutta et al., 2025; Escot et al., 2023). Women who cannot control their reproductive choices face barriers to education and employment, perpetuating cycles of poverty and inequality. Conversely, investments in gender equality and reproductive health generate positive spillover effects across multiple development domains. This article proceeds by describing the methodological approach, presenting key findings, and concluding with recommendations for research, policy, and practice to advance both gender equality and reproductive health outcomes for women globally.

## METHODS

This literature review employed a comprehensive approach to identify and synthesize peer-reviewed research examining the relationship between gender inequality and women's reproductive health outcomes. The review focused on empirical studies published between 2021 and 2025 to capture the most current evidence while ensuring relevance to contemporary contexts. Multiple academic databases were utilized to identify relevant literature, with particular attention to studies examining gender inequality and reproductive health across diverse geographic contexts. The search strategy employed keywords related to gender inequality, gender norms,

women's empowerment, reproductive health, maternal health, sexual health, family planning, antenatal care, and healthcare access. Both quantitative and qualitative research designs were considered to capture the breadth of evidence on mechanisms and impacts.

Studies were included if they met the following criteria: publication in peer-reviewed journals between 2021-2025, empirical research examining gender inequality and reproductive health, focus on women of reproductive age, and clear methodology and findings. From each included study, key information was extracted including study setting, population characteristics, measures of gender inequality, reproductive health outcomes examined, methodology, and main findings. The synthesis approach organized findings thematically according to the forms of gender inequality identified and the reproductive health outcomes affected. This thematic organization allowed for pattern identification across different geographic and cultural contexts. Table 1 summarizes the key characteristics of included studies.

**Table 1.** Characteristics of primary studies examining gender inequality and reproductive health outcomes

| Study | Country/Region | Study Type | Key Focus |
|---|---|---|---|
| Tesha et al., 2023 | Tanzania | Population study | Gender inequity & reproductive health access |
| Veas et al., 2021 | OECD countries | Panel data analysis | Gender inequality & health outcomes |
| Roy et al., 2022 | Bangladesh | Cross-sectional | Rural-urban gender inequality differentials |
| Ali et al., 2025 | Pakistan | Qualitative study | Gender roles & reproductive health |
| Raghupathi et al., 2025 | Global | Visualization study | Gender inequality & healthcare association |
| Ouahid et al., 2023 | Morocco | Qualitative study | Gender norms & SRH service access |
| Sikdar & Bansod, 2025 | India | National survey | Fertility & reproductive health status |
| Sedlander et al., 2024 | Uganda | Scale adaptation | Gender norms & decision-making |
| Zavala et al., 2024 | Global | Scoping review | Gender inequity, climate & health |
| Heise et al., 2019 | Global | Commission review | Gender inequality & health framework |

The final review synthesized evidence from nine primary studies on reproductive health outcomes supplemented by additional literature examining broader

gender inequality dimensions including education, labor markets, political participation, and social norms (Branisa et al., 2013; Altuzarra et al., 2021; Mitra et al., 2015; Khaidir et al., 2025; Llorens et al., 2021; Galos & Coppock, 2023; Heilman et al., 2023; Nguyen et al., 2020; Gariba & Prokop, 2024; Klasen, 2018; Dutta et al., 2025; Ganum, 2025). This diverse evidence base provides comprehensive insight into how gender inequality affects reproductive health across varied contexts while identifying common patterns and mechanisms that operate across different settings and populations

## RESULT AND DISCUSSION

### Forms of Gender Inequality and Mechanisms of Impact

The evidence reveals that gender inequality affects women's reproductive health through multiple interconnected mechanisms operating at individual, household, community, and societal levels. Three primary pathways emerged consistently across diverse geographic contexts.

### Male-Dominated Decision-Making Power

One of the most pervasive mechanisms through which gender inequality undermines reproductive health is the concentration of healthcare decision-making power in the hands of male family members. Research from Tanzania, Morocco, Pakistan, and Bangladesh demonstrates that husbands and male relatives frequently control critical decisions regarding contraceptive use, healthcare facility visits, desired number of children, and delivery location, directly constraining women's ability to access timely and appropriate reproductive healthcare services (Tesha et al., 2023; Ouahid et al., 2023; Ali et al., 2025; Roy et al., 2022).

Studies across these contexts reveal consistent patterns where cultural norms positioning men as household heads and primary decision-makers create systematic barriers to women's healthcare access. In Tanzania, women with lower decision-making autonomy were substantially less likely to seek early antenatal care or deliver in health facilities with skilled birth attendants. In Morocco, women often required explicit permission from husbands to visit health facilities, with male family members deciding contraceptive use and desired family size. In Pakistan, restrictive gender norms not only limited women's decision-making power but also constrained their physical mobility and access to reproductive health information. Rural Bangladesh showed particularly severe restrictions, where male control over reproductive decisions contributed to high rates of unintended pregnancies, low contraceptive prevalence, and unsafe home deliveries (Tesha et al., 2023; Ouahid et al., 2023; Ali et al., 2025; Roy et al., 2022). These patterns mirror broader gender inequalities in workplace and political settings where women face systematic bias and limited representation (Galos & Coppock, 2023; Heilman et al., 2023; Nguyen et al., 2020).

The consequences extend beyond access to specific services. Research in Uganda demonstrated that restrictive gender norms around decision-making

were associated with women's inability to negotiate condom use, discuss family planning preferences with partners, or seek care for reproductive health concerns without male approval, placing women at increased risk of sexually transmitted infections, unintended pregnancies, and delayed treatment (Sedlander et al., 2024).

**Unequal Resource Access and Workload Burdens**

Beyond decision-making constraints, gender inequality manifests in unequal access to critical resources including education, economic assets, and time. Women's systematically lower access to education limits their knowledge of reproductive rights, available services, and preventive care importance during pregnancy. Economic marginalization restricts women's ability to afford healthcare services or transportation to facilities, while disproportionate domestic work and childcare burdens reduce time available for seeking reproductive healthcare.

Educational inequality emerged as a particularly powerful mechanism. Women with limited formal education had substantially lower knowledge of contraceptive methods, reproductive anatomy, and pregnancy danger signs, translating directly into lower family planning utilization and delayed care-seeking for obstetric complications. Countries with greater gender disparities in education and economic participation showed systematically worse maternal health indicators, even after controlling for national income levels, indicating that gender inequality affects reproductive health through mechanisms beyond poverty. Evidence demonstrates that gender inequality in education consistently reduces economic growth and development outcomes, particularly in developing countries and Sub-Saharan Africa (Roy et al., 2022; Raghupathi et al., 2025; Mitra et al., 2015; Altuzarra et al., 2021; Khaidir et al., 2025; Klasen, 2018).

Economic inequality and workload burdens create additional barriers. Women with no independent income or assets remain entirely dependent on male family members for healthcare resources, creating vulnerability to male decision-making power. Heavy responsibilities for household tasks, water collection, agricultural work, and childcare leave insufficient time for attending antenatal appointments or traveling to health facilities. Women reported missing antenatal visits or delaying care-seeking because they could not neglect domestic responsibilities, with time poverty disproportionately affecting rural women and those in large households. Climate change further intensifies these burdens, increasing women's time securing resources and reducing capacity for reproductive healthcare (Tesha et al., 2023; Ali et al., 2025; Zavala et al., 2024; Llorens et al., 2021; Heilman et al., 2023).

The physiological consequences of workload inequality directly affect reproductive health. Heavy physical labor during pregnancy increases risks of

premature delivery, low birth weight, and pregnancy complications, while women's inability to rest adequately represents a direct pathway from gender inequality to adverse outcomes. Globally, women comprise approximately 40% of the labor force but account for 60% of the poorest populations, reflecting persistent economic gender inequality (Nguyen et al., 2020; Heise et al., 2019).

**Early Discrimination and Child Marriage**

Gender discrimination beginning in childhood creates reproductive health vulnerabilities that persist across the life course. Child marriage, defined as marriage before age 18, represents a particularly harmful manifestation of gender inequality with severe reproductive health consequences including elevated risks of early pregnancy, pregnancy complications, anemia, and maternal and infant mortality.

Studies from Bangladesh, Pakistan, and India document high prevalence of child marriage and its associations with poor reproductive health outcomes. Girls married before age 18 had substantially higher rates of closely spaced births, pregnancy complications including anemia and hypertensive disorders, adverse birth outcomes including stillbirth and low birth weight, obstetric fistula, and severe anemia. Child marriage truncates girls' education, limits their decision-making power, and initiates childbearing before physical maturity, creating compound reproductive health vulnerabilities. The relationship between fertility and reproductive health is mediated by gender inequality factors including age at marriage, education, and decision-making power (Roy et al., 2022; Ali et al., 2025; Sikdar & Bansod, 2025).

Beyond child marriage, early gender discrimination affects reproductive health through preferential treatment of sons in nutrition, healthcare access, and education. In contexts with strong son preference, daughters may receive inadequate nutrition during childhood and adolescence, creating vulnerabilities to anemia and complications during subsequent pregnancies. Research on discriminatory social institutions demonstrates that indices measuring discrimination in family codes, civil liberties, and physical integrity correlate with worse educational outcomes, higher child mortality, and greater corruption in developing countries (Branisa et al., 2013; Klasen, 2018).

**Specific Reproductive Health Outcomes Affected**

The mechanisms of gender inequality manifest in concrete reproductive health outcomes. Evidence demonstrates systematic associations between gender inequality and contraceptive use, antenatal care utilization, delivery practices, pregnancy complications, and maternal and infant mortality.

Contraceptive use represents a reproductive health outcome strongly shaped by gender inequality. Women with limited decision-making power

consistently show lower rates of modern contraceptive use, even when contraceptives are available and affordable, leading to higher rates of unintended pregnancies and closely spaced births. Closely spaced births increase risks of maternal depletion, anemia, and complications in subsequent pregnancies, with women having four or more closely spaced births showing substantially higher rates of severe anemia, postpartum hemorrhage, and maternal mortality (Tesha et al., 2023; Ouahid et al., 2023; Roy et al., 2022).

Antenatal care utilization and delivery practices show consistent associations with gender inequality indicators. Women lacking decision-making power, education, or independent economic resources attend fewer antenatal visits and initiate care later in pregnancy, meaning pregnancy complications are detected late or not at all. Women with limited autonomy are substantially more likely to deliver at home without skilled birth attendants, and when complications arise, delays in seeking emergency care lead to preventable deaths. Cultural norms positioning childbirth as a natural process and male refusal to spend resources on facility delivery contribute to the "three delays" phenomenon: delays in deciding to seek care, reaching facilities, and receiving adequate care (Tesha et al., 2023; Ali et al., 2025; Roy et al., 2022; Alcalde-Rubio et al., 2020).

Pregnancy complications including anemia, hypertensive disorders, hemorrhage, and infections show elevated prevalence among women experiencing gender inequality. Multiple mechanisms contribute: inadequate nutrition due to household food distribution favoring males creates anemia and micronutrient deficiencies, heavy workload during pregnancy increases risks of pregnancy-induced hypertension and premature labor, and delayed or inadequate antenatal care means complications go undetected. Child marriage emerged as a particularly strong risk factor, with girls married before age 18 showing elevated rates of anemia, obstructed labor, obstetric fistula, and maternal mortality due to physiological immaturity combined with social vulnerability (Ali et al., 2025; Roy et al., 2022; Zavala et al., 2024).

Maternal and infant mortality represent the most severe outcomes. Analysis of OECD countries demonstrated that national-level gender inequality measures predicted maternal mortality rates even among wealthy nations, with countries having greater gender gaps in education, economic participation, and political representation showing worse maternal health outcomes. The relationships were even stronger in low and middle-income countries, suggesting a dose-response relationship where greater gender inequality correlates with worse outcomes. Women globally hold only 23% of parliamentary seats despite comprising 40% of the workforce, reflecting persistent political gender inequality. Babies born to mothers lacking decision-making power, education, or economic resources face elevated risks of preterm birth, low birth weight, and neonatal death through multiple pathways including

maternal malnutrition, pregnancy complications, and inadequate care (Veas et al., 2021; Sikdar & Bansod, 2025; Nguyen et al., 2020; Heise et al., 2019).

**Interventions and Protective Factors**

While the evidence clearly documents gender inequality's harmful effects on reproductive health, research has also identified effective interventions and protective factors that point toward comprehensive solutions. Educational interventions targeting women and girls emerged as one of the most consistently protective factors. Women's education was associated with increased contraceptive use, higher antenatal care attendance, facility delivery, and better overall reproductive health outcomes through multiple mechanisms including increased health knowledge, greater decision-making power within households, and enhanced ability to navigate healthcare systems. Research demonstrates that improving gender equality in educational opportunities and outcomes consistently promotes economic growth and development, particularly in developing countries and Sub-Saharan Africa (Ali et al., 2025; Raghupathi et al., 2025; Mitra et al., 2015; Altuzarra et al., 2021; Khaidir et al., 2025; Klasen, 2018).

Community-based programs targeting gender norms, economic empowerment interventions, and policy-level reforms showed promise for improving reproductive health. Programs engaging both women and men in discussions of reproductive health and gender equality that challenged harmful gender norms and promoted shared decision-making were associated with increased contraceptive use and facility delivery. Economic empowerment interventions providing microfinance, skills training, or income-generating opportunities increased women's economic independence and decision-making power, with greatest effectiveness when combined with education about reproductive rights. National policies supporting gender equality in education, employment, and political participation correlated with improved maternal health indicators, with comprehensive multi-domain approaches generating greater benefits than narrow single-dimension interventions (Tesha et al., 2023; Sedlander et al., 2024; Ali et al., 2025; Veas et al., 2021; Nguyen et al., 2020; Gariba & Prokop, 2024).

Legal reforms and healthcare system interventions also demonstrated importance, though with caveats. Legal reforms prohibiting child marriage, ensuring women's property rights, and protecting reproductive autonomy represented important policy tools, but evidence suggested that legal changes alone were insufficient without accompanying shifts in social norms and strong enforcement mechanisms. Healthcare system interventions designed to address gender barriers, including training providers on gender-sensitive care, creating women-friendly service delivery models, and ensuring privacy and accessibility, improved reproductive health outcomes. Male engagement programs engaging

husbands and male community leaders in reproductive health education helped shift norms around male decision-making dominance, though researchers emphasized careful design to enhance rather than undermine women's autonomy (Dutta et al., 2025; Escot et al., 2023; Ouahid et al., 2023; Alcalde-Rubio et al., 2020).

**Cross-Cutting Themes and Complexities**

Several cross-cutting themes emerged from the evidence on gender inequality and reproductive health. First, gender inequality operates through multiple intersecting mechanisms rather than single pathways. Women facing educational inequality typically also experienced economic marginalization, limited decision-making power, and heavy workload burdens, with these dimensions reinforcing each other to create compound vulnerabilities. Research demonstrates that multiple forms of gender inequality correlate with worse development outcomes including lower female education, higher child mortality, and greater corruption (Branisa et al., 2013).

Second, while gender inequality manifests differently across contexts, its overall impacts remain consistent. The specific norms restricting women's autonomy in Pakistan differed from those in Tanzania or Bangladesh, yet all created barriers to reproductive healthcare and adverse outcomes. This suggests that while interventions must be culturally tailored, the fundamental importance of addressing gender inequality for reproductive health holds across diverse settings. Studies examining armed conflict demonstrate how political instability exacerbates existing gender disparities, reducing female school enrollment, political representation, and economic rights while worsening long-term economic performance (Ganum, 2025).

Third, gender inequality affects reproductive health across the life course and independently of poverty. Early discrimination affecting girls' nutrition and education creates vulnerabilities persisting into adulthood, while women's reproductive health challenges affect their ability to care for children and maintain economic productivity, creating intergenerational cycles. Studies controlling for household wealth and economic development still found significant associations between gender inequality measures and reproductive health outcomes, indicating that poverty reduction alone will not eliminate disparities without addressing gender inequality. Effective approaches require coordinated action across individual, household, community, health system, and policy levels simultaneously, as single-level interventions achieve limited sustainability without complementary changes (Klasen, 2018; Altuzarra et al., 2021; Branisa et al., 2013; Nguyen et al., 2020; Escot et al., 2023; Dutta et al., 2025).

## CONCLUSION

The evidence synthesized in this review demonstrates that gender inequality represents a fundamental barrier to achieving optimal reproductive health outcomes for women globally. Gender inequality operates through multiple interconnected mechanisms including male-dominated decision-making power, unequal access to education and economic resources, disproportionate domestic workload burdens, and early discrimination such as child marriage. These mechanisms create compound vulnerabilities that persist across the life course, resulting in limited contraceptive access, inadequate antenatal care, unsafe delivery practices, elevated pregnancy complications, and increased maternal and infant mortality. Importantly, gender inequality affects reproductive health independently of poverty across low, middle, and high-income countries (Tesha et al., 2023; Ali et al., 2025; Roy et al., 2022; Veas et al., 2021; Heise et al., 2019).

Effective solutions require coordinated multi-level interventions. Investments in women's education, community programs challenging restrictive gender norms, economic empowerment initiatives, and policy frameworks promoting gender equality consistently demonstrate protective effects on reproductive health outcomes (Mitra et al., 2015; Altuzarra et al., 2021; Khaidir et al., 2025; Sedlander et al., 2024; Nguyen et al., 2020). However, interventions must systematically integrate gender equality components rather than treating reproductive health narrowly as a medical issue, as services achieve limited impact if women lack power to utilize them or if social norms prevent access (Alcalde-Rubio et al., 2020; Dutta et al., 2025).

Gender equality and reproductive health are inseparable. As the global community pursues Sustainable Development Goals, achieving women's reproductive health requires confronting gender inequalities that constrain reproductive autonomy and limit healthcare access. The path forward demands integrated commitment to both gender equality and reproductive health as fundamental human rights, with simultaneous action across individual, household, community, health system, and policy levels.

## REFERENCES

Alcalde-Rubio, L., Hernández-Aguado, I., Parker, L., Bueno-Vergara, E., & Chilet-Rosell, E. (2020). Gender disparities in clinical practice: are there any solutions? Scoping review of interventions to overcome or reduce gender bias in clinical practice. International Journal for Equity in Health, 19. https://doi.org/10.1186/s12939-020-01283-4

Ali, T., Asif, N., Adnan, F., Farooq, M., Shahid, S., Bhutto, K., Lashari, L., Sarfaraz, A., Khan, M., Memon, Z., Soofi, S., & Bhutta, Z. (2025). Sexual and reproductive health in Pakistan: a qualitative exploratory study of gender roles, family planning and adolescent health in Chitral, Gilgit-Baltistan and Sindh. BMJ Public Health, 3. https://doi.org/10.1136/bmjph-2023-000870

Altuzarra, A., Gálvez-Gálvez, C., & González-Flores, A. (2021). Is gender inequality a barrier to economic growth? A panel data analysis of developing countries. Sustainability, 13(1), 367. https://doi.org/10.3390/su13010367

Branisa, B., Klasen, S., & Ziegler, M. (2013). Gender inequality in social institutions and gendered development outcomes. World Development, 45, 252-268. https://doi.org/10.1016/j.worlddev.2012.12.003

Ceci, S., Kahn, S., & Williams, W. (2023). Exploring gender bias in six key domains of academic science: An adversarial collaboration. Psychological Science in the Public Interest, 24, 15-73. https://doi.org/10.1177/15291006231163179

Dutta, N., Stivers, A., & Sobel, R. (2025). To equality: Gendered outcomes, economic freedom & gender laws. Kyklos, 78. https://doi.org/10.1111/kykl.12449

Escot, L., Latorre, M., & Fernández-Cornejo, J. (2023). Tools and data for the analysis of gender policies: A review. Global Policy. https://doi.org/10.1111/1758-5899.13175

Galos, D., & Coppock, A. (2023). Gender composition predicts gender bias: A meta-reanalysis of hiring discrimination audit experiments. Science Advances, 9. https://doi.org/10.1126/sciadv.ade7979

Ganum, P. (2025). Frayed societies: Decoding the interplay between conflicts and gender inequality. IMF Working Papers. https://doi.org/10.5089/9798400292514.001

Gariba, M., & Prokop, V. (2024). Does women in politics and income inequality affect social and economic well-being? Insights from OECD countries. Journal of the Knowledge Economy, 16, 7612-7633. https://doi.org/10.1007/s13132-024-02203-5

Heilman, M., Caleo, S., & Manzi, F. (2023). Women at work: Pathways from gender stereotypes to gender bias and discrimination. Annual Review of Organizational Psychology and Organizational Behavior. https://doi.org/10.1146/annurev-orgpsych-110721-034105

Heise, L., Greene, M., Opper, N., Stavropoulou, M., Harper, C., Nascimento, M., Zewdie, D., Darmstadt, G., Hawkes, S., Henry, S., Heymann, J., Klugman, J., Levine, R., Raj, A., & Gupta, G. (2019). Gender inequality and restrictive gender norms: framing the challenges to health. The Lancet, 393, 2440-2454. https://doi.org/10.1016/s0140-6736(19)30652-x

Horvát, E., & González-Bailón, S. (2023). Quantifying gender disparities and bias online: editors' introduction to "Gender Gaps in Digital Spaces" special issue. Journal of Computer-Mediated Communication, 29. https://doi.org/10.1093/jcmc/zmad054

Ivanova, O. (2024). Socio-economic inequalities and their impact on political processes. Baltic Journal of Legal and Social Sciences. https://doi.org/10.30525/2592-8813-2024-4-30

John, P. (2025). Gender discrimination in the Bible. Literary Voice. https://doi.org/10.59136/lv.2025.3.1.132

Khaidir, A., Jaapar, A., & Chukari, N. (2025). Bridging the gender gap: The impact of education, labor participation, and political representation on ASEAN's economic growth. Semarak International Journal of Entrepreneurship, Economics, and Business Development. https://doi.org/10.37934/sijeebd.4.1.6182

Klasen, S. (2018). The impact of gender inequality on economic performance in developing countries. Annual Review of Resource Economics. https://doi.org/10.1146/annurev-resource-100517-023429

Llorens, A., Tzovara, A., Bellier, L., Bhaya-Grossman, I., Bidet-Caulet, A., Chang, W., Cross, Z., Dominguez-Faus, R., Flinker, A., Fonken, Y., Gorenstein, M., Holdgraf, C., Hoy, C., Ivanova, M., Jimenez, R., Jun, S., Kam, J., Kidd, C., Marcelle, E.,

Marciano, D., Martin, S., Myers, N., Ojala, K., Perry, A., Pinheiro-Chagas, P., Riès, S., Saez, I., Skelin, I., Slama, K., Staveland, B., Bassett, D., Buffalo, E., Fairhall, A., Kopell, N., Kray, L., Lin, J., Nobre, A., Riley, D., Solbakk, A., Wallis, J., Wang, X., Yuval-Greenberg, S., Kastner, S., Knight, R., & Dronkers, N. (2021). Gender bias in academia: A lifetime problem that needs solutions. Neuron, 109, 2047-2074. https://doi.org/10.1016/j.neuron.2021.06.002

Mitra, A., Bang, J., & Biswas, A. (2015). Gender equality and economic growth: Is it equality of opportunity or equality of outcomes? Feminist Economics, 21, 110-135. https://doi.org/10.1080/13545701.2014.930163

Nguyen, T., Darnell, A., Weissman, A., Frongillo, E., Mathisen, R., Lapping, K., Mastro, T., & Withers, M. (2020). Social, economic, and political events affect gender equity in China, Nepal, and Nicaragua: a matched, interrupted time-series study. Global Health Action, 13. https://doi.org/10.1080/16549716.2020.1712147

Ouahid, H., Mansouri, A., Sebbani, M., Nouari, N., Khachay, F., Cherkaoui, M., Amine, M., & Adarmouch, L. (2023). Gender norms and access to sexual and reproductive health services among women in the Marrakech-Safi region of Morocco: a qualitative study. BMC Pregnancy and Childbirth, 23. https://doi.org/10.1186/s12884-023-05724-0

Raghupathi, W., Wu, S., & Raghupathi, V. (2025). Exploring the association between gender inequality and healthcare: A visualization study. Global Health Economics and Sustainability. https://doi.org/10.36922/ghes.5776

Roy, T., Mallick, S., & Hassan, M. (2022). Rural-urban differentials of gender inequality and reproductive health among married women in southwestern Bangladesh. Khulna University Studies. https://doi.org/10.53808/kus.2010.10.1and2.1001-s

Sedlander, E., Granovsky, R., Birabwa, C., Amongin, D., Wasswa, R., Diamond-Smith, N., Waiswa, P., Holt, K., & Bingenheimer, J. (2024). Adaptation of the G-NORM (Gender norms scale) in Uganda: An examination of how gender norms are associated with reproductive health decision-making. PLOS ONE, 19. https://doi.org/10.1371/journal.pone.0308249

Sikdar, R., & Bansod, D. (2025). Does low fertility indicate better reproductive health status? Evidence from nationally representative survey in India. PLOS One, 20. https://doi.org/10.1371/journal.pone.0329375

Tesha, J., Fabian, A., Mkuwa, S., Misungwi, G., & Ngalesoni, F. (2023). The role of gender inequities in women's access to reproductive health services: a population-level study of Simiyu Region Tanzania. BMC Public Health, 23. https://doi.org/10.1186/s12889-023-15839-w

Tomar, V., S, D., Kandasamy, U., Nouman, M., Mehta, S., & Rathore, S. (2024). An examination of gender disparities: An analytical study of the differences and inequalities between genders across various contexts. 2024 1st International Conference on Advances in Computing, Communication and Networking (ICAC2N), 1624-1629. https://doi.org/10.1109/icac2n63387.2024.10895239

Veas, C., Crispi, F., & Cuadrado, C. (2021). Association between gender inequality and population-level health outcomes: Panel data analysis of organization for Economic Co-operation and Development (OECD) countries. EClinicalMedicine, 39. https://doi.org/10.1016/j.eclinm.2021.101051

World Health Organization. (2019). Trends in maternal mortality 2000 to 2017: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. Geneva: World Health Organization.

Zavala, M., Cejas, C., Rubinstein, A., & López, A. (2024). Gender inequities in the impact of climate change on health: A scoping review. International Journal of Environmental Research and Public Health, 21. https://doi.org/10.3390/ijerph21081093