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Social Determinants of Women's Reproductive Health from a Public Health Perspective

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ABSTRACT

Women's reproductive health is fundamentally shaped by complex interplays of social, economic, cultural, and structural factors that extend far beyond biological determinants. This comprehensive review synthesizes current evidence on social determinants affecting reproductive health outcomes across diverse populations. Drawing from systematic reviews, scoping reviews, and empirical studies published between 2021 and 2025, we examine how socioeconomic status, education, gender norms, cultural practices, healthcare access, and structural inequalities influence contraceptive use, antenatal care attendance, maternal mortality, pregnancy complications, and overall reproductive autonomy. The evidence demonstrates that poverty and low educational attainment consistently correlate with unintended pregnancies, inadequate prenatal care, and increased maternal-infant morbidity and mortality. Patriarchal gender norms significantly constrain women's reproductive decision-making autonomy, particularly regarding contraception, birth spacing, and childbirth location. Geographic and financial barriers to quality healthcare services, compounded by provider attitudes and lack of youth-friendly or disability-inclusive services, further exacerbate health inequities. Structural determinants including racial and ethnic discrimination, migrant status, residential segregation, gender-based violence, and weak social support networks profoundly impact reproductive health quality of life. This review underscores the imperative for public health interventions that transcend clinical approaches to address social justice and gender equity as fundamental prerequisites for improving women's reproductive health outcomes globally.

Keywords: *Social Determinants Of Health; Women's Reproductive Health; Gender Equity; Health Disparities; Maternal Health.*

INTRODUCTION

Reproductive health represents a critical dimension of overall health and wellbeing, encompassing not only the absence of disease but also the ability to have a responsible, satisfying, and safe sexual life, the capability to reproduce,

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and the freedom to make informed decisions about reproduction (World Health Organization, 2010). For women worldwide, reproductive health outcomes are profoundly influenced by the conditions in which they are born, grow, live, work, and age. These conditions, collectively termed social determinants of health, exert powerful influences that often overshadow purely biological or clinical factors in shaping health trajectories (Marmot & Wilkinson, 2006; Commission on Social Determinants of Health, 2008).

The conceptual framework developed by Solar and Irwin (2010) for the World Health Organization's Commission on Social Determinants of Health delineates two categories of determinants: structural determinants that generate or reinforce social stratification in society, and intermediary determinants that emerge as consequences of structural stratification to shape health outcomes. Structural determinants include socioeconomic and political contexts, governance structures, macroeconomic policies, social policies, and cultural and societal norms and values. These create and maintain social hierarchies based on income, education, occupation, gender, race, and ethnicity. Intermediary determinants comprise material circumstances, behavioral and biological factors, psychosocial factors, and the health system itself, all of which mediate the impact of structural determinants on health equity.

In the specific context of women's reproductive health, these social determinants manifest through multiple interconnected pathways. Women's reproductive autonomy and health outcomes are shaped by their social positions, which determine their access to resources, power, and prestige within their communities (Starfield, 2007). Economic deprivation limits access to nutritious food, safe housing, and transportation to health facilities, while low educational attainment constrains health literacy and awareness of reproductive rights and available services. Gender inequalities, rooted in patriarchal social structures, systematically disadvantage women in decision-making about their own bodies, fertility, and health-seeking behaviors. Cultural norms around sexuality, marriage age, ideal family size, and son preference further circumscribe women's reproductive choices and experiences.

Recent systematic and scoping reviews have consistently documented the pervasive influence of social determinants on diverse reproductive health outcomes including contraceptive uptake and continuation, antenatal care utilization, facility-based deliveries, maternal mortality and morbidity, adolescent pregnancy, and reproductive autonomy (Girardi et al., 2023; Abhari et al., 2024; Ouahid et al., 2025). However, the mechanisms through which specific determinants operate and interact remain incompletely understood, particularly across different cultural, economic, and healthcare system contexts. Furthermore, existing interventions often fail to adequately address the root social and structural causes of reproductive health inequities, instead focusing narrowly on individual-level behavioral change or service delivery improvements.

This review synthesizes contemporary evidence on the social determinants of women's reproductive health from a public health perspective. We examine the major categories of determinants identified in recent literature, analyze their

mechanisms of influence, and discuss implications for policy and practice. By illuminating the social foundations of reproductive health disparities, this analysis aims to inform more comprehensive, equity-oriented public health strategies that address upstream determinants alongside downstream health services.

METHODS

This narrative review synthesizes evidence from systematic reviews, scoping reviews, and primary research studies examining social determinants of women's reproductive health published between 2021 and 2025. We conducted systematic searches in PubMed, Google Scholar, and specialized public health databases using search terms including combinations of "social determinants," "reproductive health," "women's health," "maternal health," "contraceptive use," "antenatal care," "gender equity," "health disparities," and related terms. We prioritized recent systematic and scoping reviews that synthesized evidence across multiple studies and contexts, supplemented by selected primary studies that provided detailed mechanistic insights or examined understudied populations.

Inclusion criteria encompassed studies that examined relationships between social, economic, cultural, or structural factors and reproductive health outcomes including but not limited to contraceptive use, family planning, antenatal care attendance, delivery care, maternal mortality and morbidity, adolescent pregnancy, reproductive autonomy, and sexual health. We extracted data on types of social determinants examined, reproductive health outcomes assessed, populations studied, geographic settings, and key findings regarding associations between determinants and outcomes. Through thematic synthesis, we identified major categories of social determinants consistently associated with reproductive health outcomes across diverse contexts. The evidence was organized into a conceptual framework adapted from the WHO Commission on Social Determinants of Health model, distinguishing structural and intermediary determinants while highlighting gender as a cross-cutting axis of stratification and inequality.

RESULT AND DISCUSSION

The synthesis of contemporary evidence reveals four interconnected categories of social determinants that fundamentally shape women's reproductive health outcomes: socioeconomic and educational factors, gender norms and cultural practices, healthcare access and quality, and structural determinants encompassing discrimination, violence, and social support networks. These determinants operate at multiple levels from individual and household to community and societal and interact synergistically to create or mitigate reproductive health inequities.

Socioeconomic and Educational Determinants

Socioeconomic status emerges as a fundamental determinant profoundly influencing women's reproductive health trajectories across diverse global contexts. Poverty constrains women's ability to access contraceptive methods, attend antenatal care visits, deliver in health facilities, and obtain postnatal care services (Girardi et al., 2023; Abhari et al., 2024). Material deprivation manifests through multiple pathways: lack of financial resources to pay for services or transportation, food insecurity compromising nutritional status during pregnancy, inadequate housing conditions

increasing infection risks, and unstable employment preventing time off for healthcare visits. Among pregnant individuals from underrepresented populations in the United States, housing instability, food insecurity, and lack of health insurance were strongly associated with delayed prenatal care initiation and increased risks of preterm birth and low birthweight (Girardi et al., 2023; Malin et al., 2025).

Educational attainment operates as a powerful protective factor, enhancing reproductive health knowledge, contraceptive use, antenatal care attendance, and reproductive decision-making autonomy (Ouahid et al., 2025; Abhari et al., 2024; Feriani et al., 2024). Education equips women with health literacy to understand their bodies, recognize danger signs during pregnancy, navigate health systems, and advocate for quality care. Higher education is consistently associated with delayed marriage and childbearing, smaller family sizes, increased modern contraceptive use, and greater involvement in reproductive decisions (Sifora et al., 2025; Fernandes et al., 2025). In South Africa, women with secondary or higher education demonstrated significantly higher odds of using modern contraceptives compared to those with no formal education, independent of other socioeconomic factors (Sifora et al., 2025). Educational interventions targeting girls have shown promise in breaking intergenerational cycles of early marriage, adolescent pregnancy, and high fertility rates.

Economic empowerment through employment and income-generating opportunities enhances women's bargaining power within households and enables greater autonomy in reproductive decisions (Abhari et al., 2024; Fernandes et al., 2025). Women with independent incomes can afford contraceptives, pay for healthcare services, and negotiate contraceptive use with partners more effectively. Microfinance and livelihood programs targeting women have demonstrated positive impacts on reproductive health outcomes in several low- and middle-income country settings, though effects vary depending on program design and contextual factors. The intersection of poverty and gender creates particularly severe disadvantages for women, as economic dependence on male partners or family members constrains their ability to make autonomous reproductive choices even when they possess relevant knowledge and desire different outcomes.

Gender Norms, Cultural Practices, and Religious Influences

Patriarchal gender norms represent pervasive structural barriers that systematically constrain women's reproductive autonomy and health-seeking behaviors across diverse cultural contexts. In many societies, cultural norms position husbands, mothers-in-law, or other family members rather than women themselves as primary decision-makers regarding contraceptive use, antenatal care attendance, delivery location, and healthcare seeking during pregnancy complications (Ouahid et al., 2023; Ouahid et al., 2025; Feriani et al., 2024; Ireland et al., 2021). Qualitative studies from Morocco, Rwanda, and Sub-Saharan African countries reveal that many women require permission from husbands to attend antenatal care visits, use contraception, or seek emergency obstetric care (Ouahid et al., 2023; Buser et al., 2023). This subordination of women's agency to male authority figures creates delays in care-seeking during obstetric emergencies and prevents women from accessing desired reproductive health services.

Cultural stigma surrounding sexuality and reproduction profoundly shapes reproductive health behaviors and service utilization, particularly among adolescents and unmarried women. Stigmatization of premarital sexual activity, adolescent pregnancy, and contraceptive use creates barriers to accessing sexual and reproductive health information and services (Ouahid et al., 2023; Buser et al., 2023; Alukagberie et

al., 2023). Young unmarried women often delay or avoid seeking contraceptive services due to fears of being judged, gossiped about, or reported to parents by healthcare providers or community members. This stigma-induced service avoidance contributes to high rates of unintended pregnancies and unsafe abortions among adolescents. Provider attitudes reflecting and reinforcing these stigmatizing norms—including refusing contraceptives to unmarried women, lecturing young clients, or breaching confidentiality further deter service utilization (Ninsiima et al., 2021).

Cultural preferences and norms regarding ideal family size, child gender preference, marriage timing, and fertility patterns significantly influence reproductive behaviors and outcomes. In contexts where large families are culturally valued or where strong son preference exists, women face substantial social pressure to continue childbearing until achieving desired family compositions, often at the expense of their health and autonomy (Abhari et al., 2024; Feriani et al., 2024; Amoadu et al., 2022). Early and child marriage practices, sanctioned by cultural and sometimes religious traditions in various societies, expose very young adolescents to pregnancy-related health risks before physical maturity and deny them educational and developmental opportunities (Alukagberie et al., 2023; Amoadu et al., 2022). In Nigeria and Ghana, sociocultural factors including parental pressure, poverty-driven early marriage, cultural acceptability of adolescent pregnancy, and traditional gender roles emerged as principal drivers of adolescent pregnancies.

Religious beliefs and institutional religious influences intersect with cultural norms to shape reproductive health attitudes and behaviors in complex ways. While some religious teachings provide supportive frameworks for maternal health and family wellbeing, others restrict access to contraception, condemn abortion under all circumstances, or reinforce patriarchal gender hierarchies that limit women's autonomy (Fernandes et al., 2025). The influence of religious norms varies substantially across and within religious traditions and is mediated by individual interpretation, religious authority structures, and the political power of religious institutions in different settings.

Healthcare Access and Service Quality

Geographic accessibility of health facilities constitutes a critical determinant of reproductive health service utilization. Distance to health facilities, inadequate transportation infrastructure, and associated travel costs create substantial barriers, particularly in rural and remote areas (Girardi et al., 2023; Feriani et al., 2024; Sifora et al., 2025). Women living in areas with sparse health facility coverage or poor transportation options are significantly less likely to attend recommended antenatal care visits, deliver in health facilities with skilled attendants, or access postpartum care. Geographic barriers disproportionately affect marginalized populations including rural residents, women in conflict-affected areas, and those with disabilities facing mobility challenges. During obstetric emergencies, geographic distance translates directly into delays reaching appropriate care, contributing to preventable maternal and neonatal deaths.

Financial barriers to accessing reproductive health services persist even in countries with universal health coverage policies, due to informal fees, transportation costs, opportunity costs of lost work time, and indirect expenses for medications or supplies (Buser et al., 2023; Ninsiima et al., 2021). Out-of-pocket healthcare expenditures impose catastrophic financial burdens on poor households and deter service utilization. User fee removal policies have demonstrated positive impacts on antenatal care attendance and facility deliveries in several countries, though effects are often limited

by concurrent supply-side constraints. Insurance coverage gaps leave many women, particularly those in informal employment or without formal documentation, without financial protection for reproductive health services.

Quality of care encompassing technical competence, availability of essential supplies and medications, respectful treatment, privacy, and responsiveness to client needs profoundly influences women's reproductive health service utilization and outcomes (Feriani et al., 2024; Ninsiima et al., 2021). Experiences or fears of disrespectful care, including verbal abuse, physical abuse, neglect, discrimination, and non-consented procedures during childbirth, deter women from facility deliveries and undermine trust in health systems. Poor quality of care manifested through stockouts of contraceptives or essential medicines, lack of privacy during consultations, long waiting times, and provider absenteeism creates dissatisfaction and discourages return visits.

Availability and accessibility of youth-friendly sexual and reproductive health services significantly influence adolescents' service utilization (Ninsiima et al., 2021). Adolescents face unique barriers including lack of services specifically designed for their developmental needs, limited hours conflicting with school schedules, provider bias against serving young unmarried clients, mandatory parental consent requirements, and lack of confidentiality. Youth-friendly service adaptations including dedicated youth clinics, flexible hours, trained non-judgmental providers, peer educators, and guaranteed confidentiality have demonstrated effectiveness in increasing adolescent access to contraception and sexual health services. Similarly, lack of disability-inclusive reproductive health services creates severe access barriers for women with disabilities, who often encounter inaccessible facilities, communication barriers, discriminatory attitudes, and lack of provider knowledge about their specific needs (Feriani et al., 2024).

Structural Determinants and Social Environment

Racial and ethnic discrimination operates as a fundamental structural determinant generating reproductive health inequities through multiple mechanisms. Racial residential segregation concentrates disadvantaged populations in neighborhoods with limited healthcare infrastructure, environmental hazards, and economic opportunities (Abhari et al., 2024; Smarr et al., 2024). Interpersonal discrimination in healthcare settings, manifested through differential treatment, dismissal of symptoms, and inadequate pain management, contributes to disparities in maternal mortality and severe maternal morbidity. In the United States, Black women experience maternal mortality rates two to three times higher than White women across all educational and income levels, reflecting the profound health impacts of structural racism operating through chronic stress, weathering processes, and healthcare system discrimination (Girardi et al., 2023; Smarr et al., 2024).

Migrant status creates multifaceted vulnerabilities affecting reproductive health access and outcomes. Migrant women, particularly those with undocumented status, face legal barriers to healthcare access, language and communication challenges, limited knowledge of available services, fears of deportation deterring healthcare seeking, and experiences of discrimination and xenophobia (Habibi et al., 2023; Jozani et al., 2025). Afghan migrant women in Iran reported experiencing severe barriers to reproductive health services including lack of health insurance, high costs, language difficulties, discrimination by providers, and fears of legal consequences (Jozani et al., 2025). Displacement due to conflict, persecution, or environmental disasters further exacerbates reproductive health vulnerabilities through disruption of social support networks, increased exposure to gender-based violence, breakdown of healthcare

systems, and severe resource constraints in refugee and displacement settings (Ireland et al., 2021).

Gender-based violence represents both a determinant and an outcome of poor reproductive health, creating vicious cycles of trauma and health consequences. Intimate partner violence is associated with unintended pregnancies, sexually transmitted infections, pregnancy complications, low birthweight, preterm birth, and maternal mortality (Abhari et al., 2024; Bagherinia et al., 2025). Sexual violence and coerced sexual relations undermine women's ability to negotiate contraceptive use, increasing risks of unintended pregnancies and infections. The psychological trauma of violence contributes to depression, anxiety, post-traumatic stress disorder, and substance use, all of which negatively impact maternal and child health. Conflict-affected settings experience heightened rates of sexual violence, forcing pregnancies resulting from rape, and breakdown of services for post-rape care and safe abortion (Ireland et al., 2021).

Social support networks and social capital—encompassing relationships of trust, reciprocity, and solidarity within communities influence reproductive health through multiple pathways. Strong social support provides practical assistance with childcare and household tasks, enabling healthcare visit attendance; emotional support buffering stress; informational support through knowledge sharing; and collective advocacy for improved services (Ireland et al., 2021; Bagherinia et al., 2025). Women embedded in supportive social networks report better mental health during pregnancy, higher contraceptive use, and greater reproductive autonomy. Conversely, social isolation and weak community ties are associated with delayed care-seeking, poor maternal mental health, and reduced access to reproductive health information. In humanitarian settings, women's social capital and community networks serve as crucial resources for accessing reproductive health services amidst health system disruptions (Ireland et al., 2021).

Summary of Social Determinants and Reproductive Health Impacts

Table 1 synthesizes the major categories of social determinants identified in this review alongside their principal impacts on reproductive health outcomes and supporting evidence sources. This tabular presentation illuminates the multifaceted nature of social determinants, spanning from individual-level factors such as education to structural inequities including discrimination and violence. The table demonstrates how each category of determinants influences multiple reproductive health outcomes simultaneously, often through interconnected pathways. For instance, poverty operates not only through direct financial barriers to care but also through nutritional deficiencies, housing instability, and chronic stress that compound to increase maternal and infant health risks. The patterns evident in Table 1 underscore several critical insights for public health practice and policy. First, the ubiquity of socioeconomic and educational determinants across diverse geographic and cultural contexts highlights the fundamental role of poverty alleviation and educational equity in advancing reproductive health. Second, the pervasiveness of gender norms and patriarchal structures as determinants across different societies emphasizes the necessity of gender transformative interventions that challenge power imbalances rather than merely providing services within existing inequitable structures. Third, the substantial evidence regarding healthcare access and quality barriers points to the inadequacy of supply-side improvements alone; even when services exist, social determinants constrain utilization and effectiveness.

Social Determinant Category	Primary Impacts on Reproductive Health	Key Evidence Sources
Socioeconomic Status and Education	Unintended pregnancies, inadequate antenatal care utilization, increased maternal and infant morbidity and mortality, delayed care-seeking, poor pregnancy outcomes, low contraceptive use	Girardi et al., 2023; Abhari et al., 2024; Feriani et al., 2024; Sifora et al., 2025; Malin et al., 2025
Gender Norms and Patriarchal Structures	Reduced reproductive autonomy, limited contraceptive decision-making, early and child marriage, restricted healthcare access requiring male permission, gender-based violence, limited birth spacing control	Ouahid et al., 2023; Ouahid et al., 2025; Feriani et al., 2024; Ireland et al., 2021; Fernandes et al., 2025
Cultural Practices and Stigma	Adolescent pregnancy due to early marriage norms, stigma-induced service avoidance especially among unmarried women and adolescents, delayed or rejected family planning services, unsafe abortion, high fertility driven by cultural preferences	Buser et al., 2023; Alukagberie et al., 2023; Amoadu et al., 2022; Ouahid et al., 2023
Healthcare Access and Quality	Reduced utilization of modern contraception, antenatal care, and facility-based delivery; poor pregnancy monitoring; increased home deliveries without skilled attendance; delays in emergency obstetric care; contraceptive stockouts	Girardi et al., 2023; Buser et al., 2023; Feriani et al., 2024; Ninsiima et al., 2021; Sifora et al., 2025
Racial and Ethnic Discrimination	Severe maternal morbidity and mortality disparities, disrespectful care, symptom dismissal, inadequate pain management, residential segregation limiting healthcare access, chronic stress and weathering effects	Girardi et al., 2023; Abhari et al., 2024; Smarr et al., 2024
Migrant and Displacement Status	Legal barriers to healthcare, language and communication difficulties, lack of health insurance, discrimination by providers, fear of deportation deterring care-seeking, disrupted social support networks, increased gender-based violence exposure	Habibi et al., 2023; Jozani et al., 2025; Ireland et al., 2021
Gender-Based Violence	Unintended pregnancies, sexually transmitted infections, pregnancy complications including low birthweight and preterm birth, maternal mortality, reproductive coercion preventing contraceptive use,	Abhari et al., 2024; Bagherinia et al., 2025; Ireland et al., 2021

	psychological trauma affecting maternal-child health	
Social Support Networks and Social Capital	Enhanced or reduced healthcare attendance depending on network strength, improved or compromised maternal mental health, facilitated or hindered information access about reproductive health services, collective advocacy capacity or isolation from resources	Ireland et al., 2021; Bagherinia et al., 2025; Habibi et al., 2023

Implications for Public Health Policy and Practice

The evidence synthesized in this review carries profound implications for public health approaches to improving women's reproductive health. Traditional interventions focusing primarily on expanding clinical service delivery, while necessary, prove insufficient when social determinants create formidable barriers to service access, utilization, and effectiveness. Comprehensive strategies must simultaneously address structural inequities, modify social and cultural norms, strengthen health systems' responsiveness to marginalized populations, and empower women's agency and decision-making capacity.

Poverty reduction and social protection policies including cash transfers, food assistance, housing subsidies, and universal health coverage constitute essential foundations for reproductive health equity. Conditional cash transfer programs that provide financial incentives for antenatal care attendance and facility deliveries have demonstrated positive impacts in several countries, though care must be taken to ensure conditionalities do not impose unrealistic burdens on the most disadvantaged. Educational interventions promoting girls' school enrollment and completion, eliminating school fees, providing menstrual hygiene facilities, and implementing comprehensive sexuality education contribute to delayed marriage and childbearing, increased contraceptive knowledge and use, and enhanced reproductive autonomy.

Gender transformative interventions that challenge patriarchal norms, engage men and boys in promoting gender equity, and empower women's decision-making represent critical complements to service delivery improvements. Community dialogue processes, male engagement programs, couples' counseling, and women's group empowerment initiatives have shown promise in increasing contraceptive use, improving birth preparedness, reducing gender-based violence, and enhancing reproductive autonomy. Legal and policy reforms prohibiting child marriage, criminalizing gender-based violence, ensuring women's property and inheritance rights, and mandating non-discriminatory healthcare provision establish essential enabling environments for reproductive health equity.

Health system strengthening must extend beyond infrastructure and human resources to encompass quality improvement initiatives addressing respectful maternity care, cultural competency, youth-friendly services, disability inclusion, and reduction of discrimination. Training programs cultivating provider awareness of implicit biases, communication skills for shared decision-making, and trauma-informed approaches can enhance quality of care and client satisfaction. Structural adaptations including extended clinic hours, mobile outreach services, community-based service delivery, and task-shifting to community health workers can improve access for geographically isolated or

marginalized populations. Anti-discrimination policies, accountability mechanisms for mistreatment, and community monitoring of service quality support rights-based approaches to reproductive health care.

Addressing structural determinants of discrimination, segregation, and violence requires multisectoral action extending far beyond health system interventions. Anti-racism initiatives, immigrant integration policies, conflict prevention and peacebuilding efforts, and urban planning promoting residential integration all influence reproductive health equity through their impacts on fundamental social determinants. Investment in social infrastructure including safe public transportation, quality public education, affordable housing, and violence prevention programs creates enabling environments for reproductive health. Meaningful participation of affected communities in policy development and program design ensures interventions address priority needs and respect cultural values while promoting equity and rights

CONCLUSION

Women's reproductive health is fundamentally shaped by social determinants that extend far beyond individual behaviors or clinical care. Poverty and educational deprivation, patriarchal gender norms and cultural practices, healthcare access barriers, and structural inequities including discrimination and violence create profound disparities in contraceptive use, maternal mortality, pregnancy outcomes, and reproductive autonomy. These determinants operate through complex, interconnected pathways spanning structural stratification mechanisms and intermediary factors that directly influence health behaviors and outcomes.

Effective public health approaches to improving women's reproductive health must transcend narrow clinical or behavioral interventions to address root social and structural causes of health inequities. Poverty alleviation, educational equity, gender transformative initiatives, healthcare system reforms prioritizing quality and responsiveness, and policies combating discrimination and violence represent essential components of comprehensive strategies. Meaningful progress toward reproductive health equity requires sustained political commitment to social justice, substantial resource investments in social determinants, multisectoral collaboration across health and non-health sectors, and centering the voices and agency of affected communities, particularly the most marginalized women and girls.

Future research should prioritize examining mechanisms through which specific social determinants influence reproductive health outcomes in diverse contexts, evaluating effectiveness of interventions targeting upstream determinants, and investigating intersections of multiple axes of inequality in shaping reproductive health experiences. Implementation science research elucidating how to effectively translate evidence into equitable policies and programs at scale remains urgently needed. Achieving reproductive health equity demands recognition that health begins not in clinics but in the conditions of daily life—in safe neighborhoods, quality schools, decent

housing, living wages, freedom from violence, and societies valuing gender justice..

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