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WOMEN'S HEALTH AND EMPOWERMENT: A PATH TO SUSTAINABLE DEVELOPMENT

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ABSTRACT
Health and women's empowerment are fundamentally intertwined aspects of human development. Women who are empowered have better health outcomes for themselves, their families, and their communities because they have greater access to education, resources, and decision-making authority. This paper proposes ways to promote gender equality and make healthcare more accessible, looks at the barriers imposed by socio-cultural and economic factors, and investigates the connection between women's empowerment and health.

INTRODUCTION
Despite the fact that women make up nearly half of the world's population, there are still gender gaps in employment, education, and health care. Empowerment—defined as the process of increasing women's control over resources, decision-making, and self-determination—is a key driver for improving health outcomes. The World Health Organization (WHO) asserts that gender-based disparities and biological differences influence women's health. Women who are empowered are better able to access healthcare services, make informed health decisions, and advocate for their rights.

We can evaluate disempowerment, or powerlessness, as a factor in poor health that goes beyond poor hygiene and a lack of resources related to poverty by looking beneath the surface and observing how the need to empower emerges. Being in a situation in which one has low control, either perceived or actual, and being in a position with limited decision power result in chronic stress, which, in combination with the lack of resources and social support, leads to powerlessness.

The health of an employee can be negatively impacted by their position in the organization as well as their performance of routine and low-decisive tasks at their job. Therefore, low socioeconomic status (SES) increases the risk of morbidity and mortality not only due to a lack of basic physical needs, but also due to the interesting psychological effects of low societal resources and depression caused by individuals' lack of decision-making authority, which has an impact on their day-to-day lives. However, in comparison to the studies that support a number of negative health outcomes that are associated with feeling powerless, the evidence supporting an association between empowerment and improved health outcomes is limited and has not been studied as extensively.

As a result, empowerment and health can be linked to two major domains that are distinct yet connected. One is related to the positive effects empowerment has on health, especially when empowerment occurs outside of healthcare. Professional intervention, and as previously mentioned, they may be connected to a number of intrinsic or extrinsic factors. The relationship between the patient, who ought to take steps to improve their health, and the physician, who ought to empower patients to take control and ownership of their condition, is the subject of the other domain. Initially, empowerment had its application in mental health, with therapeutic psychological interventions aimed at empowering abused women. After that, it developed into a useful tool for educating patients about other medical specialties. Programs that empower patients and boost their self-confidence in the management of chronic diseases may be more effective than programs that focus on patient compliance by minimizing patients' decision-making.

A state of general well-being in addition to the absence of physical and mental diseases is a fundamental human right. People are entitled to this right independent of age, gender, race, socioeconomic status, sexual orientation, and other factors. While there is undeniable evidence that being powerless can lead to disease and that being in a position of power can improve health, more research is needed to determine whether empowerment can improve health.

Women's Empowerment and Health

Cardio vascular diseases (CVDs): Women tend to get CVDs later than men do, but they die more often after heart attack because doctors don't catch them in time.

Diabetes: Women with gestational diabetes have a higher lifetime risk of developing type 2diabetes.

Cancer

Breast and cervical cancers are leading causes of cancer related death in women, with screening gaps in low – resource settings.

Chronic Respiratory Diseases: Women are more likely to have COPD and asthma because cooking fuel pollutes the indoor air.

As discussed earlier, powerlessness resulting from low SES is evidently a risk factor for disease, and the same can be assumed for powerlessness resulting from being a woman, within a specific societal frame. In patriarchal societies, women have been oppressed because they are seen as objects and have limited decision-making capabilities and resource access. Since women are not included in the equation "because when we say human, on the whole, we mean man".

There is frequently a significant gap in the information that is related to women in all aspects, including health. Therefore, it should come as no surprise that feminist scholars looking for tools to address and correct the gender imbalance readily adopted the concept of empowerment; consequently, the term "women's empowerment" appeared in the literature. The effects of years of patriarchal beliefs and the need for radical changes, either legal or political, with the support of organizations that became more prominent, increase the importance of social structures when the scope of empowerment is narrowed to female gender.

One of the main reasons that contribute to women suffering in silence is the fact that, due to the position of women in society, the medical knowledge available for several years in the Western world was established by male doctors with ignorance of the female body, since they had no personal experience on what women experienced physically, emotionally and mentally. This was a legitimate bias, based on the evident differences in biology that no one realized until recently, when more women were trained as physicians and researchers. Consequently, the lack of information related to women was acknowledged once it became evident that men were considered the "default" gender, and women were treated as the deviation from the norm. Until today, the effect of male dominance in all socio-political and economic aspects of societies has been adversely affecting women's health, despite their recorded higher life expectancy. Discriminatory beliefs, values, behaviors, and practices, as well as differences in vulnerability in relation to disease exposure and biases in health systems and health research, are some of the ways in which women's health is being impacted.

Coronary heart disease symptoms experienced by women were dismissed as psychogenic when presented in the context of stress, thus supporting the fact that women's symptoms may be dismissed under the bias that "it's all in their head". Women under the age of 55 who had a heart attack were found to be reluctant to seek medical attention because they were too concerned that it might be a false alarm and they would be judged as hypochondriacs. In parallel, a meta-analysis emphasizes that women with heart disease, a predominantly "male" morbidity, feel ignored and underserved in terms of diagnosis and treatment.

Due to social norms and biases that assert that women are overly dramatic in relation to their symptoms, women frequently have the impression that their needs are not being met and that they are not being heard by their doctors. Specifically when describing pain, women tend to be more dramatic, with the risk of their symptoms being ignored and themselves stigmatized.

Limitations to the Study

This narrative review brings together knowledge from several fields, including feminism, gender studies, and political and social sciences, and how these interweave with social psychology, medical science, and health management, examining their intersection from a new perspective. Because the purpose of this review was merely to provide the historical background of oppression and repression and, consequently, the emergence of empowerment theories, a number of social theories that were mentioned were merely highlighted for discussion and not investigated in depth. Political empowerment was not within the scope of this study even though the aspect of economic empowerment was discussed. These brand-new connections merit further investigation.

a construct that continues to challenge researchers both for its definition and measurement, may serve as a valuable tool for health promotion and women's equity, provided it is used in the appropriate context. Given the observed complexity and diversity in terms of how empowerment applies in different societies and cultures, one can come to the conclusion that the process of women acquiring more power is not only related to individual empowerment.

CONCLUSION

A construct that continues to challenge researchers both for its definition and measurement, may serve as a valuable tool for health promotion and women's equity, provided it is used in the appropriate context. Given the observed complexity and diversity in terms of how empowerment applies in different societies and cultures, one can come to the conclusion that the process of women acquiring more power is not only related to

individual empowerment. Women's empowerment and health are mutually reinforcing. Women who are empowered are able to make better health decisions and contribute to healthier societies as well as have easier access to healthcare. Achieving gender equality is essential for meeting the Sustainable Development Goals (SDGs), particularly SDG 3 (Good Health and Well-being) and SDG 5 (Gender Equality). Governments, NGOs, and communities must collaborate to create an enabling environment where women can thrive both socially and physically.

REFERENCES

1. Freire, P.; Macedo, D.P. Pedagogy of the Oppressed: 30th Anniversary Edition (M.B. Ramos, Trans.; 30th Anniversary Edition); Bloomsbury Publishing: London, UK, 2014.
2. Gutiérrez, L.M. Working with women of color: An empowerment perspective. Soc. Work, 1990; 35: 149–153.
3. De Beauvoir, S. Le Deuxieme Sexe; Editions Gallimard: Paris, France, 1952.
4. Kabeer, N. Resources, Agency, Achievements: Reflections on the Measurement of Women's Empowerment. Dev. Chang., 1999; 30: 435–464. [CrossRef]
5. Foucault, M. The Subject and Power. Crit. Inq., 1982; 8: 777–795. [CrossRef]
6. Laverack, G. Public Health: Power, Empowerment and Professional Practice, 4th ed.; Red Globe Press: London, UK, 2019.
7. Berger, P.L.; Neuhaus, R.J. To Empower People: The Role of Mediating Structures in Public Policy; American Enterprise Institute for Public Policy Research: Washington, DC, USA, 1977.
8. Rappaport, J. In praise of paradox: A social policy of empowerment over prevention. Am. J. Community Psychol., 1981; 9: 1–25. [CrossRef]
9. Deveaux, M. Feminism and Empowerment: A Critical Reading of Foucault. Fem. Stud. 1994,20, 223–247. [CrossRef]
10. Butler, J. Gender Trouble: Feminism and the Subversion of Identity (First Issued in Hardback); Routledge, Taylor & Francis Group: Abingdon, UK, 2015.