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Female independence and health outcomes: a review of economic, social, political and cultural linkages

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Abstract

Purpose – This paper provides a comprehensive understanding of how various dimensions of female independence – economic, social, political and cultural impact individual and household health outcomes. It goes beyond examining singular factors and delves into the complex, interconnected effects of women's autonomy on family health.

Design/methodology/approach – A comprehensive review of existing literature is used to examine how each dimension of female independence affects health outcomes.

Findings – By synthesizing existing research, the paper identifies the aspects of female independence that have the most significant impact on specific health outcomes, offering insights for targeted interventions.

Originality/value – This study offers a multidimensional framework for understanding female independence and health outcomes, highlighting the need for intersectional policies that address the diverse barriers to women's autonomy. It fills gaps in current research by integrating economic, social, political and cultural factors into a holistic analysis.

Keywords Female independence, Health outcomes, Economic autonomy, Social empowerment, Political participation, Cultural independence

Paper type Research article

Introduction

The relationship between female independence and health outcomes has gained growing academic and policy attention, reflecting a recognition that women's autonomy is a critical driver of individual, household, and societal well-being. Female independence is multidimensional, spanning economic, social, political, and cultural spheres, each shaping health outcomes in distinct but interconnected ways. While global progress has been made in advancing gender equality, systemic barriers and persistent inequalities continue to restrict women's autonomy (Quamruzzaman and Lange, 2016).

Economic independence has long been viewed as the cornerstone of empowerment, with access to education, employment, and financial resources strongly linked to improved health for women and their families. Workforce participation and financial control enhance family welfare, children's education, and household stability (Nassani *et al.*, 2019). Yet, this emphasis on economics often overshadows the broader dimensions of independence. Social autonomy, reflected in decision-making freedom and social participation, directly affects women's mental well-being and healthcare access (Svensson *et al.*, 2017). Political autonomy, marked by representation and leadership in decision-making, has the potential to reshape healthcare systems and reduce gender disparities (Quamruzzaman and Lange, 2016). Similarly, cultural autonomy, involving the ability to challenge restrictive norms, underpins self-determination and shapes health outcomes (Lefdahl-Davis and Perrone-McGovern, 2015).

Despite their importance, these dimensions are often studied in isolation, producing a fragmented understanding of women's independence. Traditional measures also struggle to capture the complexity of lived experiences across cultural and socioeconomic contexts (Omer *et al.*, 2021). This study addresses these gaps by adopting a multidimensional framework that explores how economic, social, political, and cultural independence intersect to influence health outcomes. By highlighting structural, cultural, and systemic barriers, the paper argues

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for a holistic approach to women's empowerment. Such an approach not only improves women's health but also benefits households and communities, underscoring the need for policies that embrace intersectionality, foster inclusive empowerment, and promote sustainable development.

Female independence: a multifaceted concept

The notion of "independence," often equated with "autonomy," has evolved into a complex, context-specific construct shaped by historical, cultural, and geographical factors. In patriarchal settings, autonomy involves overcoming restrictions on mobility, education, and employment (Kandpal and Baylis, 2019). Elsewhere, such as the Pacific Islands, it is tied to women's participation in informal economies and their ability to balance unpaid labour with decision-making roles (McKinnon *et al.*, 2016).

Scholars also highlight the concept of "relational autonomy," which situates independence within social and cultural contexts. This perspective emphasizes women's negotiation of restrictive norms, assertion of identity, and maintenance of meaningful relationships. For example, women with intellectual disabilities use relational autonomy to navigate societal expectations and assert agency (Björnsdóttir *et al.*, 2017).

Independence extends to representation in both private and public spheres. Media portrayals increasingly depict women as active agents, reflecting a broader societal shift toward gender equality (Campbell *et al.*, 2021). However, the commodification of empowerment through "femvertising" risks diluting its transformative potential by reducing autonomy to a marketable ideal (Farris and Rottenberg, 2017).

Political and systemic dimensions are equally significant. The UN Sustainable Development Goals stress women's participation in decision-making at all levels while addressing structural barriers such as poverty and discrimination (Odera and Mulusa, 2020). Yet, women leaders often encounter disproportionate criticism and backlash, which discourages participation and shapes leadership choices (Chakraborty and Serra, 2024). At the same time, expanded educational and leadership opportunities, such as those in Saudi Arabia, have increased women's roles in economic and managerial fields, contributing to sustainable development (Al-Qahtani *et al.*, 2020).

Independence is dynamic, adapting across life stages and social changes. Fertility-related events, such as childbirth, can enhance women's decision-making power and mobility within households (Samari, 2017). Similarly, participation in household decision-making strengthens social standing and intrahousehold empowerment, reinforcing autonomy (Mengo *et al.*, 2023).

Economic dimension of female independence

Economic independence, a vital aspect of female autonomy, is central to empowering women. Historically, legal and societal barriers restricted women's economic participation, with laws preventing them from owning property or conducting business without male supervision (Hyland *et al.*, 2020). However, legal reforms such as equal pay legislation and expanded access to education have gradually paved the way for greater economic inclusion (Reshi and Sudha, 2022).

In recent decades, globalization and technological advancements have further integrated women into the global economy. Initiatives like microfinancing and measures to address the gender pay gap have been instrumental in fostering women's economic empowerment. The distribution of financial resources within households significantly influences women's economic autonomy and, by extension, their ability to make healthcare-related decisions (Fialová and Mysíková, 2021). Despite these advancements, challenges such as wage disparities, underrepresentation in leadership roles, and societal expectations persist.

To address these gaps, programs like the United Nations' Sustainable Development Goal 5 focus on enhancing women's participation in economic activities and decision-making

processes worldwide (Dhar, 2018). Microfinance schemes and entrepreneurship initiatives, particularly those involving self-help groups (SHGs), have proven effective in promoting economic independence. These programs offer women access to credit, bolster decision-making capacity, and improve self-confidence (Pandhere *et al.*, 2024).

Furthermore, access to formal financial systems, such as bank accounts and credit facilities, significantly enhances women's economic agency. With these tools, women can save, invest, and make informed financial choices, contributing to their autonomy and long-term economic security (Pal *et al.*, 2022).

Impact on healthcare outcomes

Several studies have shown that economic independence significantly influences healthcare outcomes for women and their families. Economically independent women are observed to have a greater ability to directly finance preventive and curative healthcare services without relying on intermediaries, enhanced bargaining power in intra-household decisions regarding nutrition and healthcare priorities, and the capacity to invest in health-related infrastructure such as sanitation, clean water, and transportation for accessing health services (Malapit and Quisumbing, 2015). Access to independent income also enables women to better cope with health shocks by affording emergency care and reducing the need for distress asset sales, thereby sustaining long-term health stability (Anderson *et al.*, 2017). Moreover, financially empowered women are more likely to engage with formal healthcare providers rather than relying solely on traditional healers, increasing the likelihood of timely diagnosis and treatment (Sraboni *et al.*, 2014).

Economic empowerment, therefore, enhances access to healthcare services like antenatal care, skilled birth attendance, and improved child nutrition, although its impact varies across contexts (Pratley, 2016). Improved access to contraceptives and delayed maternal age at first birth create a positive feedback loop, enabling greater economic participation and education among women, which further supports reproductive health outcomes (Finlay and Lee, 2018).

Maternal education, as a critical component of empowerment, has also shown to improve access to immunization, iron supplementation, and antenatal care in India, ultimately reducing child stunting and morbidity (Vikram and Vanneman, 2020). However, in some contexts, economic independence does not necessarily translate into full autonomy. For instance, in Sierra Leone, financial contributions by women did not guarantee independent decision-making regarding health, adversely affecting maternal and child health outcomes (Cornish *et al.*, 2021).

At the same time, economic independence can have nuanced effects on health-seeking behaviours. For instance, in Nigeria, while financial autonomy improved access to care, it also delayed the initiation of antenatal care due to competing priorities and sociocultural factors (Imo, 2022). Similarly, balancing caregiving responsibilities with income generation can create role conflicts, impacting a woman's ability to provide optimal care or prioritize her reproductive health (Hobby *et al.*, 2023).

Gender norms play a critical role in mediating the benefits of economic independence. In Zambia, women with financial autonomy but limited decision-making power faced greater risks of adverse maternal health outcomes due to restrictive gender norms (Banda *et al.*, 2017). Economic activities, while providing financial resources, can reduce time for caregiving, sometimes leading to lower child nutritional outcomes (Adhikari, 2016). Also, a study on Ghanaian households found that higher education levels and greater decision-making autonomy among women contribute to improved food availability and nutrition (Essilfie *et al.*, 2021).

Economic independence also influences mental health outcomes. In Uganda, family-based economic interventions reduced depressive symptoms and improved self-concept among adolescent girls affected by HIV/AIDS (Kivumbi *et al.*, 2019). However, in Saudi Arabia, employed women reported lower social functioning and higher stress levels, likely due to

balancing professional and personal roles (Almadani and Alwesmi, 2023). The mental health benefits of economic independence are also influenced by intersectional factors. For example, women in lower occupational classes may not experience the same improvements as those in higher classes (Lu *et al.*, 2023). Additionally, economic empowerment enhances self-esteem, autonomy, and a sense of purpose, reducing anxiety and depression symptoms (Shawon *et al.*, 2024).

While economic independence often increases healthcare access, barriers remain in patriarchal societies where women may face familial resistance or resource allocation conflicts, delaying healthcare decisions (Sano *et al.*, 2018). Enhanced financial autonomy enables women to access better maternal and child health services, family planning, and comprehensive antenatal care, which improve health outcomes (Asim *et al.*, 2022). Furthermore, it lowers the risks of domestic violence by increasing bargaining power within households (Eggers Del Campo and Steinert, 2022).

Moreover, economic independence alone is insufficient to overcome healthcare access barriers. Literacy, societal norms, and infrastructure must also improve to maximize the benefits of women's empowerment on household healthcare outcomes (Nosheen *et al.*, 2023). For example, greater autonomy in healthcare decision-making significantly enhances maternal and neonatal health outcomes (Wado, 2018), but persistent sociocultural constraints continue to limit these gains.

Social dimension of female independence

The concept of social independence for women has undergone significant evolution, shaped by changing societal, cultural, and economic dynamics. Historically, women's roles were predominantly confined to domestic responsibilities, with minimal access to autonomy or decision-making beyond the household. Patriarchal structures often restricted their rights, including property ownership and education. For instance, studies of Yoruba women in Nigeria revealed that while economic empowerment was evident, societal equity in decision-making remained limited (Aluko, 2015).

The rise of gender equality movements introduced new dimensions to social independence, linking it to education and access to economic resources. In India, formal education and vocational training have been shown to significantly enhance women's civic, social, and economic empowerment (Tiwari and Malati, 2023). By the late 20th and early 21st centuries, global efforts for gender equality began focussing on equitable participation in decision-making, workplace representation, and leadership. Despite these advancements, resistance persists in many regions due to deep-rooted societal norms and power imbalances (Flood *et al.*, 2021).

Contemporary perspectives recognize that social independence must account for local cultural and contextual factors. For example, in Pacific nations, informal economies and caregiving responsibilities create distinct gender dynamics that redefine how independence is experienced (McKinnon *et al.*, 2016). Research consistently highlights that societal gender equality is a critical driver of women's social independence. In more egalitarian societies, where political and economic opportunities are shared, women report higher levels of life satisfaction and greater social support within their communities (Looze *et al.*, 2018).

Impact on healthcare outcomes

Research underscores the significant role of women's social independence in enhancing household health outcomes, particularly for children, as it enables them to seek healthcare without requiring male accompaniment, participate in community health initiatives, access and share health information through social networks, and make timely decisions in emergencies (Story and Burgard, 2012). Further, socially empowered women are more likely to challenge harmful health practices, seek preventive care, and ensure adherence to treatment

regimens for themselves and their children (Malhotra and Schuler, 2005). Furthermore, greater voice in public and household decision-making fosters collective action that can improve local health infrastructure and services (Cornwall and Edwards, 2010).

A study across 26 African countries found that socially independent mothers were 88% more likely to have children on track in literacy and numeracy development, emphasizing the critical link between maternal independence and early childhood education (Ewerling *et al.*, 2020). Similarly, studies from South-Central Asia highlight how empowering women reduces malnutrition indicators such as stunting, wasting, and underweight in children, with targeted support for poorer women proving especially effective (Onah, 2021).

In Ethiopia, socially independent women demonstrated a stronger ability to provide adequate nutrition and care, significantly lowering rates of stunting and underweight in children under five. This finding emphasizes the need to integrate women's empowerment into health policies (Mekonnen *et al.*, 2021). Globally, children of empowered mothers showed higher vaccination coverage and lower zero-dose prevalence, further showcasing the correlation between maternal independence and improved healthcare access for children (Wendt *et al.*, 2022). In some contexts, empowered women who access sexual and reproductive health services may face social ostracism. This stigma can deter women from using family planning or seeking medical care during pregnancy (Hall *et al.*, 2018).

Conversely, gender inequities and limited autonomy often restrict women's access to essential healthcare. In rural Nigeria, financial dependence on male partners and societal norms significantly hindered access to skilled maternal care (Yaya *et al.*, 2019). Similarly, in Ghana, 49% of women unable to access maternal healthcare cited decisions made by husbands or mothers-in-law, illustrating the profound influence of familial power dynamics on health outcomes (Ganle *et al.*, 2015). In Pakistan, socially independent women were nearly twice as likely to receive quality antenatal care (ANC) and over two-and-a-half times more likely to access comprehensive consultations, highlighting the positive impact of independence in household decision-making (Asim *et al.*, 2022).

The benefits of social independence extend beyond physical health. In Nepal, socially empowered women experienced significantly lower rates of anxiety and depression, as empowerment in social domains correlated with reduced mental distress (Shawon *et al.*, 2024). Conversely, factors such as domestic violence and poverty were found to contribute to depression among women in India, emphasizing the need to address societal inequalities alongside fostering independence (Bhattacharya *et al.*, 2019). However, studies also caution that without systemic support, increased independence may exacerbate mental health challenges, particularly among women facing discrimination or inadequate resources (Pickover *et al.*, 2021).

An additional aspect of women's social autonomy is the ability to dissolve a marriage. Restrictive divorce laws, lack of financial safeguards post-divorce, and stigmatization of separated women can trap individuals in abusive or exploitative relationships, severely undermining economic decision-making and personal agency (Htun and Weldon, 2018; UNICEF, 2019). Evidence from patriarchal contexts suggests that the inability to divorce freely increases women's vulnerability to financial abuse, limits their control over resources, and adversely impacts their health outcomes, including mental well-being (Grabe *et al.*, 2015).

While social independence fosters autonomy and self-esteem, it can also lead to increased responsibilities, creating stress and physical health challenges. Women balancing professional and domestic roles often report higher rates of fatigue and stress-related illnesses (Eastin, 2018). In traditional societies, resistance to women's independence may result in social isolation or reduced familial support, further impacting their mental and physical health (Kandpal and Baylis, 2019). Additionally, empowered women entering new spaces may face heightened risks of gender-based violence or workplace discrimination, adversely affecting their well-being (King *et al.*, 2020). The dual burden of societal expectations and personal aspirations can lead to stress and anxiety for many independent women. Without adequate

support, these pressures may indirectly affect mother-child interactions and child development outcomes (Lefkovics *et al.*, 2018).

Political dimension of female independence

Women's political empowerment encompasses three fundamental dimensions: civil liberties, engagement in civil society, and active political participation. These factors collectively enhance women's independence in shaping policies and driving societal progress (Sundström *et al.*, 2017). Political empowerment serves as a transformative force, amplifying women's influence over political authority and addressing societal inequalities (Alexander *et al.*, 2016).

The struggle for women's political independence began with the suffragette movement in the 19th and early 20th centuries, initially centred on securing voting rights. Over time, the concept expanded to include broader participation in political processes and decision-making roles (Reshi and Sudha, 2022). Key efforts, such as the implementation of gender quotas in legislative bodies, have significantly increased women's representation and influence in political offices (Dahlum and Wig, 2020).

Historical examples illustrate women's contributions to political movements even under constraints. For instance, early 20th-century political consumerism, like food boycotts, demonstrated women's capacity for collective action in social justice causes despite limited personal autonomy (Micheletti, 2017).

In contemporary contexts, women's political independence is characterized by both individual and collective agency, often extending to global and institutional arenas. Events like the 1975 UN World Conference on Women marked a pivotal shift, showcasing diverse forms of activism, from anti-imperialist movements to institutional advocacy. This evolution reflects a transition from localized struggles to a broader framework of global feminist solidarity (Bonfiglioli, 2016).

Impact on healthcare outcomes

Research demonstrates a strong correlation between increased female political representation and improved household health outcomes, particularly for children. Female parliamentarians often prioritize healthcare funding, which positively impacts child health by reducing infant mortality and increasing vaccination coverage (Quamruzzaman and Lange, 2016). In low-income and least-developed countries, women's political empowerment has been associated with better child nutrition and immunization rates, highlighting its critical role in enhancing public health (Besnier, 2023).

Empowerment of women in political roles significantly contributes to human capital development, such as advancements in child health and education, even in environments with low levels of democracy or economic development (Hornset and De Soysa, 2022). However, systemic challenges, such as weak governance or economic instability, can undermine these benefits. For instance, socioeconomic disparities may limit access to female-led policy improvements for marginalized populations (Onah, 2021). Political instability further exacerbates these challenges, as seen during the Ebola outbreak in Guinea, where maternal healthcare quality suffered despite women's political engagement (Merrell and Blackstone, 2020).

In addition to household health outcomes, women's political empowerment influences their mental and physical well-being. Women in leadership roles are more likely to seek mental health support when needed, demonstrating proactive approaches to personal well-being (Shawon *et al.*, 2024). However, the dual burden of leadership responsibilities and traditional familial expectations can lead to heightened stress, anxiety, and depression, particularly in resource-constrained or politically unstable settings (Awoa *et al.*, 2022).

Female political leaders often spearhead public health initiatives, reducing maternal and child mortality rates and driving social progress. For example, greater gender representation in politics has been linked to improved education and labour force participation, particularly in

democracies where systemic support amplifies these outcomes (Park and Liang, 2021). Additionally, women's engagement in policy-making can foster broader societal benefits, such as environmental improvements, which have been shown to disproportionately benefit women's physical health (Sillman *et al.*, 2022).

Economic empowerment initiatives, such as microfinance programs and self-help groups, further illustrate the interconnectedness of political and economic independence. These programs enhance women's confidence, agency, and participation in decision-making, leading to better psychological and emotional health (Khan *et al.*, 2023). While women's political independence drives progress in health and social outcomes, systemic barriers and societal pressures must be addressed to fully realize its potential.

Cultural dimension of female independence

Women's cultural independence has historically been shaped by patriarchal constraints, where autonomy often involved negotiating within societal norms rather than exercising full agency. For instance, practices like veiling have been reframed as strategies of "bargaining with patriarchy" rather than mere submission (Narayan, 2018). Such dynamics are further evident in the experiences of Saudi women studying in the United States, who undergo a transformation in their sense of independence due to exposure to diverse societal norms and increased opportunities for self-expression (Lefdahl-Davis and Perrone-McGovern, 2015).

Historically, cultural independence has also been expressed through self-representation. In early 20th-century Paris, lesbian artists challenged traditional gender roles by creating visual narratives that asserted female autonomy and identity (Latimer, 2005). Similarly, the cultural emphasis on autonomy varies across societies; individualist cultures tend to promote gender equality by valuing self-determination, while collectivist cultures often prioritize societal obligations, which can restrict women's independence (Davis and Williamson, 2019).

Despite policy-level advances in gender equality, cultural barriers persist in domains like sports coaching, where women continue to face systemic biases and conflicting expectations (Norman *et al.*, 2018). Among the Yoruba in Nigeria, cultural independence is partially tied to women's ability to own property, which enhances their societal status but does not necessarily ensure equitable decision-making power within households (Aluko, 2015).

For female academics, cultural independence often involves navigating societal pressures to balance professional success with unpaid caregiving responsibilities. These expectations frequently undermine genuine autonomy (Toffoletti and Starr, 2016). Scholars argue that achieving meaningful cultural independence requires profound shifts in societal norms, including addressing systemic issues like gender-based violence and dismantling traditional power structures (Lima and Guedes, 2024).

Impact on healthcare outcomes

Cultural norms and traditions often shape the relationship between women's independence and health outcomes by influencing trust in and use of modern versus traditional medicine, determining dietary practices and postpartum care rituals, affecting perceptions of child-rearing and vaccination, regulating gender roles in caregiving, and shaping intergenerational transmission of health-related beliefs. For instance, evidence shows that grandmother-inclusive approaches yield better maternal and reproductive health outcomes (Newman, 2023). In South Asia, maternal education paired with decision-making autonomy has significantly improved vaccination rates and healthcare access (Kachoria *et al.*, 2022). However, rigid cultural beliefs tied to religion and traditional gender roles frequently restrict women's autonomy in seeking maternal and child healthcare services. For instance, while education and financial empowerment improve health outcomes, certain groups, such as Muslim women, face enduring challenges due to cultural barriers (Kachoria *et al.*, 2022).

Additionally, cultural practices such as early marriages, reliance on traditional birth attendants, and restricted mobility delay timely care, contributing to high maternal mortality rates. These systemic barriers can only be addressed through community-driven education and empowerment initiatives (Omer *et al.*, 2021).

Restrictive gender norms also limit access to sexual and reproductive healthcare. In Morocco, cultural expectations surrounding contraception and reproductive education created significant obstacles for women seeking healthcare (Ouahid *et al.*, 2023). In contrast, culturally sensitive programs in Sweden empowered migrant women by providing sexual and reproductive health education, challenging traditional norms, and fostering improved health literacy (Svensson *et al.*, 2017). Similarly, a study in Nepal showed that engaging women, their families, and communities in culturally tailored interventions promoted awareness of family planning, delayed pregnancies, and reduced societal pressure to conform to traditional fertility norms (Mitchell *et al.*, 2023).

Cultural independence often supports self-determination and better mental health outcomes. Autonomy rooted in cultural freedom is associated with reduced stress, depression, and anxiety while fostering emotional resilience and well-being (Schutte and Malouff, 2021). Additionally, cultural pride and connectedness help women from marginalized groups manage stress and promote mental health (Tsethlikai *et al.*, 2024). Women who embrace cultural independence also develop self-compassion, enhancing their self-esteem, optimism, and interpersonal relationships, which further improve mental well-being (Tiwari *et al.*, 2020).

However, cultural independence is not without challenges. When independence is perceived as an obligation rather than a choice, it can lead to stress and adverse mental health effects, as observed in cases where women are forced to participate in community activities (Tomioka *et al.*, 2017). Women asserting cultural independence in traditional societies may encounter societal rejection, backlash, or internalized oppression, which can lead to anxiety, depression, and reduced well-being (Winchester *et al.*, 2022). Moreover, in low-resource or oppressive environments, cultural independence can expose women to trauma, social isolation, and compounded adversities, exacerbating mental health challenges (Im *et al.*, 2020).

Cultural independence can also impose additional caregiving responsibilities on women, particularly in contexts where men migrate for work. In such households, women often experience increased psychological stress, which negatively affects household food security and health outcomes (Choithani, 2020). Additionally, cultural norms and stigma frequently undermine the practical application of women's independence. For example, in Ghana, many women are culturally required to seek their husband's or family's permission before accessing maternal care, delaying critical healthcare services during childbirth (Sumankuuro *et al.*, 2019).

Policy implications

Addressing the multifaceted dimensions of female independence requires targeted policies that integrate economic, social, political, and cultural factors to improve individual and household health outcomes. Policymakers must adopt an intersectional approach that recognizes how these dimensions intersect and influence one another.

Economic empowerment initiatives are crucial in enhancing women's independence and well-being. Policies should focus on improving women's access to education, skill development, and financial resources. Microfinance programs, financial literacy initiatives, and gender-sensitive policies in the labour market can empower women to engage in economic decision-making, ultimately improving household health outcomes. For example, providing women with access to credit and savings mechanisms has been shown to enhance their nutritional choices, healthcare spending, and overall family well-being (Khan *et al.*, 2023).

Furthermore, wage parity laws and employment protections can address systemic barriers and improve women's participation in the workforce.

Equally important is the removal of regulatory, legal, and social restrictions that limit women's ability to work, which remains a critical but often overlooked aspect of economic autonomy. Such barriers, ranging from prohibitions on working in certain industries or night shifts, to restrictions on the number of hours worked, significantly constrain women's labour market participation and earnings potential (World Bank, 2024). Evidence from cross-country studies suggests that eliminating these restrictions is strongly associated with higher rates of female employment, greater economic productivity, and improved household welfare (Fike, 2024). Policies should therefore prioritize legal reforms to ensure equal access to all forms of work, alongside enforcement mechanisms that prevent discriminatory hiring practices. Complementary measures such as affordable childcare, safe transportation, and workplace protections can further enable women to enter and remain in the labour force, thereby strengthening both economic independence and health outcomes.

In addition to economic empowerment, social policies must focus on dismantling harmful cultural norms and reducing gender-based violence, which often limit women's autonomy. Community-driven interventions, such as engaging men and elders in promoting gender equality, are essential in shifting societal perceptions. Expanding access to childcare, parental leave, and eldercare support would reduce the double burden faced by working women, allowing them greater independence and improved mental well-being. Education campaigns targeting communities can also play a significant role in challenging traditional roles and encouraging shared responsibilities within households. These efforts would help ensure that both men and women have equal access to healthcare resources and decision-making power, fostering better health outcomes for women and their families. Further, policy reforms should ensure accessible, affordable, and non-discriminatory divorce procedures, alongside the enforcement of equitable asset division, alimony rights, and child custody protections, to enable women to exit marital alliances. Integrating legal literacy campaigns and support services, such as shelters, legal aid, and income support, can mitigate the economic risks associated with marital dissolution and empower women to exit harmful relationships without compromising their health or livelihoods.

Political empowerment is another critical aspect of female independence, and policies must focus on improving women's representation and participation in decision-making processes. The implementation of gender quotas in legislative and executive bodies has been shown to significantly increase female participation in politics, leading to greater investments in healthcare and education (Quamruzzaman and Lange, 2016). Governments should also focus on building the capacity of women leaders through mentorship programs, leadership training, and addressing structural barriers such as harassment and discrimination in public offices. International platforms, such as the United Nations, should encourage female leadership in global decision-making to tackle issues like climate change, public health, and social justice.

Cultural independence should be supported by policies that respect and empower women to navigate traditional norms while promoting self-determination. Culturally sensitive health education programs can improve maternal and reproductive health outcomes by involving community leaders and family influencers in promoting gender equality. Moreover, governments should collaborate with civil society organizations to challenge restrictive cultural practices, such as child marriage and gender-based inheritance laws. Policies should also promote positive representations of women in the media and the arts, reshaping societal perceptions and fostering an environment of acceptance and respect for women's autonomy. Additionally, governments should work with communities to address the practical barriers women face when seeking healthcare, particularly in societies where women are culturally required to seek permission from male family members before accessing services (Sumankuuro *et al.*, 2019).

By adopting a holistic and intersectional framework, policymakers can create environments that not only support female independence across its multiple dimensions but also improve societal health outcomes. Empowering women to contribute meaningfully to their families, communities, and nations ultimately fosters sustainable development and societal progress.

Literature gaps and future research frontiers

Although research has increasingly examined the relationship between female independence and health outcomes, substantial gaps remain. Most studies have disproportionately emphasized economic independence, while social, political, and cultural dimensions remain understudied. This narrow focus overlooks how these spheres intersect and jointly shape health outcomes at both individual and household levels.

A second limitation is the lack of systematic linkages between specific forms of independence and distinct health outcomes. Few studies, for example, explore how social autonomy affects mental health, or how political independence shapes access to healthcare. Without these connections, it is difficult to design targeted, evidence-based interventions. Future research should adopt multidimensional frameworks that capture the interconnected impacts of economic, social, political, and cultural autonomy.

Existing measures of independence also tend to rely on conventional indicators such as income, employment, or educational attainment. While useful, these fail to capture the complexity of autonomy in contemporary contexts. More nuanced indicators are needed. For instance, economic independence could be measured through digital financial literacy, participation in gig economies, or autonomous use of mobile banking. Social independence might include decision-making within extended families, initiating social networks, or participation in digital communities. Political independence could be assessed through grassroots activism, informal political networks, or influence on local policy decisions. Cultural independence might be reflected in women's agency over dress codes, participation in cultural rituals, or access to culturally sensitive healthcare. Such indicators would uncover dimensions of autonomy that remain hidden in current research.

Filling these gaps is crucial for generating actionable insights. By employing innovative indicators and multidimensional approaches, future studies can deepen understanding of female independence and its health implications. This, in turn, can guide the design of context-specific policies and programs that dismantle barriers to empowerment and enhance health outcomes across diverse populations.

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