4. Gender Equality at a Global Level: A Survey

Francisca Rego, Guilhermina Rego and Rui Nunes

Abstract: Gender equality is a necessary foundation for a peaceful, prosperous and sustainable world. In order to understand the different realities of gender equality worldwide, an international survey was conducted with the Units of the International Chair in Bioethics. This study was conducted with the Heads of the Units (N = 170) from 71 countries, from November 2016 until November 2017, through the administration of an online international survey: the Global Questionnaire on Gender Equality, which was developed for the purpose of this study. A total of sixty Heads of Units of the International Chair in Bioethics (35%) participated, from thirty-five different countries (49.2%). Units from India, Ghana, Nigeria and Slovenia answered that they have not achieved gender parity regarding education and family roles. Several areas lacked any form of family planning-related education in schools, and there were inequalities in terms of job access, which were mainly reported in West Africa, Southeast Asia, Latin America, and Europe. Advancing gender equality is critical to a healthy society, and has various impacts, from reducing poverty to promoting the health and education. Thus, the proposal of a Universal Declaration on Gender Equality was developed, with the purpose to be a comprehensive tool to promote gender equality worldwide.

1. Introduction

Human dignity has been the foundational basis of global bioethics, the discipline concerned with the ethics of life and all forms of life (Brännmark 2017). Gradually, the implementation of human rights became the main focus for maintaining human dignity, and the modern approach to these rights should emphasize gender equality in various settings, especially women's rights (Thiem 2015).

The United Nations General Assembly in Paris announced the Universal Declaration of Human Rights in 1948 (United Nations 1948), which included "the human" category to ensure gender inclusiveness, ensuring all civil, political, economic, social, and cultural rights as individual and global universal rights (United Nations n.d.; Thiem 2015).

The early discussions on gender discrimination and human dignity focused mostly on violence against women and concerns related to medical ethics (Thiem 2015). The Declaration on the Elimination of Discrimination Against Women emerged in 1967 to address gender discrimination and, consequently, the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) was established in 1979 (UN General Assembly 1979). The CEDAW comprised the social, public, and private aspects of equality and the importance of women's education, access to healthcare, and economic means. Women's health (particularly reproductive health) and violence against women are urgent matters; thus, there is a need to also consider and promote women's empowerment (Thiem 2015).

Gender equality has seen some improvements regarding harmful practices (such as child marriage and female genital mutilation), girls' and boys' access to primary education, and women's empowerment (United Nations n.d.). However, human rights are constantly violated globally, and this is particularly true when it comes to the rights of women, as most civilizations are patriarchy-based (Arat 2020;

United Nations n.d.). Women represent the poorest and less empowered group in their communities, consequently suffering from discrimination and extreme violence worldwide (Arat 2020).

Dignity, equality, and liberty allow for injustice to be addressed holistically (Baer 2009). Dignity assures respect for all human beings and protects their integrity and ways of life; equality addresses injustice; and liberty promotes freedom of choice under equal conditions (Baer 2009; Thiem 2015).

Gender equality is a necessary foundation for a peaceful, prosperous, and sustainable world (United Nations n.d.). However, culture may over-determine matters regarding gender inequalities, influencing the understanding of dignity in that context, particularly regarding women. Thus, it is important to focus on gender inequality settings, as they expose the delimited norms about a person's dignity as gendered (Thiem 2015).

Hence, this study conducts an international survey of all UNESCO Bioethics Units of the International Chair in Bioethics to understand the different setting realities of gender equality worldwide.

2. Aims

This study explores the gender equality reality and policies of different cultures and countries. Accordingly, it conducts an international survey of all Units of the International Chair in Bioethics across the five continents to more accurately assess the state of gender equality policies in the different cultures of mankind.

3. Methods

A preliminary study was conducted with the Heads of Units of the International Chair in Bioethics (N = 170) from 71 countries via the administration of the Global Questionnaire on Gender Equality, which was developed for this study based on the Compendium of Gender Scales (Nanda 2011) and aimed to collect descriptive data of gender reality beliefs, attitudes, and policies. The Questionnaire was administered via Google Forms and included closed-ended questions (yes/no) that encompassed the following:

A. Health, education, and family planning: the level of education between men and women; access to health and medical interventions; sexuality between couples and contraception; education for family planning, emergency contraception, and assisted procreation; rites of passage that include harm and sexual mutilation;
B. Family equality: men and women's role and autonomy inside the family; access to education and the work of daughters and sons;
C. Social and labor equality: the autonomy of women to travel outside their village/city; the autonomy of women to own any land/house/productive assets/cash savings; access to jobs/work/politics between men and women.

The sociodemographic characteristics, such as gender, age, country of birth, marital status, education level, professional area, country where the Unit is based, and professional status were also recorded.

The Head of each Unit was requested to answer the Global Questionnaire on Gender Equality per the present reality of each country regarding familial, social, and labor equality, including family planning. Participants were recruited via an email

sent to the Unit heads of the International Chair in Bioethics from November 2016 to November 2017. It described the aim of the study and contained the Google Forms link to the Global Questionnaire on Gender Equality for those who consented to participate. This study complied with all ethical guidelines for human experimentation stated in the Helsinki Declaration.

4. Results

Sixty Heads of Units of the International Chair in Bioethics (n = 60; 35%) from 35 different countries (n = 35; 49.2%) participated (Figure 1). Most were female (n = 30; 50%), 29 were male (n = 29; 48.3%), and 1 identified as "other gender" (n = 1; 1.7%). The median age was 52 years old, with a minimum (maximum) age of 28 (81) years old. Regarding marital status, most participants were married (n = 43; 71.7%), followed by single (n = 9; 15%), cohabiting (n = 5; 8.3%), divorced (n = 2; 3.3%), and widowed respondents (n = 1; 1.7%). Participants' educational level was as follows: Ph.D. (n = 35; 58.3%) and Master's (n = 18; 30%) and Bachelor's (n = 7; 11.7%) degrees. The most common professional area was Medicine (n = 27; 45%), followed by Bioethics (n = 7; 11.7%), Health and Social Sciences (n = 7; 11.7%), Biology (n = 5; 8.3%), Law (n = 4; 6.7%), Philosophy (n = 4; 6.7%), Researcher and Researching Methodologies (n = 4; 6.7%), and Engineering (n = 2; 3.3%).

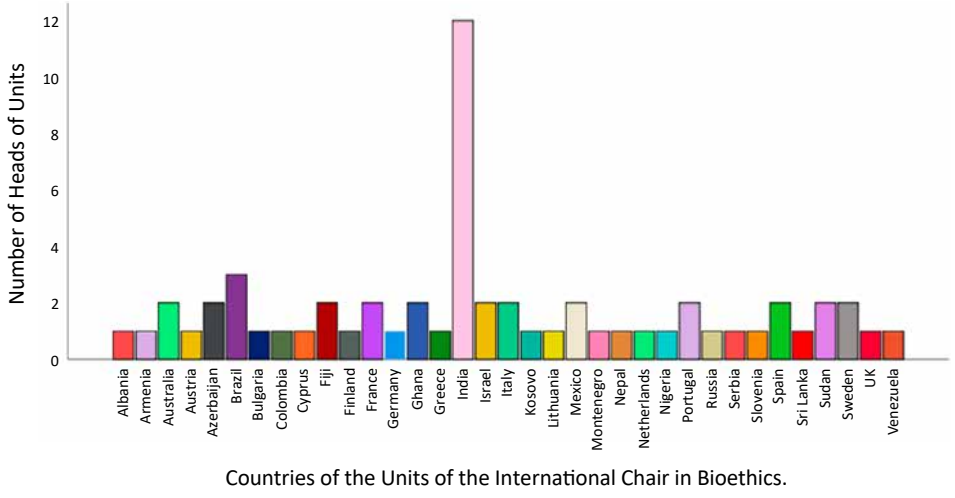

Figure 1. Number of Heads of Units of the International Chair in Bioethics per country. Source: Figure by authors.

The Global Questionnaire on Gender Equality

Health, Education and Family Planning

Respondents were required to answer the questions in this segment according to their cultural reality. Accordingly, the level of education of women and men was mainly considered the same (n = 49; 81.7%), unlike in cultures from India, Ghana, Nigeria, and Slovenia (n = 11; 18.3%). Nevertheless, more than half of the respondents agreed that there should be an affirmative action policy on education for women (n = 37; 61.7%) (Table 1).

Discrepancies were found in women's access to health and medical interventions, given that there are cultures in which women cannot go to the doctor/hospital/clinic alone (n = 2; 3.3%), nor can they choose their medical interventions alone (n = 12; 20%), according to respondents from Fiji, India, Nepal, Sudan, and Nigeria (Table 1).

Regarding family planning, 15% of the respondents from Argentina, France, India, Kosovo, Montenegro, and Sudan stated that it is a woman's exclusive responsibility to avoid getting pregnant. Moreover, respondents from Armenia, India, Kosovo, Mexico, Nepal, Sri Lanka, Sudan, and Venezuela revealed that women who have sexual intercourse before marriage do not deserve respect in their cultures (n = 11; 18.3%) (Table 1).

In some cultures, such as India and Sudan, the status of "being a real woman" is defined by having a child (n = 4; 6.7%). Contraception is a topic not discussed between couples in (n = 7; 11%), and it is unheard of for women to suggest the use of condoms in general (n = 8; 13.3%) and to their husbands in particular (n = 5; 8.3%) in several cultures, including in Brazil, Colombia, Greece, India, Italy, Mexico, Montenegro, Slovenia, and Sudan. Furthermore, women who carry condoms are considered cheap and disrespectful (n= 15; 25%) (Table 1) in countries such as Albania, Azerbaijan, Bulgaria, Cyprus, Ghana, India, Israel, Italy, Nigeria, Sri Lanka, and Sudan.

Furthermore, education regarding family planning, emergency contraception, and assisted procreation in schools has not been embraced by several cultures (n = 10, 16.7%) from West Africa, South East Asia, Latin America, and Eastern Europe. Rites of passage that imply harm, including genital mutilation, were also not recognized as unlawful (n = 7; 11.7%) or as practices that should be ethically condemned (n = 5; 8.3%) (Table 1).

Family Equality

The role of men and women in families differs per culture and society. In some societies, such as Armenia, Ghana, and Nigeria, a woman's role is still based on taking care of her home and family (n = 2, 3.3%) and obeying her husband (n = 3; 5%). Apparently, men should make the decisions about family visits (n = 2; 3.3%) and have the final word in the home (n = 5; 8.3%) (Table 1), as reported by units from Armenia, Azerbaijan, Russia, and Sudan.

The use of violence inside a marriage is considered a private matter (n = 2; 3.3), a reality noted by units from Russia and Armenia. More broadly, units from Ghana, Lithuania, and Sudan reported that women must have a male kinsman to protect them (n = 5; 8.3) (Table 1). Furthermore, the belief that daughters should not have the same chance to work outside their homes as sons (n = 5; 8.3%) still prevails, as reported by units from India and Sudan. More so, they should not be educated on the importance of family planning and work outside their home to earn money and support themselves (n = 16; 26.7%) (Table 1), as noted by units from Australia, Azerbaijan, Cyprus, Fiji, France, Ghana, India, Italy, Kosovo, Nigeria, and Sri Lanka.

Social and Labor Equality

Regarding social autonomy, several units from India reported that women cannot go outside their village/city alone (n = 2; 3.3%), own any land/house/productive assets in their name (n = 1; 1.7%), or have their own cash savings (n = 1; 1.7%). The

belief that financially independent women do not want to commit themselves to one relationship still prevails in several cultures/societies (n = 6; 10%) (Table 1), as noted by the heads of units of Albania, Ghana, India, and Kosovo.

Table 1. Global Questionnaire on Gender Equality.

Global Questionnaire on Gender Equality		***n* (%)** ***N* = 60**
Health, Education, and Family Planning		
Do women have the same level of education as men?	Yes	49 (81.7)
	No	11 (18.3)
Should women have access to the same level of education as men?	Yes	58 (96.7)
	No	2 (3.3)
Should there exist an affirmative action policy on education for women?	Yes	37 (61.7)
	No	23 (38.3)
Can women go to the doctor/hospital/clinic alone?	Yes	58 (96.7)
	No	2 (3.3)
Can women choose their medical interventions alone?	Yes	48 (80)
	No	12 (20)
Should women consider their partner's opinion regarding sexual desires/intercourse?	Yes	56 (93.3)
	No	4 (6.7)
Should men consider their partner's opinion regarding sexual desires/intercourse?	Yes	55 (91.7)
	No	5 (8.3)
Women who carry condoms on them are cheap/disrespectful	Yes	15 (25)
	No	45 (75)
Men should be outraged if their wives ask them to use a condom	Yes	5 (8.3)
	No	55 (91.7)
It is a woman's (exclusive) responsibility to avoid getting pregnant	Yes	9 (15)
	No	51 (85)
A couple should decide together if they want to have children	Yes	60 (100)
Couples should decide together what type of contraceptive to use	Yes	53 (88.3)
	No	7 (11)

Table 1. *Cont.*

Global Questionnaire on Gender Equality		*n* (%) *N* = 60
Women can suggest the use of condoms, just like men	Yes	52 (86.7)
	No	8 (13.3)
Women who have sex before marriage do not deserve respect	Yes	11 (18.3)
	No	49 (81.7)
Only when a woman has a child is she a real woman?	Yes	4 (6.7)
	No	56 (93.3)
Should family planning, including emergency contraception and assisted procreation be taught in schools?	Yes	50 (83.3)
	No	10 (16.7)
Rites of passage that imply harm, including genital mutilation, should be ethically condemned?	Yes	55 (91.7)
	No	5 (8.3)
Rites of passage that imply harm, including genital mutilation, should be unlawful?	Yes	53 (88.3)
	No	7 (11.7)
Family Equality		
A woman's only role is taking care of her home and family?	Yes	2 (3.3)
	No	58 (96.7)
A woman should obey her husband in all things?	Yes	3 (5)
	No	57 (95)
A woman should tolerate violence to keep her family together?	No	60 (100)
A man using violence against his wife is a private matter that should not be discussed outside the couple?	Yes	2 (3.3)
	No	58 (96.7)
A good woman never questions her husband's opinions, even if she is not sure she agrees with them?	Yes	1 (1.7)
	No	59 (98.3)
The man should make the decisions about visits to family or relatives?	Yes	2 (3.3)
	No	58 (96.7)
The man should have the final word about decisions in his home?	Yes	5 (8.3)
	No	55 (91.7)
The husband should decide to buy the major household items?	Yes	1 (1.7)
	No	59 (98.3)
A woman should only take good care of her own children and not worry about other issues?	Yes	1 (1.7)
	No	59 (98.3)

Table 1. *Cont.*

Global Questionnaire on Gender Equality		*n* (%) *N* = 60
A woman must have a husband/son/some other male kinsman to protect her?	Yes	5 (8.3)
	No	55 (91.7)
It is important that sons are more educated than daughters?	Yes	1 (1.7)
	No	59 (98.3)
Daughters should only be sent to school if they are not needed to help at home?	Yes	1 (1.7)
	No	59 (98.3)
If there is a limited amount of money to pay for tutoring, it should be spent on sons first?	No	60 (100)
Daughters can only work outside their homes after they have children?	No	60 (100)
Daughters should have the same chance to work outside their homes as sons?	Yes	55 (91.7)
	No	5 (8.3)
Daughters should be told that an important reason to use family planning is so they can work outside their home and earn money to support themselves if necessary?	Yes	44 (73.3)
	No	16 (26.7)
A real man produces a male child?	No	60 (100)
Social and Labor Equality		
Can women go outside the village/city alone?	Yes	58 (96.7)
	No	2 (3.3)
Should women be able to go outside the village/city alone?	Yes	60 (100)
Can women, in their name, own any land/house/productive assets? (A productive asset bestows dividends and income to the owner, whether direct or indirect. Example: registered seed for home gardens)	Yes	59 (98.3)
	No	1 (1.7)
Should women, in their name, own any land/house/productive assets?	Yes	60 (100)
Can women have cash savings alone?	Yes	59 (98.3)
	No	1 (1.7)
Should women be able to have any cash savings?	Yes	59 (98.3)
	No	1 (1.7)

Table 1. *Cont.*

Global Questionnaire on Gender Equality		*n* (%) *N* = 60
Financially independent women do not want to commit themselves to one relationship?	Yes	6 (10)
	No	54 (90)
Women should leave politics to men?	Yes	3 (5)
	No	57 (95)
There should be an affirmative action policy to engage more women in politics?	Yes	49 (81.7)
	No	11 (18.3)
Women have access to the same job opportunities as men?	Yes	38 (63.3)
	No	22 (36.7)
Women should have the same job opportunities as men?	Yes	59 (98.3)
	No	1 (1.7)
Women have the same working skills as men?	Yes	51 (85)
	No	9 (15)
There should be job openings just for women to match the number of male positions?	Yes	34 (56.7)
	No	26 (43.3)
Women should have access to senior positions?	Yes	60 (100)
Access to career progression and salary levels should be the same for all genders?	Yes	60 (100)

Source: Questionnaire developed by the author, adapted based on the Compendium of Gender Scales (Nanda 2011).

Inequalities in the access of women to the same job opportunities as men (n = 22; 36.7) were reported by several heads of units, namely from Albania, Brazil, Colombia, Fiji, Finland, France, India, Nigeria, Portugal, Russia, Spain, and Sweden. Thus, several respondents agreed that there should be job openings just for women to match the number of male positions (n = 34; 56.7%) in their countries. Concerning politics, most believe women should engage in politics (n = 57; 95%) and that there should be an affirmative action policy to engage more women in politics (n = 49; 81.7%). Furthermore, all respondents agree that women should have access to senior positions and that the access to career progression and salary level should be the same for all genders (n = 60; 100%) (Table 1).

5. Discussion

In this study, although women and men were considered to be at the same level in most countries, units from India, Ghana, Nigeria, and Slovenia stated that they have not achieved gender parity in education.

In developing countries, women have less control over several measures, such as enrolment in education, health, personal autonomy, and even control over their lives. It is more common for gender gaps to favor males in poor than rich countries

(Jayachandran 2015). Thus, fathers are empowered to make decisions that affect girls, such as how much to spend on their education (Jayachandran 2015). Furthermore, university education may be viewed as more important for boys than girls (Jayachandran 2015).

The distance from school facilities is also one of the reasons cited for daughters being deprived of their education. Moreover, given the pressure of young marriages and female chastity in several societies, parents do not want their daughters to be in contact with male peers or teachers. Initiatives to have schools located in villages and hire same-gender teachers are essential for girls' enrolment (Field and Ambrus 2008; Burde and Linden 2013; Muralidharan and Prakash 2013; Jayachandran 2015).

Women's education impacts health, fertility, and infant mortality. Countries with a bigger gender gap have twice the infant mortality and fertility rates than others with smaller gaps. An improvement in health practices was directly connected to women's education, as girls' education reduces the risk of maternal mortality (Brown 2004; Jayachandran 2015; Choe et al. 2016; Lan and Tavrow 2017; Abdollahpour et al. 2022; World Health Organization 2023).

Furthermore, education enables women's decision-making in health and autonomy. For instance, access to primary school and education policies on reproductive health positively impacts women's abilities to make health decisions. Thus, family planning, modern contraceptives, and improvements in women's social condition can be facilitated by investing in education and health policies (Bose and Heymann 2019).

Women's health and contraceptive decisions are influenced by the social context and norms of the places in which they live (Bose and Heymann 2019). Given the lack of effective family planning methods, there is a need for an effective intervention to prevent maternal mortality from pregnancy and delivery complications or unsafe methods to avoid pregnancy and enhance the quality of care for mothers and children (Davies 2018; Abdollahpour et al. 2022). Further, there is a need to provide sanitary supplies for menstruation, which is associated with girls missing school, feelings of shame, and a gendered financial burden (Roy 2020), and create safe water and sanitation conditions that are linked to menstruation and childbirth illness risk (Davies 2018). Family planning will promote women's autonomy and decisions regarding fertility and grant women more time to work, increasing the household income and their health quality (Bose and Heymann 2019; Singleton et al. 2019). However, the gender inequalities in the various contexts that encompass education, work, and household decision-making impact access to family planning (Bose and Heymann 2019).

Gender discrimination in education is influenced by culture and religion rather than politics. Religion may affect political institutions and alter cultural behaviors. Culturally rooted gender norms based in patrilocality (in which couples live near or with the husbands' parents), patrilocal (in which a couple settles in the husband's home or community), and patrilineal (descent through the male line) societies, including the high value of women's "purity," may help explain the greater gender gap and lack of investment in women in several contexts, especially in poorer countries (Jayachandran 2015). For instance, investment in a son's health and education will be "rewarded," given that he will remain part of the family; however, daughters will no longer be part of the household when married. These practices are more common in Asia, the Middle East, and Africa (Ebenstein 2014; Jayachandran 2015). However,

even in the same country, there are regions with more noticeable gender inequality than others, given the different systems and cultures (e.g., India) (Dyson and Moore 1983; Jayachandran 2015).

Gender inequality is known to delay economic development, and women's education impacts economic development. Modernization (e.g., better infrastructures and democratization) may offset some cultural changes, such as women's enrolment in politics, and, thus, induce gender equality and economic development (Brown 2004; Cooray and Potrafke 2011; Jayachandran 2015).

In poorer countries, household decisions are less influenced by women's spending decisions and visits from family and friends (Jayachandran 2015). Moreover, gender-based violence varies with economic development. Women are more tolerant of violence from their husbands in poorer countries (e.g., in certain regions of India, if a wife goes out without telling the husband or argues with him, it is justified for the husband to beat her). However, studies show that women above the median wealth level for that setting have more decision-making power and less acceptance of violence based on gender relative to those below the median wealth level (Jayachandran 2015). Furthermore, in certain contexts, women may gain household status and greater well-being when they give birth to a male child (Li and Wu 2011; Jayachandran 2015).

As a result of economic development, policies that reinforce male power may tend to diminish. Nonetheless, to reduce gender inequalities, there may be a need to implement explicit policies. However, the application of legal reforms that favor gender equality, such as women's rights to ancestral land and banning prenatal sex determination, child marriage, and dowry (e.g., in India) is weak and the reforms are not enforced (Jayachandran 2015). Tools that enable the representation of women in politics and senior or leading positions directly impact law changes related to women's welfare, for instance, through the implementation of political seats reserved for women —a strategy adopted in developing (e.g., India) and developed countries— thus promoting the investment in girls and reshaping attitudes toward women in higher positions (Beaman et al. 2012; Jayachandran 2015).

Despite the implications, this study has limitations, such as the sample number and type. Given the preliminary nature of this study, which aimed to understand multiple realities, future studies should analyze the gender equality policies in each country and employ a representative sample of the population.

6. Conclusions

This study explores the gender equality reality and policies of different cultures and countries. Preliminary findings indicate that significant progress is still needed, as evidence reveals that even in academically and professionally specialized centers, crucial actions remain, such as drafting legislation and policies on gender equality; encouraging multidisciplinary and inclusive discussions on gender issues within society; and advancing fair access to education, knowledge, cultural development, healthcare, and family planning—especially addressing the specific needs of developing countries; and promoting the rights of women and men in society.

Guaranteeing equitable access for women and girls to education, healthcare, dignified employment, and representation in political and economic decision-making processes is essential for fostering sustainable economic development and advancing the welfare of societies and humanity at large.

Advancing gender equality is paramount to the well-being of society as a whole, influencing critical domains such as poverty alleviation, and the health, education, protection, and overall welfare of both girls and boys. For the effective realization of gender equality, it is imperative to establish a cohesive ethical framework, implement targeted legislation, and support a sustained cultural transformation, and International Community awareness. Hence, alongside the questionnaire, and considering the data collected, the study developed a Proposal of the Universal Declaration on Gender Equality to create an embracing and comprehensive declaration proposal.

> *"Gender equality is more than a goal in itself. It is a precondition for meeting the challenge of reducing poverty, promoting sustainable development, and building good governance."* —Kofi Annan

Author Contributions: Conceptualization, F.R., G.R. and R.N.; Methodology, F.R.; Data collection, F.R. and R.N.; Data Analysis, F.R.; Writing—Original Draft Preparation, F.R.; Writing—Review & Editing, F.R., G.R. and R.N. All authors approved the submitted version.

Funding: This research received no external funding.

Acknowledgments: We would like to thank the International Chair in Bioethics for their participation and contribution.

Conflicts of Interest: The authors declare no conflict of interest.

References

Abdollahpour, Sedigheh, Hamid H. Miri, Fatemeh K. Khamse, and T. Khadivzadeh. 2022. The Relationship between Global Gender Equality with Maternal and Neonatal Health Indicators: An Ecological Study. *Journal of Maternal-Fetal and Neonatal Medicine* 35: 1093–99. [CrossRef] [PubMed]

Arat, Zehra F. K. 2020. Women's Rights as Human Rights. UN Chronicle. Available online: https://www.un.org/en/chronicle/article/womens-rights-human-rights (accessed on 1 January 2020).

Baer, Susanne. 2009. Dignity, Liberty, Equality: A Fundamental Rights Triangle of Constitutionalism. *University of Toronto Law Journal* 59: 418–68. [CrossRef]

Beaman, Lori, Esther Duflo, Rohini Pande, and Petia Topalova. 2012. Female Leadership Raises Aspirations and Educational Attainment for Girls: A Policy Experiment in India. *Science* 335: 582–86. [CrossRef] [PubMed]

Bose, Bijetri, and Jody Heymann. 2019. Effects of Tuition-Free Primary Education on Women's Access to Family Planning and on Health Decision-Making: A Cross-National Study. *Social Science and Medicine* 238: 112478. [CrossRef] [PubMed]

Brännmark, Johan. 2017. Respect for Persons in Bioethics: Towards a Human Rights-Based Account. *Human Rights Review* 18: 171–87. [CrossRef]

Brown, David S. 2004. Democracy and Gender Inequality in Education: A Cross-National Examination. *British Journal of Political Science* 34: 137–52. [CrossRef]

Burde, Dana, and Leigh L. Linden. 2013. Bringing Education to Afghan Girls: A Randomized Controlled Trial of Village-Based Schools. *American Economic Journal: Applied Economics* 5: 27–40. [CrossRef]

Choe, Seung-Ah, Sung-il Cho, and Hongsoon Kim. 2016. Gender Gap Matters in Maternal Mortality in Low and Lower-Middle-Income Countries: A Study of the Global Gender Gap Index. *International Journal of Health Services* 12: 1065–76. [CrossRef]

Cooray, Arusha, and Niklas Potrafke. 2011. Gender Inequality in Education: Political Institutions or Culture and Religion? *European Journal of Political Economy* 27: 268–80. [CrossRef]

Davies, Sara E. 2018. Gender Empowerment in the Health Aid Sector: Locating Best Practice in the Australian Context. *Australian Journal of International Affairs* 72: 520–34. [CrossRef]
Dyson, Tim, and Mick Moore. 1983. On Kinship Structure, Female Autonomy, and Demographic Behavior in India. *Population and Development Review* 9: 35–60. [CrossRef]
Ebenstein, Avraham. 2014. *Patrilocality and Missing Women*. Jerusalem: Hebrew University of Jerusalem.
Field, Eric, and Attila Ambrus. 2008. Early Marriage, Age of Menarche, and Female Schooling Attainment in Bangladesh. *Journal of Political Economy* 116: 881–930. [CrossRef]
Jayachandran, Seema. 2015. The Roots of Gender Inequality in Developing Countries. *Annual Review of Economics* 7: 63–88. [CrossRef]
Lan, Chiao-wen, and Paula Tavrow. 2017. Composite Measures of Women's Empowerment and Their Association with Maternal Mortality in Low-Income Countries. *BMC Pregnancy and Childbirth* 17: 337. [CrossRef] [PubMed]
Li, Lixing, and Xiaoyu Wu. 2011. Gender of Children, Bargaining Power, and Intrahousehold Resource Allocation in China. *Journal of Human Resources* 46: 295–316. [CrossRef]
Muralidharan, Karthik, and Nishith Prakash. 2013. Cycling to School: Increasing Secondary School Enrollment for Girls in India. *American Economic Journal: Applied Economics* 9: 321–50.
Nanda, Geeta. 2011. *Compendium of Gender Scales*. Washington, DC: FHI 360/C-Change. Available online: https://www.sbccimplementationkits.org/demandrmnch/wp-content/uploads/2014/02/Compendium-of-Gender-Scales.pdf (accessed on 16 August 2016).
Roy, Eleanor A. 2020. New Zealand Tackles 'Period Poverty' with Free Sanitary Products for All Schoolgirls. *The Guardian*, June 3.
Singleton, Rebecca L., Edward H. Allison, Charlotte L. A. Gough, Vinay Kamat, Philippe LeBillon, Laura Robson, and Rashid Sumaila. 2019. Conservation, Contraception, and Controversy: Supporting Human Rights to Enable Sustainable Fisheries in Madagascar. *Global Environmental Change* 59: 101946. [CrossRef]
Thiem, Annika. 2015. Human Dignity and Gender Inequalities. In *The Cambridge Handbook of Human Dignity: Interdisciplinary Perspectives*. Edited by Marcus Düwell, Jens Braarvig, Roger Brownsword and Dietmar Mieth. Cambridge: Cambridge University Press, pp. 498–504. [CrossRef]
UN General Assembly. 1979. *Convention on the Elimination of All Forms of Discrimination against Women*. Treaty Series. New York: UN General Assembly, vol. 1249.
United Nations. 1948. *The Universal Declaration of Human Rights*. San Francisco: United Nations.
United Nations. n.d. Goal 5: Achieve Gender Equality and Empower All Women and Girls. *Sustainable Development Goals*. Available online: https://www.un.org/sustainabledevelopment/gender-equality/ (accessed on 13 July 2023).
World Health Organization. 2023. Maternal Mortality. Available online: https://www.who.int/en/news-room/fact-sheets/detail/maternal-mortality (accessed on 13 July 2023).