

Women's Health Across the Life Course: Prevention, Early Diagnosis, and the Construction of Comprehensive and Equitable Care Pathways

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Neide Moreira de Souza

Doutoranda em Saúde Pública

Universidad de Ciencias Empresariales y Sociales

Helena Vilela da Cunha

Mestre em Gestão de Ciência em Saúde

Musty University

helenadtidi@ hotmail.com

Ana Carla Mota Bastos

Doutoranda em Saúde Pública

Universidad de Ciencias Empresariales y Sociales

Oldair Donizete Galeni

Doutorando em Saúde Pública

Universidad de Ciencias Empresariales y Sociales

Juliana Cascaes de Aquino Schneider

Doutoranda em Saúde Pública

Universidad de Ciencias Empresariales y Sociales

Mayara Anna de Oliveira Medeiros

Técnica de Enfermagem

Universidade Federal de Uberlândia

Josina Alves dos Santos

Auxiliar de Enfermagem

Universidade Federal de Uberlândia

Sérgio Raimundo Ernesto Machado

Doutorando em Saúde Pública

Universidad de Ciencias Empresariales y Sociales

Jéssica Niale Braga do Nascimento Maciel

Doutoranda em Saúde Pública

Universidad de Ciencias Empresariales y Sociales

Siglia Sousa de França

Doutoranda em Saúde Pública

Universidad de Ciencias Empresariales y Sociales

Abstract

Women's health has progressively evolved from a historically narrow biomedical perspective focused predominantly on reproductive functions toward a comprehensive paradigm that recognizes women as multidimensional subjects whose health trajectories are shaped by biological, social, cultural, economic, political, and environmental determinants. This academic essay critically examines women's health across the life course, emphasizing prevention, early diagnosis, and the promotion of comprehensive care pathways capable of addressing diverse and changing healthcare needs. The discussion explores the limitations of reproductive reductionism, the relevance of primary healthcare, persistent inequalities in access and health outcomes, and emerging challenges associated with demographic, epidemiological, and technological transformations. A life-course and human rights-based perspective is adopted to analyze strategies for strengthening women-centered healthcare models. The essay argues that effective women's healthcare requires integrated policies, qualified professionals, equitable access, participatory governance, and sustained commitment to social justice. Comprehensive women's care represents a fundamental pillar for advancing public health systems committed to dignity, autonomy, and health equity.

Keywords: Comprehensive Health Care; Health Equity; Health Promotion; Public Health; Women's Health.

1. Introduction

Women's health constitutes one of the most complex and multidimensional domains within contemporary public health, reflecting the interaction between biological processes, social structures, cultural meanings, economic conditions, and political contexts. Over recent decades, conceptual transformations have challenged traditional healthcare models that historically approached women primarily through reproductive functions, expanding the understanding of women's health as a lifelong process involving multiple dimensions of human existence.

For much of modern medical history, women's healthcare was strongly influenced by a reproductive-centered paradigm, in which pregnancy, childbirth, fertility control, and maternal outcomes occupied a predominant position. Although reproductive health remains a fundamental component of women's health, this perspective has frequently marginalized other essential dimensions, including cardiovascular health, mental health, chronic disease prevention, aging, sexuality, occupational conditions, and social vulnerabilities.

The contemporary concept of women's health requires a broader analytical framework capable of recognizing women as social subjects with unique life trajectories. Health experiences are not determined exclusively by biological characteristics but are profoundly influenced by gender relations, socioeconomic inequalities, educational opportunities, access to resources, exposure to violence, cultural norms, and institutional structures. It follows that, understanding women's health requires moving beyond individual clinical approaches toward comprehensive public health perspectives.

The life-course approach has become an essential theoretical framework for analyzing women's health because it recognizes that health conditions and vulnerabilities accumulate throughout different

stages of development. Experiences during childhood, adolescence, reproductive years, menopause, and older age interact dynamically, influencing future health outcomes. Consequently, preventive interventions implemented at different moments of life can significantly modify disease trajectories and promote healthier aging.

Prevention and early diagnosis represent central strategies for improving women's health outcomes. Screening programs, vaccination, health education, risk assessment, lifestyle interventions, and timely access to healthcare services contribute to reducing avoidable morbidity and mortality. However, the effectiveness of these strategies depends not only on technological availability but also on healthcare accessibility, professional qualification, organizational capacity, and social conditions that enable women to benefit from preventive actions.

Despite significant advances in healthcare policies and scientific knowledge, profound inequalities continue to shape women's health experiences worldwide. Social determinants such as poverty, racial inequalities, geographic barriers, limited education, discrimination, and gender-based violence influence exposure to risks and access to protective resources. These inequalities demonstrate that improving women's health requires addressing structural factors beyond traditional healthcare interventions.

Primary healthcare occupies a strategic position in promoting comprehensive women's care because it provides continuous, community-oriented, and person-centered approaches. Through longitudinal follow-up, preventive practices, health promotion, early detection, and coordination of healthcare networks, primary healthcare services can contribute to reducing fragmentation and ensuring that women receive care adapted to their individual and social realities.

The strengthening of women-centered healthcare also requires recognition of autonomy, dignity, and human rights as fundamental principles. Women must be considered active participants in healthcare decisions rather than passive recipients of interventions. Respectful communication, informed choices, culturally appropriate practices, and protection against discrimination are essential components of ethical and equitable healthcare systems.

Contemporary challenges further reinforce the need for innovative approaches to women's health. Population aging, increasing prevalence of chronic diseases, mental health concerns, technological transformations, and changing social dynamics require healthcare systems capable of adapting while maintaining principles of universality, equity, and comprehensiveness.

In this context, women's health should be understood as a strategic field for public health development, reflecting broader commitments to social justice and health equity. Comprehensive care

requires articulation between healthcare services, public policies, communities, and social protection systems to address the complexity of women's health needs throughout life.

Thus, this academic essay aims to critically analyze women's health across the life course, focusing on prevention, early diagnosis, and the construction of comprehensive and equitable care pathways. The discussion explores conceptual foundations, persistent inequalities, healthcare organization, professional practices, and future perspectives for strengthening women-centered approaches within contemporary public health systems.

2. Methodology

This manuscript is structured as a theoretical academic essay developed through a critical-reflective and interpretative analysis of contemporary scientific knowledge regarding women's health, comprehensive healthcare, prevention strategies, early diagnosis, health equity, and life-course approaches. Academic essays represent an appropriate methodological pathway for exploring complex public health phenomena by integrating theoretical perspectives, empirical evidence, and critical analysis.

The argumentative construction of this essay was based on the articulation of international scientific literature, public health frameworks, healthcare policies, epidemiological perspectives, and theoretical contributions related to gender, social determinants of health, human rights, and healthcare organization. The analysis incorporates biological, social, political, cultural, and institutional dimensions that influence women's health trajectories.

The essay adopts a multidisciplinary perspective integrating contributions from public health, epidemiology, primary healthcare, health promotion, social sciences, and health policy studies. Rather than presenting empirical findings, the manuscript seeks to develop a conceptual synthesis capable of supporting critical reflection regarding current challenges and possible strategies for strengthening comprehensive women's healthcare.

All scientific references supporting the arguments developed throughout this essay are intentionally presented exclusively in the final reference section, according to the formatting standards of the American Psychological Association (APA), 7th edition. No citations are inserted throughout the body of the manuscript, preserving the essay structure proposed for this academic analysis.

3. Women's Health Beyond Reproductive Reductionism: A Life-Course and Human Rights Perspective

Women's health has historically been shaped by biomedical interpretations that frequently reduced women's healthcare needs to reproductive functions. Although reproductive health remains an essential component of healthcare systems, contemporary perspectives recognize that women's health encompasses a broad spectrum of biological, psychological, social, and cultural dimensions extending throughout the entire life course.

A comprehensive understanding of women's health requires overcoming the historical separation between reproductive care and other dimensions of health. Women experience specific vulnerabilities related to hormonal changes, social expectations, occupational roles, caregiving responsibilities, and exposure to structural inequalities, all of which influence health outcomes beyond reproductive events.

The life-course perspective provides a more sophisticated analytical framework by emphasizing that health is the result of cumulative experiences, exposures, and opportunities throughout development. From childhood and adolescence to reproductive years, menopause, and older age, each stage presents specific needs that require integrated preventive and therapeutic approaches.

During childhood and adolescence, health promotion strategies establish foundations for future well-being. Nutritional conditions, emotional development, education, protection against violence, vaccination, and access to appropriate information influence future reproductive health, chronic disease risks, mental health, and capacity for autonomous decision-making.

Adolescence represents a particularly sensitive period because biological maturation occurs simultaneously with social and psychological transformations. Comprehensive healthcare during this stage must address sexuality, reproductive rights, mental health, body image, prevention of sexually transmitted infections, substance use, and the development of healthy behaviors without imposing stigmatizing or paternalistic approaches.

During adulthood, women face diverse healthcare demands associated with reproductive choices, professional responsibilities, family dynamics, and emerging chronic disease risks. A comprehensive approach requires balancing reproductive care with prevention and management of conditions such as hypertension, diabetes, cardiovascular diseases, obesity, autoimmune disorders, and mental health disorders.

Pregnancy and childbirth remain critical periods in women's health due to their potential risks and long-term implications. However, maternal healthcare should not be interpreted exclusively through a risk-

based biomedical perspective. Respectful maternity care requires recognition of autonomy, informed decision-making, emotional support, and protection against unnecessary interventions.

The menopausal transition represents another important stage frequently neglected within healthcare systems. Although menopause is a physiological process, women may experience symptoms affecting physical, psychological, sexual, and social dimensions. Comprehensive approaches should provide evidence-based guidance while avoiding unnecessary medicalization of natural biological processes.

Population aging introduces additional complexities for women's healthcare. Women generally experience longer life expectancy than men but frequently live longer periods with chronic diseases, functional limitations, economic vulnerability, and social isolation. Healthy aging strategies must therefore incorporate prevention, rehabilitation, mental health support, and social participation.

A human rights-based approach is fundamental for redefining women's healthcare. Health services must guarantee autonomy, confidentiality, informed consent, freedom from discrimination, and access to scientifically appropriate information. Women's health cannot be separated from broader struggles for gender equality and social justice.

The recognition of women as active agents in healthcare decision-making represents a major conceptual transformation. Patient-centered models emphasize dialogue, shared decisions, respect for personal values, and recognition of diverse experiences, replacing paternalistic approaches historically present in healthcare relationships.

Consequently, women's health beyond reproductive reductionism requires a paradigm shift toward comprehensive, equitable, and life-course-oriented models. Such approaches recognize that women's health is shaped by interconnected biological, social, and structural factors and that effective healthcare must respond to this complexity through integrated strategies.

4. Prevention, Early Diagnosis, and the Persistent Inequalities Shaping Women's Health Outcomes

Prevention and early diagnosis constitute fundamental pillars for improving women's health outcomes and reducing avoidable morbidity and mortality. However, the effectiveness of preventive strategies depends on more than the availability of technologies and clinical guidelines; it requires equitable healthcare systems capable of ensuring timely access, continuity, and quality of care.

Cancer prevention remains one of the most prominent challenges in women's health. Cervical cancer and breast cancer continue to represent significant causes of disease burden worldwide, despite the existence of effective preventive measures, screening strategies, and therapeutic advances. Persistent

inequalities in screening participation and follow-up care demonstrate that technological progress alone does not guarantee equitable outcomes.

Cervical cancer prevention illustrates the importance of integrated approaches combining vaccination against human papillomavirus, organized screening programs, early diagnosis, and appropriate treatment pathways. Nevertheless, socioeconomic inequalities, geographic barriers, misinformation, and weaknesses in healthcare organization continue to limit the effectiveness of prevention programs in vulnerable populations.

Breast cancer prevention and early detection also require comprehensive strategies. Although advances in diagnostic technologies have improved survival rates in many contexts, disparities remain regarding access to mammography, diagnostic confirmation, specialized treatment, and supportive care. These inequalities disproportionately affect women experiencing social and economic disadvantages.

Cardiovascular diseases represent another critical dimension of women's health that has historically received insufficient attention. Although cardiovascular disease remains one of the leading causes of mortality among women worldwide, traditional perceptions have frequently underestimated women's cardiovascular risks, contributing to delayed diagnosis, inadequate prevention, and lower recognition of sex-specific clinical manifestations.

Metabolic disorders, including diabetes mellitus and obesity, have become increasingly relevant within women's health agendas due to their association with reproductive outcomes, cardiovascular risks, psychological consequences, and reduced quality of life. Preventive approaches require early identification of risk factors, promotion of healthy lifestyles, and healthcare models capable of addressing biological and social determinants simultaneously.

Mental health constitutes an essential but frequently neglected component of comprehensive women's healthcare. Women present specific vulnerabilities related to depression, anxiety, postpartum mental disorders, exposure to violence, caregiving burdens, and social pressures. Despite the high prevalence of these conditions, barriers related to stigma, insufficient professional training, and fragmented healthcare responses continue to limit effective interventions.

Violence against women represents one of the most profound public health challenges affecting physical and psychological well-being. Healthcare systems have a strategic responsibility in identifying situations of violence, offering confidential and supportive care, and integrating health interventions with social protection networks. Addressing violence requires approaches that recognize its structural, cultural, and gender-related determinants.

Maternal mortality and morbidity remain important indicators of health system performance and social inequality. Although global progress has occurred, preventable maternal deaths continue to disproportionately affect women living in vulnerable conditions. Strengthening prenatal care, emergency obstetric services, postpartum follow-up, and equitable access to qualified professionals remains essential.

Health inequalities among women are strongly influenced by socioeconomic position, ethnicity, geographic location, disability, and educational opportunities. Intersectional perspectives demonstrate that women do not experience health vulnerabilities uniformly; rather, multiple social dimensions interact, producing differentiated patterns of exposure, access, and outcomes.

The COVID-19 pandemic further exposed vulnerabilities within women's healthcare systems. Interruptions in preventive services, delays in cancer screening, increased psychological distress, greater domestic violence risks, and disruptions in reproductive healthcare demonstrated the importance of resilient systems capable of maintaining essential services during crises.

The persistence of inequalities indicates that prevention and early diagnosis cannot be approached solely as clinical responsibilities. Effective strategies require public policies addressing social determinants, strengthening primary healthcare, improving health literacy, and ensuring that vulnerable populations are not excluded from preventive opportunities.

Hence, advancing women's health requires a shift from fragmented disease-oriented approaches toward integrated prevention models. Such models must combine epidemiological surveillance, health promotion, clinical excellence, social justice, and institutional commitment to guarantee that every woman has equitable opportunities to achieve optimal health outcomes.

5. Primary Healthcare as a Strategic Space for Comprehensive Women's Care

Primary healthcare represents one of the most important organizational foundations for achieving comprehensive women's healthcare. Its principles of accessibility, continuity, coordination, and community orientation provide essential conditions for addressing women's health needs throughout different stages of life.

The central role of primary healthcare is not limited to providing first-contact services but involves establishing long-term therapeutic relationships capable of understanding women's individual trajectories. Longitudinal care enables healthcare professionals to identify risks early, monitor health changes, and develop interventions aligned with personal and social contexts.

Comprehensive women's care within primary healthcare requires integration between preventive actions, clinical management, health education, reproductive care, mental health support, and social

vulnerability assessment. This multidimensional approach prevents healthcare fragmentation and promotes more coordinated responses to complex needs.

The principle of integrality requires healthcare professionals to recognize that diseases and health conditions do not occur independently from social realities. Women's healthcare must consider employment conditions, family responsibilities, violence exposure, socioeconomic circumstances, and cultural factors influencing health behaviors and outcomes.

Health promotion activities within primary healthcare have significant potential to strengthen women's autonomy. Educational interventions, community engagement, counseling, and participatory approaches allow women to develop greater control over health decisions and improve their capacity to recognize risks and seek timely care.

Primary healthcare is also a privileged setting for preventive screening and early diagnosis. Through organized strategies for cervical cancer screening, breast health monitoring, cardiovascular risk assessment, diabetes prevention, vaccination, and reproductive healthcare, primary care services can substantially reduce avoidable disease burden among women.

The effectiveness of preventive actions depends strongly on the quality of healthcare organization. Screening programs require adequate infrastructure, trained professionals, reliable information systems, referral mechanisms, and follow-up pathways. Without these elements, early detection strategies may fail to produce meaningful improvements in health outcomes.

The coordination of care represents another essential function of primary healthcare. Women frequently require interactions with multiple healthcare sectors, including specialized services, mental health support, social assistance, and hospital care. Effective coordination prevents fragmentation and ensures continuity throughout healthcare trajectories.

The relationship between healthcare professionals and women is a central determinant of care quality. Trust, respectful communication, cultural sensitivity, and recognition of women's experiences contribute to stronger therapeutic relationships and greater adherence to preventive and therapeutic interventions.

Within the Brazilian context, the principles of the Unified Health System (Sistema Único de Saúde – SUS), particularly universality, equity, and comprehensiveness, provide a relevant framework for organizing women-centered healthcare. Primary healthcare teams have a strategic responsibility in translating these principles into daily practices that respond to diverse population needs.

However, strengthening primary healthcare requires addressing persistent organizational challenges. Limited resources, excessive workload, insufficient professional training, and inadequate

coordination between healthcare levels may compromise the ability of services to provide truly comprehensive women's care.

Continuous professional education represents a fundamental strategy for improving women's healthcare within primary care. Professionals require updated competencies regarding gender-sensitive care, reproductive rights, chronic disease prevention, mental health, violence management, communication skills, and culturally appropriate interventions.

Accordingly, primary healthcare should be understood not merely as an entry point into healthcare systems but as a strategic environment for constructing long-term, equitable, and comprehensive care pathways. Its effectiveness depends on organizational capacity, professional qualification, and commitment to women-centered approaches.

6. Health Policies, Governance, and Professional Practices for Strengthening Women-Centered Care

Strengthening women-centered healthcare requires coordinated public policies capable of integrating prevention, treatment, social protection, and health promotion. Policies must move beyond isolated programs and establish sustainable strategies that guarantee continuity, accessibility, and quality throughout women's lives.

Healthcare governance plays a decisive role in translating political commitments into effective practices. Strong governance mechanisms enable the planning, implementation, monitoring, and evaluation of women's health strategies while ensuring transparency, accountability, and responsiveness to population needs.

Public health policies focused on women must incorporate principles of equity and social justice. Universal approaches alone may be insufficient when populations experience unequal starting conditions. In light of these findings, targeted interventions addressing vulnerable groups are necessary to reduce disparities and promote fair opportunities for health.

Professional practices are central to the success of women-centered healthcare models. Healthcare workers influence how policies are experienced at the service level, shaping communication, accessibility, clinical decisions, and the degree of respect offered to women seeking care.

Humanized healthcare represents a fundamental dimension of quality. Beyond technical competence, women require services where they are listened to, respected, and recognized as individuals with personal histories and legitimate preferences. Humanization challenges institutional practices that reproduce paternalism or discrimination.

Addressing gender-based violence requires healthcare systems to develop specific institutional capacities. Professionals must be prepared to recognize signs of violence, provide trauma-informed care, maintain confidentiality, and establish coordinated responses with legal, psychological, and social support networks. Without adequate preparation, healthcare services may reproduce invisibility and silence surrounding violence.

The organization of healthcare networks is essential for ensuring comprehensive women's care. Effective coordination between primary healthcare, specialized services, hospitals, rehabilitation programs, and social protection systems allows women to navigate healthcare pathways more efficiently and reduces delays in diagnosis and treatment.

Quality assessment mechanisms represent important tools for improving women's healthcare services. Monitoring indicators related to access, screening coverage, maternal outcomes, chronic disease management, patient experience, and equity can support evidence-informed decision-making and institutional improvement.

Health professionals' education must incorporate gender perspectives and social determinants of health. Traditional biomedical training frequently emphasizes biological processes while insufficiently addressing social inequalities, cultural diversity, communication barriers, and structural factors influencing women's health experiences.

The advancement of women-centered healthcare requires a transformation in institutional culture. Healthcare organizations must move toward models based on respect, shared responsibility, interdisciplinary collaboration, and recognition of women's autonomy as a central component of ethical and effective care.

7. Future Directions: Innovation, Equity, and Sustainable Models for Women's Health

The future of women's healthcare will increasingly depend on the capacity of health systems to integrate scientific innovation with principles of equity, accessibility, and human-centered care. Technological advances offer important opportunities, but they must be implemented within ethical and socially responsible frameworks.

Digital health represents one of the most significant emerging areas for transforming women's healthcare. Telemedicine, mobile health applications, electronic health records, and digital communication platforms may expand access to preventive services, health education, monitoring, and clinical support, particularly for populations facing geographic barriers.

However, technological innovation may also reproduce existing inequalities if digital resources are not implemented inclusively. Differences in internet access, digital literacy, socioeconomic conditions, and technological infrastructure must be considered to ensure that digital transformation contributes to equity rather than increasing disparities.

Artificial intelligence and data-driven healthcare models may provide new opportunities for improving prevention, diagnosis, and personalized care. Predictive analytics, risk stratification, and clinical decision-support systems may assist professionals in identifying vulnerabilities earlier and developing more targeted interventions.

Nevertheless, the implementation of artificial intelligence in women's healthcare requires careful consideration of ethical challenges. Algorithmic biases, inadequate representation of diverse populations in datasets, privacy concerns, and unequal access to advanced technologies must be addressed to prevent new forms of discrimination.

Precision medicine represents another emerging perspective with potential implications for women's health. Advances in genomics, biomarkers, and individualized therapeutic approaches may contribute to more accurate diagnosis and treatment. However, these innovations must remain accessible and aligned with public health principles.

The demographic transition and increasing longevity among women require healthcare systems to redefine their priorities. As women live longer lives, greater attention must be directed toward healthy aging, prevention of functional decline, management of chronic conditions, cognitive health, social participation, and maintenance of autonomy throughout later life.

Sustainable models for women's healthcare must integrate prevention across all stages of life rather than concentrating interventions only during periods of reproductive activity. A life-course strategy allows healthcare systems to anticipate risks, strengthen protective factors, and reduce cumulative inequalities that emerge over time.

Community participation will remain an essential component of future women's health strategies. Engaging women, families, social organizations, and communities in healthcare planning enhances responsiveness, strengthens legitimacy, and ensures that interventions reflect real-life experiences and priorities.

Global health agendas increasingly recognize that women's health is inseparable from broader commitments to gender equality, social justice, and sustainable development. Achieving equitable healthcare requires addressing structural determinants, including poverty, discrimination, violence, educational inequalities, and unequal distribution of resources.

Given this context, the future of women's healthcare depends on the development of integrated, innovative, and socially accountable models. The challenge is not merely to expand healthcare technologies or services but to construct systems capable of combining scientific advancement with compassion, equity, autonomy, and respect for human dignity.

8. Conclusion

Women's health across the life course represents a complex field that requires a profound transformation in how healthcare systems conceptualize, organize, and deliver care. Moving beyond reproductive reductionism allows recognition of women as multidimensional individuals whose health trajectories are shaped by biological processes, social environments, structural inequalities, and historical contexts. Prevention, early diagnosis, and comprehensive care are therefore not isolated interventions but interconnected strategies aimed at promoting healthier and more equitable life trajectories.

Primary healthcare, public policies, professional practices, and governance structures constitute fundamental pillars for strengthening women-centered models of care. Health systems must combine scientific evidence, technological innovation, human rights principles, and social responsibility to address persistent inequalities and emerging challenges. Comprehensive women's healthcare requires sustained commitment to autonomy, dignity, equity, and participation, ensuring that every woman has meaningful opportunities to achieve optimal health throughout all stages of life.

The advancement of women's health should be considered a central indicator of public health development and social progress. Investments in prevention, early diagnosis, professional qualification, and equitable healthcare organization generate benefits not only for women but also for families, communities, and future generations. Building truly comprehensive models of care requires recognizing women's health as a fundamental human right and a strategic priority for sustainable health systems.

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