

**ADDRESSING SOCIAL DETERMINANTS OF HEALTH IN WOMEN'S
HEALTH RESEARCH**

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Abstract:

The research article addresses the critical role of social determinants of health (SDOH) in shaping women's health outcomes and disparities. SDOH, including economic stability, education, social and community context, health and healthcare access, and neighborhood and built environment, significantly influence health disparities among women. This study systematically reviews existing literature, analyzes the interplay between SDOH and women's health, and evaluates current interventions targeting these determinants. The findings underscore the complex interactions between social determinants and health outcomes, revealing gaps in research and practice. The article concludes with strategic recommendations for future research directions and policy implications aimed at integrating SDOH in women's health research and practice. This study contributes to the understanding of how addressing SDOH can improve health outcomes and reduce disparities among women, highlighting the necessity for a multifaceted approach in health research and policymaking.

1. Introduction: Bridging the Gap in Women's Health Research Through Social Determinants

When we consider the complex tapestry of factors that constitute women's health, it's clear that a multidimensional approach is essential. Health, as we've come to understand, extends far beyond the confines of biology and genetics; it is deeply embedded in the context of our social environments, economic conditions, educational backgrounds, and so much more. These are what we refer to as the social determinants of health. Recognizing and addressing these determinants in women's health research marks a critical step towards not only understanding but also improving health outcomes for women globally.

1.1 Background

To grasp the full picture of women's health, one must first acknowledge the rich and varied layers that contribute to health outcomes. For decades, the focus of health research and practice has largely been on biological and medical factors. While these are undoubtedly crucial, they represent just a fraction of the picture. The World Health Organization (WHO) defines social determinants of health as the conditions in which people are born, grow, live, work, and age, including the wider set of forces and systems shaping the conditions of daily life. These determinants—ranging from socioeconomic status to education, and from neighborhood and physical environment to social support networks—play a significant role in shaping health outcomes.

Women's health is particularly influenced by these social determinants. For example, access to healthcare services is not just a matter of availability; it's also about affordability, cultural norms, and geographical accessibility. Education, on the other hand, not only affects a woman's health literacy but also her capacity to seek and receive appropriate care. The interplay of these factors with biological susceptibilities means that women's health research cannot afford to overlook the broader social context.

1.2 Significance of the Study

The significance of integrating social determinants into women's health research cannot be overstated. By doing so, we open the door to more holistic and effective health interventions, policies, and programs tailored to meet the diverse needs of women. This approach acknowledges that health disparities among women do not arise in a vacuum; they are the product of complex interactions between social, economic, and biological factors.

Understanding these dynamics is crucial for developing strategies that address not just the symptoms but the root causes of health disparities. For instance, interventions aimed at improving maternal health outcomes must consider not just prenatal care but also factors like nutrition, which is influenced by economic stability, and education, which impacts health knowledge.

Moreover, this approach fosters equity in health research and care. Historically, certain groups of women—such as those from minority ethnic backgrounds, lower socioeconomic statuses, or remote areas—have been underrepresented in health studies, leading to gaps in knowledge and care. By prioritizing the exploration of social determinants, research can become more inclusive, reflecting the experiences of all women and ensuring that health solutions are equitable and accessible to everyone.

1.3 Objectives

The overarching aim of this study is to bridge the existing gap in women's health research by comprehensively addressing the social determinants of health. To achieve this, we set forth the following objectives:

- **To Explore and Document:** Gather detailed insights into how various social determinants—like income, education, employment, social support, and environmental factors—affect women's health across different life stages and geographic regions.
- **To Understand Intersections:** Analyze how social determinants intersect with biological factors to influence health outcomes, acknowledging that these interactions may amplify or mitigate health risks.
- **To Identify Gaps:** Highlight areas where current research on women's health is lacking, particularly regarding the inclusion of diverse populations and the consideration of wide-ranging social determinants.
- **To Propose Strategies:** Develop actionable strategies for future research and policy-making that prioritize the inclusion of social determinants, aiming to reduce health disparities and improve health outcomes for women worldwide.
- **To Foster Inclusivity:** Ensure that research methodologies are inclusive and representative, capturing the diverse experiences and needs of women from various backgrounds and communities.

2. Literature Review: Social Determinants of Health (SDOH) and Women's Health Research

The relationship between social determinants of health (SDOH) and women's health outcomes is a complex and multifaceted issue that has garnered increasing attention in recent years. This literature review aims to synthesize current understandings within this field, defining key terms and concepts, and critically analyzing how recent studies have incorporated or neglected SDOH in women's health research.

2.1 Social Determinants of Health (SDOH)

2.1.1 Definition and Scope: The World Health Organization (WHO) defines SDOH as the "conditions in which people are born, grow, live, work, and age," encompassing a wide range of factors like socioeconomic status, education, neighborhood and physical environment, employment, and social support networks. These determinants are recognized for their profound impact on health outcomes, shaping individuals' access to health care, their lifestyle choices, exposure to health risks, and their vulnerability or resilience to disease.

Understanding Social Determinants and Women's Health

Imagine the health of women as a storybook, with each page representing different aspects of their lives—where they're born, where they grow up, the kind of jobs they have, and the support they receive from friends and family. The World Health Organization tells us that all these elements, which they call Social Determinants of Health (SDOH), play a big part in shaping a woman's health. It's like these determinants are the background setting of the story, influencing everything from the plot to the character's journey.

2.1.2 Key Concepts: Central to understanding SDOH is the recognition of inequality. Health disparities arising from economic, social, and environmental differences are not merely coincidental but are systemic and deeply entrenched in societal structures. The literature underscores concepts such as health equity, which aims for the highest level of health for all people by addressing avoidable inequalities and injustices within societies.

Why It's All About Equity The heart of the matter lies in recognizing that not everyone's story starts or unfolds under the same conditions. Some women face tougher challenges right from the beginning because of inequalities—think differences in income, education, and even the neighborhood they live in. These inequalities can lead to health disparities, which is just a fancy way of saying that not everyone has the same chance to lead a healthy life. This is where the idea of health equity comes in, aiming to give everyone the opportunity to reach their healthiest life possible, no matter their starting point.

2.1.3 Impact on Women's Health: Research highlights that women are uniquely affected by SDOH due to a combination of biological, social, and structural factors. For instance, gender inequality, manifested in disparities in income, education, and power, intersects with other social determinants to impact women's health outcomes. Issues such as maternal mortality, mental health, and non-communicable diseases are profoundly influenced by these social factors.

Women: At the Intersection of Various Factors

Women's health is influenced by a unique mix of SDOH because they not only navigate the world as individuals but also face societal views on gender. This means that a woman's health is shaped by more than just her biology; it's also about the roles society assigns to her, the opportunities available to her, and the stresses she faces. For example, gender inequalities and social expectations can affect everything from a woman's risk of certain diseases to her access to healthcare and her overall well-being.

2.2 Women's Health Research: Current Perspectives

2.2.1 Recent Studies and Findings: A survey of recent literature reveals an expanding interest in how SDOH impact various aspects of women's health, from reproductive and maternal health to chronic disease and mental health. Studies have increasingly acknowledged the role of social factors such as poverty, education, and social support in shaping health outcomes. For example, research has shown that lower socioeconomic status is linked to higher rates of certain health conditions like cardiovascular disease and diabetes among women.

Taking a Closer Look: The Latest Research

Recent studies are shining a light on how these social determinants play out in women's health, showing us that factors like poverty, education level, and whether or not a woman feels supported by her community can significantly affect her health. However, there's a problem: a lot of this research is missing the full picture. It often overlooks how different challenges overlap and affect each other—for instance, how being a woman of color, or coming from a low-income background, might impact health in unique ways.

2.2.2 Gaps in Research: Despite these advancements, significant gaps remain in how SDOH are addressed within women's health research. One critical issue is the lack of intersectional analysis. Many studies fail to consider how overlapping identities (e.g., race, class, gender identity) interact with social determinants to create unique health outcomes. Furthermore, there is an underrepresentation of certain populations in research, such as women of color, LGBTQ+ women, women with disabilities, and women from low-income and rural areas. This omission limits the generalizability of findings and the development of targeted interventions.

The Gap in Our Knowledge

This brings us to a big gap in our understanding. Many studies don't fully explore how these overlapping identities and experiences can lead to different health outcomes for different women. Plus, there's a lack of focus on diverse groups of women, which means we're not getting the whole story on women's health. The call to action here is clear: we need research that digs deeper into these intersections and involves communities in the conversation, ensuring that every woman's story is heard and considered in the quest to improve women's health.

2.2.3 Incorporating SDOH: The literature calls for a more holistic approach to women's health research, one that fully integrates the analysis of SDOH. This includes employing intersectional frameworks that can capture the nuances of how social determinants affect health across different groups of women. It also involves participatory research methods that engage communities in the research process, ensuring that studies are grounded in the lived experiences of diverse populations.

Wrapping It Up: A More Inclusive Approach

In summary, to truly make a difference in women's health, we need to look at the bigger picture, considering all the social, economic, and environmental factors that affect health. It's about recognizing the unique challenges different women face and ensuring that health research and policies are inclusive, giving every woman the chance to live her healthiest life. This isn't just about filling in the gaps; it's about rethinking the whole approach to understand and improve women's health in all its complexity.

3. Analysis: The Interplay Between Social Determinants of Health and Women's Health

The fabric of women's health is intricately woven with threads of social, economic, and environmental factors that extend far beyond biological determinants. The impact of these social determinants of health (SDOH) on women's well-being is profound, shaping their health outcomes in ways that are complex and multifaceted. This analysis aims to dissect this interplay, offering insights into how societal factors influence women's health and exploring case studies that highlight these dynamics in real-world contexts.

3.1 Understanding the Connection

At the heart of the relationship between SDOH and women's health is the recognition that women's health issues cannot be isolated from their social and economic environments. Factors such as income inequality, educational disparities, access to healthcare, and the physical environment not only predispose women to certain health conditions but also influence their ability to seek and receive care. Moreover, these determinants often intersect, compounding their impact on health outcomes.

For example, a woman's socioeconomic status can directly affect her nutritional choices and access to preventive healthcare services, which in turn can influence her risk for diseases such as obesity, diabetes, and heart disease. Similarly, education level not only impacts a woman's health literacy—her understanding of health information and her ability to make informed health decisions—but also her employment opportunities, which can affect her access to health insurance and quality healthcare.

3.1.1 Economic Status and Health Access

Economic status is a massive driver of health disparities. Women in lower economic brackets often face barriers to accessing quality healthcare due to costs, lack of insurance, or living in areas with few healthcare providers. This economic strain can lead to delayed or foregone health screenings and treatments, increasing the risk of late-stage disease diagnosis and poorer health outcomes.

3.1.2 Education as a Catalyst for Better Health

Education serves as a powerful determinant of health. Higher levels of education correlate with better health literacy, which empowers women to make informed decisions about their health, navigate the healthcare system effectively, and adopt healthier lifestyles. Educated women are more likely to participate in preventive health measures, such as vaccinations and screenings, contributing to earlier detection of health issues and better management of chronic conditions.

3.1.3 Employment and Health Insurance

Employment status directly affects access to health insurance and healthcare services, especially in countries where health insurance is tied to employment. Unemployed women or those in part-time or low-wage jobs often lack comprehensive health insurance, leading to gaps in care and unmet health needs. Moreover, job stress and conditions can further impact mental and physical health, underscoring the need for workplace policies that support women's health.

3.1.4 The Physical Environment's Role

The physical environment, including living conditions and community safety, significantly affects women's health. Exposure to pollutants, inadequate housing, and unsafe neighborhoods can increase stress levels and lead to health problems. Access to parks, recreational facilities, and clean environments can promote physical activity and mental wellbeing, highlighting the importance of addressing environmental determinants.

3.1.5 Intersectionality: Compounding Challenges

The intersectionality of various social identities—such as race, ethnicity, and gender—can compound the effects of SDOH on women's health. Women of color, for instance, may face systemic barriers to healthcare, discrimination, and higher rates of certain health conditions, necessitating a nuanced approach to health interventions that considers these overlapping influences.

3.2 Gender-Specific Issues

Women face unique health challenges and disparities, often exacerbated by social determinants. Reproductive health, maternal health, and gender-based violence are areas where the impact of SDOH is particularly pronounced. These issues are not just medical concerns but are deeply rooted in social, cultural, and economic conditions that dictate women's access to health information, services, and their autonomy over health decisions.

3.2.1 Reproductive Health

Women's reproductive health is profoundly affected by SDOH. Access to reproductive health services, information, and education can vary greatly depending on factors like socioeconomic status, education level, and cultural norms. For example, lower income and education levels are often associated with higher rates of unintended pregnancies and limited access to contraceptive options, highlighting the role of economic and educational determinants.

3.2.2 Maternal Health

Maternal health disparities are a clear indication of how social determinants impact women's health. Factors such as poverty, lack of access to quality healthcare, and inadequate nutrition play crucial roles in maternal morbidity and mortality rates. Additionally, social support systems and community health programs can influence prenatal care quality and pregnancy outcomes, demonstrating the importance of social and community determinants.

3.2.3 Gender-based Violence

Gender-based violence (GBV) is a critical issue that intersects with various SDOH to affect women's health. GBV can lead to immediate physical injuries and long-term psychological conditions, such as PTSD and depression. The risk and consequences of GBV are exacerbated by factors like economic dependence, societal norms, and inadequate legal protections, emphasizing the need for a multidimensional approach to addressing women's health that includes tackling these social determinants.

3.3 Case Studies and Examples

Case Study 1: Maternal Health in Low-Income Communities

In many low-income communities, women face significant barriers to accessing quality maternal healthcare services. Economic constraints, lack of transportation, and limited healthcare facilities contribute to high rates of maternal morbidity and mortality. For example, in certain rural areas, women may have to travel great distances to reach the nearest healthcare provider, delaying essential prenatal care. These challenges highlight the critical role that economic and environmental determinants play in shaping maternal health outcomes.

Navigating pregnancy in low-income communities often feels like being in a boat without oars; you know where you need to go, but getting there is a whole other story. For many expectant mothers living in these areas, the obstacles start with the basics—affording healthcare, finding transportation, and accessing knowledgeable care providers. These barriers are not just inconveniences; they are serious risks that can delay vital prenatal care, which is crucial for the health and safety of both mother and child.

Imagine the stress of knowing you need to see a doctor but having no bus route nearby or money for a cab. This reality is all too common in places where economic struggles and a lack of local healthcare facilities force women to travel great distances for care. It's a journey fraught with challenges, from the cost of travel to the time lost in transit, which many can ill afford.

Case Study 2: Education and Reproductive Health

The link between education and reproductive health is another poignant example of how SDOH influence women's health. Studies have shown that higher levels of education among women are associated with delayed childbirth and increased use of contraception, leading to better health outcomes for both mothers and children. In communities where girls' education is prioritized, there is a noticeable improvement in reproductive health metrics, underscoring the importance of addressing educational disparities as part of a comprehensive approach to improving women's health.

In the tapestry of women's health, education stands out as a vibrant thread, weaving a story of empowerment and wellbeing. It's fascinating how a classroom, a place of learning and growth, can also be a ground zero for transforming reproductive health. The more educated a woman is, the more control she has over her reproductive choices, leading to a cascade of positive outcomes. This isn't just about knowing how to read and write; it's about understanding one's body, recognizing the right to say no, and making informed decisions about when and if to start a family.

Let's paint a picture of a community where girls are encouraged to stay in school, where education is not just a priority but a right. In these places, you'll see a ripple effect of knowledge that touches every aspect of life, including health. Educated women tend to delay having children, not because they're told to, but because they choose to. They understand the significance of family planning, the importance of prenatal care, and the benefits of spacing out pregnancies. This knowledge leads to healthier pregnancies and, by extension, healthier children.

The bond between education and reproductive health is a reminder of how interconnected our lives are with the society we live in. Improving access to education for girls and women isn't just a matter of fairness; it's a powerful lever for boosting health outcomes across generations. As we look to a future where every woman can thrive, prioritizing education is not just smart—it's essential. It's a clear call to action: by erasing educational disparities, we're not just lifting women up; we're elevating entire communities towards better health.

Case Study 3: The Impact of Social Support on Mental Health

Social support networks play a crucial role in women's mental health. Women who experience strong social connections often report lower levels of stress, anxiety, and depression. Conversely, isolation and lack of social support can exacerbate mental health issues. This relationship underscores the significance of social determinants in the context of mental health, pointing to the need for community-based interventions that foster social connectivity and support.

Imagine walking through life with a safety net beneath you, one woven from the threads of friends, family, and community. This net doesn't just catch you when you fall; it lifts you, supports you, and reminds you that you're not alone. This is the power of social support, an invisible yet mighty force in the realm of mental health, especially for women. In a world that often feels fragmented and isolating, the strength of our social connections can be the difference between weathering a storm and being swept away by it. Women, in particular, thrive on these connections. When they have people to turn to, shoulders to lean on, and hands to hold, the burdens of stress, anxiety, and depression can feel lighter. These bonds offer a listening ear, a shared laugh, or a moment of understanding that can pierce through the darkness of mental health struggles.

But what happens when those connections fray, when isolation creeps in and leaves women feeling adrift? The absence of social support isn't just lonely; it can intensify mental health challenges, turning manageable streams of stress into overwhelming torrents.

Recognizing the critical link between social support and mental health points us toward a solution rooted in community. It suggests building bridges of support, fostering environments where women can connect, share, and support each other. This approach isn't just about combating loneliness; it's about creating a culture of care, understanding, and empathy. In strengthening our social fabrics, we not only support individual women but also nurture healthier, more resilient communities.

4. Overview of Current Interventions: Addressing Social Determinants in Women's Health

The landscape of interventions designed to mitigate the impact of social determinants on women's health is both diverse and complex. Governments, non-governmental organizations (NGOs), and community groups have initiated various policies and programs aimed at bridging the health inequality gap. However, despite these efforts, significant gaps in research and practice persist, underscoring the need for a more cohesive and comprehensive approach.

4.1 Policies and Programs

4.1.1 Access to Healthcare: Policies aimed at improving access to healthcare services for women have been central to addressing SDOH. These include expanding health insurance coverage, offering free or subsidized care for low-income women, and establishing healthcare centers in underserved areas. For example, initiatives like the Affordable Care Act (ACA) in the United States sought to increase insurance coverage, particularly among women, enhancing access to preventive services and care.

4.1.2 Education and Empowerment Programs: Education is a powerful tool in improving women's health outcomes. Programs that focus on increasing educational opportunities for girls and young women can lead to better health literacy, delayed childbirth, and improved utilization of healthcare services. Scholarships, school meal programs, and community education initiatives aim to break down the barriers to education, particularly in low-income or rural areas.

4.1.3 Economic Empowerment: Economic stability is closely linked to health outcomes. Programs that support women's economic empowerment, such as microloan programs, vocational training, and initiatives promoting women's participation in the workforce, contribute to improved health by increasing women's autonomy and access to healthcare services.

4.1.4 Environmental Health Initiatives: Recognizing the impact of the physical environment on health, interventions such as improving housing conditions, ensuring access to clean water and sanitation, and reducing exposure to pollutants are critical in promoting women's health. These initiatives often involve collaboration between health organizations, environmental agencies, and local communities.

4.2 Gaps in Current Research and Practice:

While numerous interventions address various aspects of SDOH, there remain significant gaps in both research and practice that hinder the effectiveness of these efforts.

4.2.1 Lack of Integrated Approaches: Many programs target specific determinants without considering the interconnectivity of social, economic, and environmental factors. An integrated approach that addresses multiple determinants simultaneously is necessary for a more holistic impact on women's health.

4.2.2 Insufficient Data and Research on Marginalized Populations: There is a critical need for more comprehensive data and research focusing on the health needs of marginalized women, including those from racial and ethnic minority groups, LGBTQ+ communities, and women with disabilities. Without this data, interventions cannot be effectively tailored to the needs of these populations.

4.2.3 Limited Focus on Intersectionality: The intersection of various social identities—such as race, class, and gender—has a profound impact on health outcomes. Yet, many interventions fail to consider these intersecting identities, leading to a one-size-fits-all approach that does not adequately address the complexities of women's lives.

4.2.4 Sustainability and Scalability: Many successful programs face challenges in sustainability and scalability. Ensuring that interventions can be maintained over time and expanded to reach a broader population is crucial for longterm impact.

5. Conclusion and Recommendations

5.1 Summary of Findings

Our exploration of the interplay between Social Determinants of Health (SDOH) and women's health has underscored the profound impact of socioeconomic, environmental, and educational factors on health outcomes. Case studies and current interventions reveal that while strides have been made in addressing these determinants through various policies and programs, significant gaps remain. Notably, the need for integrated approaches, comprehensive data on marginalized populations, consideration of intersectionality, and sustainable and scalable solutions stands out as areas requiring further attention.

5.2 Future Research Directions

5.2.1 Embrace Intersectionality: Future research should adopt an intersectional lens to understand better the complex ways in which various identities and social determinants interact to influence health outcomes. This approach will help identify specific vulnerabilities and tailor interventions more effectively.

5.2.2 Comprehensive Data Collection: There is a pressing need for more inclusive data collection that captures the experiences of all women, especially those from marginalized groups. This data should inform the design and implementation of health interventions.

5.2.3 Evaluate Long-term Effects: Longitudinal studies examining the long-term effects of interventions on women's health are crucial. Such research can provide insights into the sustainability and scalability of health programs.

5.2.4 Focus on Mental Health: Given the rising concern over mental health issues, future research should also explore the relationship between SDOH and mental health among women, identifying effective interventions to address this growing challenge.

5.3 Policy Implications

5.3.1 Integrate Health in All Policies: Adopt a 'Health in All Policies' approach, ensuring that health considerations become an integral part of policymaking across all sectors, not just within the healthcare system. This approach acknowledges the wide-ranging impact of various policies on health outcomes.

5.3.2 Strengthen Community Engagement: Policies should prioritize community engagement, allowing for the cocreation of interventions with those most affected. This strategy can enhance the relevance, acceptance, and effectiveness of health programs.

5.3.3 Expand Access to Education and Economic Opportunities: Strengthen policies aimed at increasing access to education and economic opportunities for women. Educated and economically empowered women are better positioned to make informed health decisions and access necessary health services.

5.3.4 Enhance Healthcare Access: Continue to remove barriers to healthcare access, especially for marginalized women. This includes expanding insurance coverage, reducing costs, increasing the number of healthcare facilities in underserved areas, and providing culturally competent care.

5.3.5 Support Interdisciplinary Research and Collaboration: Encourage and fund interdisciplinary research that brings together experts from health, social sciences, economics, and environmental studies to address the complex interactions between SDOH and women's health.

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