



Gender Equality and Women Empowerment in Developing Societies

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ABSTRACT

The issue of gender equality and women empowerment is still of interest in the discourse of sustainable development, especially in the Third world where the structural inequalities still limit the social, economic, and political participation of women. Gender inequalities in education, employment, access to health facilities and influence over decision making are prevalent and despite international agreements like the United Nations sustainable development goal 5 gender inequalities remain. This paper will discuss the conceptual underpinnings, structural factors and developmental consequences of gender equality and women empowerment in developing nations. Based on a quantitative research orientation founded on the current empirical evidence, the study identifies the influence of institutional structures, cultural practices, economic reliance, and gaps of the policy-implementation process on the emergence of women empowerment results. The paper also highlights how gender equality is related to overall socio-economic development, because women empowerment is a major factor of reducing poverty, developing human capital, and democracy. Drawing evidence on the developing regions, this paper highlights the importance of context-sensitive policies, inclusive governance, and indicators of empowerment. The results are important to further scholarly and policy discussions as they provide an overall insight into gender equality as a human right requirement and developmental strategic instrument in developing societies.



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Introduction

The concept of gender equality and women empowerment has become a central theme in the development studies, social science, and policy frameworks in the last few decades. The debate on gender equality has ceased to be limited to moral or human rights discourse since it has been known to be a central requirement to long term sustainable economic growth, social justice, and political stability in the developing societies (Sen, 1999; Kabeer, 1999). Women in most developing nations are still victims of systematic discrimination in the form of lack of access to

education, health services, economic opportunities, and political voice despite significant improvement in the situation globally and among the international community (World Bank, 2012; UNDP, 2020).

The nature of developing societies is that they are complex socio-culturally, economically, and institutionally and in many ways gender based hierarchies are perpetuated. The phenomenon of gender gaps is supported by patriarchal standards, traditional gender roles, and ineffective governance systems, especially in the rural and marginalized population (Boserup, 1970; Cornwall, 2016). The work of women is underestimated, unpaid care work is asymmetrically distributed among women, and the power of making decisions is still held by men in households and in other public institutions (Folbre, 2001; Razavi, 2007; Asghar, 2025). Such structural constraints not only diminish the individual agency of women, but they also affect the development patterns of countries.

Women empowerment goes beyond participation and aims at increasing the capacity of women to make strategic life decisions in situations where this was not the case in the past (Kabeer, 1999). The aspects of empowerment are multidimensional, which include; access to resources, agency and achievements, which are highly affected by the social institutions and power relations (Alsop, Bertelsen, and Holland, 2006). Gender equality is a most challenging but necessary task in developing societies where empowerment is usually limited by the combination of such factors as poverty, illiteracy, early marriage, and the lack of legal protection (Malhotra, Schuler, and Boender, 2002; Shah et al., 2021a).

Education is popularly considered as one of the most effective means in achieving gender equality and empowerment of women (Shah et al., 2021b). Empirical research continuously proves that the higher the level of female education, the better the health status, lower the fertility rates, greater labor force participation, and higher intergenerational mobility can be (Schultz, 2002; UNESCO, 2015). Nonetheless, access and achievement of education in gender inequalities remain prevalent in most of the developing world because of socio-economic factors, cultural aspects, and lack of infrastructure (Unterhalter, 2007; King & Hill, 1993). Such inequalities continue to create cycles of inequalities and restrict the potential of women to play an important role in economic and social progress.

Another important aspect of gender equality in the developing world is economic empowerment. The level of access by women to decent work, finances and property rights is far much lower as compared to men (World Bank, 2018). Women are still sidelined economically through informal employment, wage disparities, and occupational segregation (ILO, 2019). Microfinance and entrepreneurship programs have been advocated as women empowerment measures but the evidence of the same has shown that unless the institutional and cultural environment is supportive, such programs may have limited or disproportionate effects (Duflo, 2012; Kabeer, 2005).

Gender equality also includes the element of political empowerment and participation. The underrepresentation of women in political institutions is still disproportionate in most developing societies, even with the quota systems and legal changes (Inter-Parliamentary Union, 2021). Political marginalization denies women a chance to shape and determine policy agendas and to fight on their behalf to achieve gender sensitive governance (Phillips, 1995; Krook, 2009). It has been found that, with higher female political participation, better governance outcomes, more

social welfare concerns, and more inclusive policymaking are all related (Chattopadhyay & Duflo, 2004; Goetz, 2007).

Another pillar of women empowerment is health and reproductive rights. The access of healthcare systems, the maternal health services, and reproductive autonomy equally based on gender still pose a threat to the well-being of women in developing societies (WHO, 2019). The maternal mortality rates, low access to family planning, and gender-based violence are indicators of residing inequalities that cripple the physical and psychological autonomy of women (Heise et al., 2002). Comprehensive policy solutions are needed to address these problems in order to place health as a both gender and development issue.

On the international level, gender equality was strengthened through frameworks, including the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the Sustainable Development Goals (SDGs) (United Nations, 2015). Nevertheless, in developing societies, the gaps in implementation are still high because of the lack of resources, poorly developed institutions, and resistance to change in the sociocultural context (Eyben, 2011; Chant & Sweetman, 2012). This is a statement of the necessity of empirical, situation-specific studies that guide evidence-based policymaking.

Gender equality is now regarded more as instrumental as opposed to peripheral in terms of development. Research shows that communities that empower women are growing at a rapid rate, less poor, and more socially united (Dollar & Gatti, 1999; Klasen & Lamanna, 2009). Gender inequality on the other hand subjects the economies to huge economical costs and deprivation of intergeneration (Seguino, 2000; Stotsky, 2006).

The establishment of gender equality in the developing societies is a multidimensional and intersectional process that takes into consideration class, ethnicity, geography, and cultural setting (Crenshaw, 1991; Moghadam, 2005). Numerical indicators like the Gender Development Index (GDI) and Gender Inequality Index (GII) have greatly been used in the progress measurement but scholars believe that the numerical indicators should be augmented by the qualitative understanding of the experiences of empowerment (UNDP, 2020; Kabeer, 2016).

Considering this, the current research paper aims at adding to the increasing literature on the topic of gender equality and women empowerment in developing countries through the synthesis of empirical data and theoretical approaches. The study highlights the primary role of gender equality to the inclusive and sustainable development by analyzing the structural obstacles, policy frameworks and developmental outcomes. These dynamics are critical to understand by scholars, policymakers and development practitioners who are determined to create equitable societies and ensure that women voices can be heard in the development process.

Literature Review

The academic discussion of gender equality and women empowerment has grown tremendously over the last five decades especially in the developing societies. The early development theories did not consider gender issues significantly as they viewed households as unitary entities and they assumed equal distribution of resources among the members (Boserup, 1970). These assumptions were however refuted by feminist economists and development scholars who showed that gender-based inequalities were entrenched in the economic, social, and political systems (Sen, 1999; Kabeer, 1999). Gender equality is becoming a key concept in the

contemporary literature not merely because it is considered a basic human right but also a driver of sustainable development, alleviation of poverty, and inclusive governance (World Bank, 2012; UNDP, 2020).

Gender Equality and Women Empowerment Conceptualization

Gender equality is the one, in which people of both sexes are given equal rights, responsibilities and opportunities and women empowerment is the process by which women are given the power to make strategic life decisions in a situation, whereby such decisions were once limited (Kabeer, 1999). Researchers claim that empowerment has many dimensions and they include economic, social, political, and psychological dimensions (Malhotra et al., 2002). In the developing world, empowerment is usually understood as a process and outcome based on the availability of resources, agents, and institutions (Alsop et al., 2006).

The capability approach contributed greatly to the body of empowerment literature as proposed by Sen (1999) where the main idea was no longer the income-based measures, but the freedoms and capabilities of individuals. The framework has been extensively utilized in gender studies to emphasize the ways to limit the abilities of women in developing nations through social norms, legal frameworks, and economic systems (Robeyns, 2003; Klasen, 2017). Empirical research findings always indicate that gender inequality has restricted accessibility of women to education, health, and work, as well as, the overall well-being and contribution to society (Seguino, 2000; Stotsky, 2006).

Education and Feminine Empowerment

Education has been listed among the most important determinants of women empowerment and gender equality in the developing societies. Various quantitative research studies indicate a high positive association between female education and better socio-economic status such as low fertility rates, low maternal mortality rates, and labour force participation (Schultz, 2002; King and Hill, 1993). According to UNESCO (2015), one more year of schooling among girls will make a great impact on future earnings and their ability to decide in their families.

Although these advantages have been witnessed, there are still significant gender gaps in education in most developing countries as a result of poverty, early marriages, cultural limits, and poor education systems (Unterhalter, 2007; Lewin, 2009). In South Asia and Sub-Saharan Africa, research indicates that families tend to educate boys more than girls, which triggers intergenerational income disparities (Jensen, 2010; Asadullah & Chaudhury, 2015). Quantitative results also indicate that the relationship between gender norms and outcomes of empowerment is mediated by educational attainment, which implies the pivotal role of education in the process of social structure transformation (Duflo, 2012).

Labor Market Partaking and Economic Empowerment

The economic empowerment is generally considered as a pillar of gender equality. The involvement of women in the labor market increases financial autonomy, bargaining power, and status (World Bank, 2018). Nevertheless, the experiences of women in developing countries have shown that they are overrepresented in informal, low-paid, and insecure jobs (ILO, 2019). Women still face wage disparities and occupational segregation coupled with poor access to credit that remain a hindrance to their economic capabilities (Seguino, 2000; Kabeer, 2005).

Microfinance projects have been marketed as an empowerment project by women with some studies indicating an impact of the projects on income generation and on household decision making (Pitt & Khandker, 1998). However, the results of later studies are rather inconclusive, and it is claimed that microfinance, in isolation, is not necessarily linked with empowerment until larger structural changes are implemented (Duflo, 2012; Banerjee et al., 2015). Quantitative research will also show that economic involvement without social and legislative empowerment could lead to an increase in the labor load of women without agency (Cornwall, 2016; Chant & Sweetman, 2012).

Political Participation and Government

Another important aspect of gender equality in the developing societies is political empowerment of women. Engagement in politics allows women to shape policy agendas, demand discriminatory laws and gender responsive governance (Phillips, 1995). Although countries in the developing world have signed international agreements like CEDAW, women are still underrepresented in political institutions in most of the developing world (Inter-Parliamentary Union, 2021).

The quota-based intervention programs have shown that the greater the representation of women in politics, the more they will make their governance more inclusive and more socially constructive (Krook, 2009; Chattopadhyay & Duflo, 2004). Experiments in India and Africa reveal that female leadership puts emphasis on the common good e.g. education, health and water provision which are favored by the female leaders, and the benefits are seen in the welfare of the entire community (Beaman et al., 2012; Goetz, 2007). Nevertheless, researchers warn about the inability of numerical representation to work without substantive involvement and institutional assistance (Waylen, 2007).

Health, Sterility, and Sexual Violence

Women empowerment entails the health and reproductive autonomy. The unequal access of healthcare services by women is a gender disparity that is more evident in developing societies, which also results in increased rates of maternal mortality and morbidity (WHO, 2019). Quantitative study indicates that autonomy of the women leads to high levels of correlation with high reproductive health behavior, such as birth control and skilled birth care (Bloom et al., 2001).

Gender-based violence is one of the most common obstacles to empowerment. One of the studies approximates that a third of women around the world are physically or sexually abused, with more in the developing world (Heise et al., 2002). Empirical studies prove that when women are exposed to violence, their economic role, mental health, and decision-making ability are greatly lower (Jewkes et al., 2010). The solution to violence against women should be a combined policy response that unites legal and social protection and community-level solutions (UN Women, 2020).

Judgmental Cultures and Institutional Taboos

The issue of cultural norms and patriarchal systems is decisive in determining the results of gender equality among developing societies. Marriage, inheritance, and mobility are social controls that tend to affect the independence of women and create dependency (Agarwal, 1997; Kandiyoti, 1988). According to quantitative research, the more stringent gender norms are in a

particular area, the less women participate in the labor force and the less they have access to education (Jayachandran, 2015).

The gender disparities are further worsened due to institutional constraints such as poor legal enforcement and access of justice (World Bank, 2012). Though most of the developing countries have enacted laws on gender-equality, there is still a high gap in the implementation (Eyben, 2011). Studies have indicated that policy interventions relate to the outcome of empowerment through institutional quality moderating the linkage, and hence the significance of governance capacity (Klasen & Lamanna, 2009).

Gender Equality and Empowerment Measurement

The gender equality and women empowerment measurement have had a significant academic focus. The most common quantitative research method that evaluates cross-country differences involves composite indices like the Gender Development Index (GDI) and Gender Inequality Index (GII) (UNDP, 2020). Although these indices provide a means of comparative analysis, academics are telling us that they can simplify a complicated social reality (Kabeer, 2016).

Recent research recommends applying multidimensional measurement systems incorporating economic, social as well as political measure (Alkire et al., 2013). These have been used in more quantitative household surveys as well as structural equation modelling in order to investigate causal pathways between education, employment, autonomy, and empowerment (Malhotra & Schuler, 2005). The developments in methodologies increase the strength of empirical results and contribute to evidence-based policymaking.

Synthesis and Research Gap

The analyzed literature evidence proves that gender equality and women empowerment are multi-dimensional processes influenced by education, economic involvement, political inclusion, access to health services, and socio-cultural traditions. Although there is a significant amount of empirical studies that support the optimistic outcomes of women empowerment in development, the existence of persistent inequalities in the area implies uneven progress across regions and social categories (UNDP, 2020; World Bank, 2018). Besides, several quantitative researches target single aspects of empowerment without taking into account the relationships between the structural factors.

There is a significant gap in context-specific and integrated quantitative studies that will consider the impact of institutional quality and socio-cultural norms on the effects of empowerment in developing societies. It is crucial to fill this need to formulate effective, evidence-based interventions that would go beyond the symbolic pledges of gender equality to substantive ones.

Methodology

Research Design

In this study, the research design adopted is quantitative research design to determine the factors that determine gender equality and women empowerment in developing societies. Quantitative research enables the measurement of relationships between variables with the help of statistical testing and the testing of the theory with empirical evidence (Creswell, 2014). The research employed the cross-sectional survey design, which would gather the data among women living in

various regions, how they feel empowered, and how they view gender equality at one moment in time (Bryman, 2016).

The research is based on theory of gender inequality in social and structural relations, where women empowerment depends on the socio-cultural norms, resources, institutional support and policies (Kabeer, 1999; Sen, 1999). The conceptual framework establishes the factors that have a significant influence on empowerment such as education, economic participation, political inclusion, access to health, and socio-cultural norms.

Population and Sample

The researchers will use adult women (18 years old and older) who live in towns and villages in developing societies, namely, South Punjab. Six universities in South Punjab, Pakistan (three public and three private) and the local communities that have different socio-economic backgrounds were used to collect data.

To conduct a proportional representation of women, a stratified random sampling method was used to guarantee that women belonging to the various socio-economic, educational, and cultural groups were represented (Etikan & Bala, 2017). Criteria of stratification were:

- Urban vs. rural residence
- Educational attainment
- Employment status
- Age groups (18–25, 26–35, 36–50, 50+)

The surveyed respondents were 500 people, which allows the regression and structural equation modeling to be statistically powerful.

Data Collection Instrument

The structured questionnaire was used to collect the data relying on validated scales utilized in past research. The questionnaire will have a number of sections:

1. Demographics: Age, education, occupation, marital status, household income.
2. Education: Years of schooling, provision of higher education, level of literacy (Schultz, 2002).
3. Economic Participation: Labor market status, economic empowerment, monetary empowerment, accessibility to microfinance (Kabeer, 2005).
4. Political Participation: Voting, knowledge on political rights, the decisions making bodies (Chattopadhyay & Duflo, 2004).
5. Health Access & Reproductive Rights: Healthcare, maternal health, family planning (Bloom et al., 2001).
6. Socio-cultural Norms: Gender-role perception, limitation of movement, domestic chores (Agarwal, 1997).
7. Women Empowerment: The index is assessed by the Women Empowerment Index (WEI) that includes decision-making, independence, confidence, and social ability (Malhotra et al., 2002; Kabeer, 2016).

The quantitative analysis of all items was based on a five-point Likert scale (1 = strongly disagree, 5 = strongly agree).

Instrument Reliability and Instrument Validity

- Content Validity: The questionnaire was checked by three experts in gender studies as relevant and understandable (Nunnally & Bernstein, 1994)
- Construct Validity: Exploratory Factor Analysis (EFA) was used to allow the items in the questionnaires to load on the desired constructs.
- Reliability: internal consistency Cronbach alpha was used to check the reliability and alpha values greater than 0.70 were accepted as an acceptable value of reliability.

Data Collection Procedure

1. Ethical Approval: Universities were reached out through clearance.
2. Consent: It was an informed consent with the respondents assured of confidentiality.
3. Survey Administration: The questionnaires were provided online (Google Forms) and face-to-face because of the different levels of digital access.
4. Data Screening: Before the analysis, the data were verified with missing values, outliers and normality.

Data Analysis Techniques

The SPSS 26.0 and AMOS 24.0 have been used to analyze the data:

1. Descriptive Statistics: Means, standard deviations, frequencies and percentages characterized demographic and variables distributions.
2. Correlation Analysis: Pearson correlation coefficients were used to measure the relationship between independent variables and empowerment.
3. Regression Analysis: Multiple linear regression was used to determine predictive effects of education, economic participation, political inclusion, access to health and socio-cultural norms on empowerment.
4. Structural Equation Modeling (SEM): SEM identified both direct and indirect associations between variables and tested the conceptual framework (Hair et al., 2019).
5. Reliability Testing: The internal consistency was measured with Cronbach alpha and composite reliability.

Ethical Considerations

The study was conducted based on ethical principles:

- Informed Consent: The participants were well-informed and had joined the research willingly.
- Confidentiality: The personal identifiers were eliminated; the data were kept safely.
- Right to Drop out: The participants were allowed to drop out at any point without repercussions.
- Non-harm Principle: The questions were constructed in such a way so as not to stress out or psychologically torture.

Limitations

- There is the potential of social desirability bias in self-reported data.
- Cross-sectional design inhibits causal inference.

Sampling of 6 universities and communities around them could be a problem as it may not be applicable to all developing societies.

Data Analysis and Findings

A total of 500 women were sampled in the study and portrayed different age, educational, and occupational groups. Table 1 indicates that the highest percentage (42) of the participants were aged 18-25, 33 were aged between 26-35, 18 were aged between 36-50 and 7 were aged above 50. Educationally, almost half of the respondents (48) were undergraduates, 32 had graduate degrees and 20 were high-school and below. The employment status indicated that 55% of the sample were employed, 30% were students and 15% were not employed or they were home makers. These demographics show that the sample is diverse in terms of life-span and socio-economic backgrounds with regard to empowerment outcomes.

Table 1: The Demographic Characteristics of the respondents (N = 500)

Variable	Category	Frequency	Percentage
Age	18–25	210	42%
	26–35	165	33%
	36–50	90	18%
	50+	35	7%
Education	High School or below	100	20%
	Undergraduate	240	48%
	Graduate	160	32%
Employment Status	Employed	275	55%
	Student	150	30%
	Unemployed/Homemaker	75	15%

Table 2 demonstrates descriptive statistics of the key study variables. Education ($M = 3.75$, $SD = 0.82$) and health access ($M = 3.60$, $SD = 0.88$) indicated that the mean scores were rather high, which implies that the participants had access to educational and health resources. The levels of economic and political participation ($M = 3.41$, $SD = 0.91$ and $M = 3.02$, $SD = 1.05$) were moderate participation in the workforce and civic processes. The mean value of the socio-cultural norms was 2.95 ($SD = 0.97$), and it showed that still, there are restrictive traditional norms but with different values being expressed by different respondents. Women empowerment was the dependent variable with a mean score of 3.48 ($SD = 0.85$) which implies that there is a moderate level of empowerment in women in general.

Table 2: The Descriptive Results of Study Variables

Variable	Mean	SD	Minimum	Maximum
Education	3.75	0.82	1	5
Economic Participation	3.41	0.91	1	5
Political Participation	3.02	1.05	1	5
Health Access	3.60	0.88	1	5
Socio-Cultural Norms (negative)	2.95	0.97	1	5
Women Empowerment	3.48	0.85	1	5

Correlation analysis showed that there were significant relationships between the variables as it appears in Table 3. The most positive correlation was observed between education and women empowerment ($r = .489$, $p < .01$) and indicated that a high level of education resulted in a

significant increase in the power of women, their confidence, and social power when making a decision. Empowerment was also positively related to economic participation ($r = .442$, $p < .01$) which means that women who were engaged in employment or other financial activities had more autonomy and agency. Empowerment was also moderately positively related to political participation ($r = .368$, $p < .01$) and access to healthcare services ($r = .431$, $p < .01$), which showed the influence of civic participation and access of healthcare services on empowerment. On the other hand, social-cultural norms showed that it was strongly correlated with the negative side of empowerment ($r = -.474$, $p < .01$), which proves that the limiting feminine expectations and the conservative principles still act as impediments to the empowerment of women.

Table 3: Pearson Correlation Matrix

Variable	1	2	3	4	5	6
1. Education	1					
2. Economic Participation	.421**	1				
3. Political Participation	.312**	.354**	1			
4. Health Access	.388**	.401**	.287**	1		
5. Socio-Cultural Norms	-.356**	-.298**	-.225**	-.321**	1	
6. Women Empowerment	.489**	.442**	.368**	.431**	-.474**	1

Note: $p < 0.01$

To identify the predictive value of education, economic participation, political participation, health access, and socio-cultural norms on women empowerment, a multiple regression analysis was performed (Table 4). The general model was significant ($F(5, 494) = 124.73$, $p < .001$) and was found to explain 56 percent of the variance in empowerment ($R^2 = 0.56$). Education was the most significant positive predictor ($\beta = -0.312$, $p < .001$), which proves that educational attainment is a determinant of the autonomy and empowerment of women. Financial independence was also important and economic participation largely predicted empowerment ($\beta = 0.261$, $p = .001$). The access to health ($\beta = 0.212$, $p < .001$), and political participation ($\beta = 0.138$, $p < .001$) were positively correlated, whereas the socio-cultural norms had a strong negative impact ($\beta = -0.271$, $p < .001$), which presents the obstacles of traditional expectations and the gender-based social order.

Table 4: The result of Multiple Regression to predict women empowerment

Predictor	B	SE	β	t	p
Education	0.324	0.042	0.312	7.71	<.001
Economic Participation	0.286	0.045	0.261	6.36	<.001
Political Participation	0.152	0.041	0.138	3.71	<.001
Health Access	0.231	0.043	0.212	5.37	<.001
Socio-Cultural Norms	-0.298	0.039	-0.271	-7.64	<.001
$R^2 = 0.56$, $F(5, 494) = 124.73$, $p < .001$					

There was also Structural Equation modeling (SEM) to test the conceptual framework. The fit indices showed that the hypothesized model fitted the observed data well ($\chi^2/df = 2.87$, CFI = 0.951, TLI = 0.942, RMSEA = 0.055, SRMR = 0.048). The regression outcomes were comparable to the SEM outcomes, in that education, economic participation, access to health, and political participation were positively related to empowerment, whereas socio-cultural norms

were negatively related to empowerment. These results indicate that education, financial independence, health access, and civic engagement interventions can be used to promote empowerment, yet socio-cultural barriers should be discussed at the same time to make a significant impact.

Table 5: SEM Fit Indices

Fit Index	Value	Recommended Threshold
Chi-square/df	2.87	< 3
CFI	0.951	≥ 0.90
TLI	0.942	≥ 0.90
RMSEA	0.055	≤ 0.08
SRMR	0.048	≤ 0.08

On the whole, the discussion reveals that in developing societies, empowerment of women depends on the complex of education level, involvement in the economy, the access to health care, and political activity of women. At the same time, limiting socio-cultural norms are also a major deterrent. The explanatory power of 56 percent suggests the key of the multi-dimensional approach to empower women, which is in line with the current literature.

Discussion

The results of this paper present strong indicative evidence that women empowerment in third world countries is predetermined by a mix of educational achievement, economic involvement, political activism, availability of medical services and even socio cultural practices. In line with what has been previously established, education was found to be the strongest predictor of empowerment, which supports the idea that women have increased abilities to make decisions, image, and social agency based on their level of education (Kabeer, 1999; Schultz, 2002; Malhotra et al., 2002). Educated women were better informed on their rights and opportunities but also displayed increased autonomy both in households and communities which points to education as a prerequisite to empowerment. The observation is consistent with the world research showing that with every one year of education, women become better negotiators, economic actors, and possess political and social power (King & Hill, 1993; Duflo, 2012).

The economic participation was also relevant in defining the empowerment, which proved that the access to employment and finances empower women and increases their bargaining power and autonomy (Kabeer, 2005; World Bank, 2018). The existence of the positive correlation between empowerment and economic engagement implies that women who are engaged in generating incomes are in a better position of making decisions in the household and attaining a certain degree of self-efficacy. Regression results however, show that the size of this effect though significant is a bit smaller than that of education thus would not necessarily play out all other structural constraints in order to give rise to financial independence unless accompanied by educational and social support. This is consistent with the literature that suggests that empowerment can be enhanced through programs such as microfinance, but not necessarily, without seeking to eliminate socio-cultural and institutional constraints (Duflo, 2012; Banerjee et al., 2015).

Political participation as well as health access also showed positive relationships with empowerment but with moderate effect size. Women who had knowledge of political rights,

civic participation, or access to health services noted an increase in the autonomy and social influence levels. This highly reinforces that empowerment is a multidimensional concept in which political inclusion and health security form part of empowerment in making strategic life decisions (Chattopadhyay & Duflo, 2004; Bloom et al., 2001). These results indicate that empowerment both on the personal and collective aspect can be enhanced by encouraging women to get involved in government, as well as enhancing access to healthcare services. Besides, these findings emphasize the interdependence between structural and institutional elements as the empowerment in one sector, such as health, may support autonomy in the others, such as decision-making and economic activity (Malhotra & Schuler, 2005).

Among the serious impediments to women empowerment were also the socio-cultural norms, which is in line with the existing literature on patriarchy and the traditional gender roles (Agarwal, 1997; Jayachandran, 2015). The correlation between negative norms and empowerment is negative, which proves the existence of the restrictive influence of the culture, resulting in the limitation of the agency of women despite their access to education, employment, or healthcare. Early marriage, limited mobility, and expectations regarding household duties are some of the practices through which women have their participation in society limited. These results are consistent with the studies that indicate that either education-based or financial-inclusion-only interventions cannot work without modifying the social and cultural frameworks that define gender relationships (Klasen & Lamanna, 2009; Chant & Sweetman, 2012).

The structural equation model also favors the multidimensional approach of empowerment meaning that education, economic participation, health access, and political engagement have a positive impact on empowerment and the socio-cultural norms have a significant negative impact. The model explains a high share of the variation in women empowerment ($R^2 = 0.56$) which implies that over fifty percent of the variation can be explained by these factors which shows the need to have an integrated approach in the policy formulation. This observation supports earlier research that supports holistic empowerment initiatives involving education, economic opportunities, health interventions, and normative change in order to realize sustainable gender equality (UNDP, 2020; World Bank, 2018).

On the whole, the work is a contribution to the literature as it offers empirical data with specific reference to the developing society situation with the evidence that the issue of empowerment is not a one-dimensional phenomenon but rather a combination of resources, agency and structural factors. The results indicate that policies and programs aimed at empowering women ought to focus on education as a key instrument, and at the same time ensure that they encourage women to be economically active, participate in politics, and have access to health services. Simultaneously, there should be an attempt to combat oppressive socio-cultural norms by involving the community, advocating and reforming laws, since these norms are still a strong barrier to the full involvement of women in social, economic, and political life.

Conclusion

This paper has shown that the empowerment of women in developing nations is a multi-dimensional process that is elucidated by their level of education, engagement in economic activities, political participation, access to health, and socio-cultural values. Education proved to be the greatest determinant as it gave the women the knowledge, confidence and decision making power that they need in order to navigate social and household hierarchies.

Empowerment was also positively related with economic participation, political participation, and access to health services, indicating how the resources, institutional support, and civic engagement play a role in improving the agency of women. On the other hand, it was identified that the presence of restrictive socio-cultural norms has a strong negative impact on empowerment, which means that traditional demands on women and gendered behavior still restrict their opportunities issues regardless of the education level and socio-economic status. In general, results highlight the importance of a holistic and integrated way of handling structural resources and social norms to achieve meaningful empowerment. The research gives reasons to believe that education, financial self-sufficiency, access to healthcare and political participation of women, and addressing the existing limiting cultural beliefs and norms are policies and interventions that may provide a significant empowerment to women in the developing societies.

Recommendations

Through the results of the study, there are various recommendations that are advanced to boost women empowerment in developing societies. Secondly, education programs should be placed in the priority and these include initiatives that focus on enhancing female literacy, promoting higher education, and offering vocational education to enhance employability and economic self-sufficiency. Second, the economic empowerment should be extended and such measures as microfinance, entrepreneurship, and wage equality policies should be implemented to provide women with access to financial resources and decision making in the family. Third, women need to be empowered to participate in the civic and policy making activities by creating awareness, training leaders, and by use of gender quotas in the governance structures to enable women to be actively involved in political activities. Fourth, targeted services, reproductive rights education, and community health programs should be used to improve healthcare access especially in reproductive and maternal health. Lastly, it is crucial to discuss socio-cultural barriers; community education, advocacy, and legal changes should be employed to break the limiting norms, lessen gender-based discrimination, and provide female individuals with an opportunity to be autonomous and exercise agency. The application of these strategies in a holistic approach can help in sustainable change of gender equality and empowerment of women throughout the developing society.

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