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Women's Empowerment, Reproductive Health and Population Development: An Analytical Study on Dhaka North City Corporation Area

¹Aliza; ¹Dr Khandaker Mursheda Farhana

¹Department of Sociology & Anthropology, Shanto-Mariam University of Creative Technology, Uttara, Dhaka-1230, Bangladesh

ABSTRACT

This study examines the interrelationship between women's empowerment, reproductive health, and population development within the Dhaka North City Corporation area using qualitative secondary data. Drawing on existing literature, national reports, and peer-reviewed studies, the research explores how different dimensions of empowerment-such as education, economic participation, and decision-making autonomy-shape reproductive health behaviours and demographic outcomes. The findings indicate that empowered women are more likely to access reproductive healthcare services, utilise contraception, and make informed decisions regarding fertility, contributing to lower population growth and improved health outcomes. However, significant disparities persist due to urban inequality, socio-economic stratification, and entrenched cultural norms that limit women's agency, particularly among marginalised groups. The study further highlights that while urban settings offer better access to services, structural barriers continue to hinder equitable outcomes. By integrating gender and development perspectives with demographic transition theory, the research underscores the importance of addressing both individual and systemic factors. The study concludes that enhancing women's empowerment is essential for achieving sustainable population development and improved reproductive health outcomes in urban Bangladesh.

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CONTACT Aliza, Email: elizadewan121@gmail.com

1. Introduction

Women's empowerment, reproductive health, and population development are deeply interconnected components of sustainable development, particularly in rapidly urbanising regions such as Bangladesh. Over the past few decades, Bangladesh has made notable progress in improving key demographic indicators, including reductions in fertility rates, maternal mortality, and population growth. However, these achievements coexist with persistent structural inequalities that continue to constrain women's autonomy, especially in urban settings like the Dhaka North City Corporation. This study aims to explore these dynamics through qualitative secondary data, focusing on how women's empowerment influences reproductive health outcomes and broader population development trends in this urban context.

Women's empowerment is widely understood as a multidimensional concept encompassing economic independence, decision-making power, social freedom, and psychological agency. In Bangladesh, empowerment has increasingly been recognised as a critical driver of development outcomes, including fertility behaviour and health-seeking practices. Empowered women are more likely to make informed decisions regarding contraception, maternal health services, and childbearing, thereby influencing both individual well-being and national demographic trends (Akter et al., 2026). In contrast, limited autonomy often results in early marriage, high fertility, and inadequate access to reproductive healthcare,

reinforcing cycles of poverty and gender inequality.

The urban context presents both opportunities and challenges for women's empowerment. Cities like Dhaka offer greater access to education, employment, and healthcare services compared to rural areas. However, urban inequalities—such as income disparities, informal settlements, and limited access to quality health services—create new forms of vulnerability. The Dhaka North City Corporation, with a population exceeding 5.9 million, represents a complex urban environment characterised by rapid population growth, migration, and socio-economic diversity. Within this setting, women's empowerment varies significantly across different socio-economic groups, influencing reproductive health outcomes and population dynamics.

Reproductive health, as defined by global health frameworks, encompasses not only the absence of disease but also the ability to make informed choices regarding sexual and reproductive life. In Bangladesh, access to reproductive health services has improved over time, yet disparities persist. Studies indicate that a considerable proportion of urban women still lack adequate knowledge of reproductive health, including contraception and maternal care services (Rahman et al., 2015). These gaps are often linked to limited education, cultural norms, and restricted decision-making power within households.

The relationship between women's empowerment and fertility behaviour is particularly significant in the Bangladeshi context. Qualitative evidence suggests that

empowered women tend to prefer smaller family sizes and are more likely to use contraceptive methods effectively (Khan et al., 2025). Conversely, women with lower levels of empowerment often experience higher fertility rates due to limited autonomy in reproductive decision-making. This relationship highlights the importance of empowerment as a key determinant of population development.

Furthermore, empowerment extends beyond individual outcomes to influence broader societal transformation. When women participate actively in economic and social life, they contribute to improved household welfare, reduced poverty, and enhanced human capital development. In urban areas, women's employment opportunities can significantly impact family planning decisions and health-seeking behaviours. However, despite increased participation in the labour force, many women in Dhaka remain economically dependent or engaged in informal employment, limiting their bargaining power within households (Akter et al., 2026).

Cultural and social norms continue to play a crucial role in shaping women's empowerment and reproductive health. Patriarchal structures often restrict women's mobility, access to resources, and decision-making authority. Qualitative studies in Dhaka reveal that empowerment is closely associated with the ability to make independent decisions, express opinions, and live free from violence and discrimination (Hossain et al., 2025). These factors directly influence women's reproductive choices and access to healthcare services.

Despite significant policy efforts, including national population policies and reproductive health programs, challenges remain in ensuring equitable access to services and opportunities. Urban governance structures, such as those in the Dhaka North City Corporation, play a critical role in implementing health and social programs. However, disparities in service delivery, resource allocation, and infrastructure continue to affect women's health outcomes.

This study is grounded in the recognition that women's empowerment is not only a fundamental human right but also a strategic necessity for sustainable population development. By focusing on the Dhaka North City Corporation, this research seeks to provide context-specific insights into how empowerment influences reproductive health and demographic trends in an urban setting. The use of qualitative secondary data allows for a deeper understanding of women's lived experiences, perceptions, and challenges, complementing existing quantitative research.

In summary, the intersection of women's empowerment, reproductive health, and population development represents a critical area of inquiry in Bangladesh. While progress has been made, persistent inequalities and structural barriers continue to hinder women's full participation in social and economic life. Addressing these challenges requires a comprehensive approach that integrates gender equality, health services, and urban development policies. This study contributes to the existing body of knowledge by examining these interrelationships within the specific

context of the Dhaka North City Corporation, offering insights for policymakers, practitioners, and researchers.

2. Literature Review

The literature review provides a critical synthesis of existing scholarly works and empirical studies related to women's empowerment, reproductive health, and population development. It examines key theoretical perspectives and research findings that explain how empowerment influences reproductive behaviour and demographic outcomes, particularly in developing urban contexts such as Bangladesh. By reviewing both global and national studies, this section identifies major trends, patterns, and debates within the field. It also highlights the multidimensional nature of empowerment, including its economic, social, and cultural dimensions, and how these intersect with access to healthcare and fertility decision-making. Furthermore, the review identifies gaps in current research, particularly the limited focus on urban governance areas like the Dhaka North City Corporation. This provides the foundation for the present study and justifies its analytical focus and research approach.

2.1 Conceptualising Women's Empowerment

Women's empowerment has been widely discussed in development literature as a multidimensional and context-specific concept. It generally refers to the process through which women gain the ability to make strategic life choices in contexts where this ability was previously denied. Key

dimensions include economic empowerment, decision-making authority, social independence, and psychological agency.

Empirical studies in Bangladesh have identified several domains of empowerment, including household decision-making, access to resources, freedom of movement, and attitudes toward gender norms. Qualitative research conducted in urban Dhaka highlights that women perceive empowerment as the ability to make independent decisions, express opinions freely, and achieve self-reliance (Hossain et al., 2025). These findings align with broader theoretical frameworks that emphasise agency, resources, and achievements as core components of empowerment.

Recent analyses using national survey data further demonstrate that empowerment varies across different dimensions. For example, women in Bangladesh exhibit relatively high empowerment in attitudes toward violence but lower levels of social independence (Akter et al., 2026). This disparity suggests that while normative attitudes may be changing, structural barriers continue to limit women's autonomy in practice.

2.2 Women's Empowerment and Reproductive Health

The relationship between women's empowerment and reproductive health outcomes has been extensively studied. Empowered women are more likely to access healthcare services, use contraception, and make informed decisions about childbirth. In Bangladesh, improved access to family planning services has contributed to a decline

in fertility rates; however, disparities remain across socio-economic groups.

Studies indicate that women with higher levels of education and economic independence are more likely to use modern contraceptive methods and seek antenatal care services. Conversely, women with limited autonomy often rely on traditional practices and may delay or avoid seeking medical care (Rahman et al., 2015). This highlights the importance of empowerment in enhancing reproductive health outcomes.

Qualitative research provides deeper insights into these dynamics. In urban Dhaka, women's ability to negotiate contraceptive use is closely linked to their decision-making power within households. Women who have greater autonomy are better able to discuss family planning with their partners and make independent choices regarding their reproductive health (Hossain et al., 2025). In contrast, women with limited empowerment often face resistance from family members and social constraints that restrict their reproductive choices.

2.3 Empowerment and Fertility Behaviour

Fertility behaviour is a key component of population development and is closely linked to women's empowerment. Research in Bangladesh consistently shows that empowered women tend to have fewer children and longer birth intervals. This relationship is influenced by factors such as education, employment, and access to information.

A study conducted in Dhaka found that women's empowerment significantly reduces

the number of children ever born, highlighting the role of autonomy in reproductive decision-making (Khan et al., 2025). Empowered women are more likely to prioritise education and career opportunities, leading to delayed marriage and childbirth.

Furthermore, empowerment influences fertility preferences and family size ideals. Women with greater decision-making power tend to prefer smaller families and invest more in the health and education of their children. This shift contributes to broader demographic transitions, including reduced population growth and improved human development outcomes.

2.4 Urban Context and Inequality

Urbanisation has transformed the socio-economic landscape of Bangladesh, creating new opportunities and challenges for women. Cities like Dhaka offer better access to education, employment, and healthcare services; however, they also exhibit significant inequalities. The Dhaka North City Corporation represents a diverse urban setting where socio-economic disparities influence women's empowerment and health outcomes.

Research indicates that urban women are not a homogeneous group. Differences in income, education, and living conditions result in varying levels of empowerment and access to services. Women living in informal settlements often face greater barriers to healthcare and education, limiting their ability to make informed reproductive choices.

Moreover, urban environments can exacerbate social constraints, including

gender-based violence and restricted mobility. These factors negatively impact women's empowerment and reproductive health. Despite the availability of services, social and cultural barriers often prevent women from fully utilising them.

2.5 Health Outcomes and Empowerment

Women's empowerment is also closely linked to broader health outcomes, including physical and mental health. Empowered women are more likely to adopt healthy behaviours, seek medical care, and access preventive services. In Bangladesh, studies have shown that higher levels of empowerment are associated with better health outcomes, including lower rates of non-communicable diseases (Akter et al., 2026).

At the same time, the relationship between empowerment and health is complex. Some research suggests that empowered women may report higher levels of health issues due to increased awareness and willingness to seek medical care. This highlights the need for a nuanced understanding of empowerment and its impact on health outcomes.

2.6 Gaps in the Literature

Despite extensive research on women's empowerment and reproductive health in Bangladesh, several gaps remain. First, much of the existing literature relies on quantitative data, limiting the understanding of women's lived experiences. Qualitative studies are essential for capturing the complex and context-specific nature of empowerment.

Second, there is limited research focusing specifically on urban governance areas such as the Dhaka North City Corporation. Given the unique challenges of urban environments, more context-specific studies are needed to inform policy and practice.

Third, the intersection of empowerment, reproductive health, and population development has not been fully explored in an integrated manner. Most studies examine these issues separately, highlighting the need for comprehensive analyses that consider their interrelationships.

The literature clearly demonstrates that women's empowerment plays a critical role in shaping reproductive health outcomes and population development. While significant progress has been made in Bangladesh, persistent inequalities and structural barriers continue to limit women's autonomy. Urban contexts, such as the Dhaka North City Corporation, present both opportunities and challenges, requiring targeted interventions to address disparities.

This study builds on existing literature by adopting a qualitative secondary data approach to examine the interconnections between empowerment, reproductive health, and population development. By focusing on an urban context, it contributes to a deeper understanding of these issues and provides insights for policymakers and practitioners.

3. Theoretical Framework

This study is grounded in an interdisciplinary theoretical framework that integrates gender and development perspectives, demographic transition theory, and reproductive health

frameworks. These theoretical lenses collectively provide a comprehensive understanding of how women's empowerment shapes reproductive health outcomes and population development in the context of Dhaka North City Corporation.

3.1 Gender and Development (GAD) Perspective

The Gender and Development (GAD) framework serves as the primary theoretical foundation for this study. Unlike earlier approaches such as Women in Development (WID), which focused mainly on integrating women into existing development processes, GAD emphasises the transformation of gender relations and structural inequalities that perpetuate women's subordination (Razavi & Miller, 1995). It highlights the importance of power relations, social norms, and institutional structures in shaping women's access to resources and decision-making authority.

Within this framework, women's empowerment is conceptualised as a process through which women gain control over material and non-material resources, enabling them to make strategic life choices (Kabeer, 1999). Kabeer's (1999) model identifies three key dimensions of empowerment: resources (preconditions), agency (process), and achievements (outcomes). This study adopts this multidimensional understanding to analyse how women's access to education, employment, and healthcare influences their reproductive decision-making and overall well-being.

In the urban context of Dhaka, gender norms and power relations continue to influence women's autonomy despite increased access to services and opportunities. The GAD perspective allows for an examination of how structural inequalities-such as socio-economic disparities, cultural expectations, and institutional barriers-shape reproductive health outcomes and population dynamics.

3.2 Demographic Transition Theory

Demographic Transition Theory provides an important macro-level framework for understanding population development. The theory describes the transition from high fertility and mortality rates to lower levels as societies undergo economic and social development (Notestein, 1945). Bangladesh has experienced significant progress in this transition, with declining fertility rates and improved health indicators over recent decades.

Women's empowerment plays a critical role in accelerating demographic transition. Increased access to education and employment opportunities for women is associated with delayed marriage, reduced fertility, and improved child health outcomes (Caldwell, 1982). In this context, empowerment acts as both a driver and an outcome of demographic change.

The relevance of this theory to the Dhaka North City Corporation lies in its ability to explain variations in fertility behaviour across different socio-economic groups. While urban areas generally exhibit lower fertility rates, disparities persist due to unequal access to resources and services. This study uses demographic transition

theory to contextualise how empowerment influences fertility patterns and contributes to population development in an urban setting.

3.3 Reproductive Health Framework

The reproductive health framework, as articulated by the International Conference on Population and Development (ICPD), emphasises the right of individuals to make informed decisions about their reproductive lives and to access quality healthcare services (United Nations, 1994). This rights-based approach underscores the importance of autonomy, dignity, and equality in achieving reproductive health outcomes.

Within this framework, women's empowerment is a central determinant of reproductive health. Empowered women are more likely to access family planning services, seek antenatal and postnatal care, and make informed choices regarding childbirth. Conversely, limited empowerment restricts access to information and services, leading to adverse health outcomes.

This study applies the reproductive health framework to analyse how women's decision-making power and access to resources influence their reproductive health behaviours. It also considers the role of health systems and urban governance in facilitating or constraining access to services in the Dhaka North City Corporation.

3.4 Intersectionality and Urban Inequality

In addition to the above frameworks, this study incorporates an intersectional perspective to account for the diverse

experiences of women in urban settings. Intersectionality recognises that women's experiences of empowerment and health are shaped by multiple, overlapping factors such as socio-economic status, education, and living conditions (Crenshaw, 1989).

In the context of Dhaka, urban inequality manifests in disparities between formal and informal settlements, access to healthcare, and economic opportunities. Women living in low-income or marginalised communities often face compounded disadvantages that limit their empowerment and reproductive health outcomes.

By integrating intersectionality into the theoretical framework, this study acknowledges that women are not a homogeneous group and that policy interventions must be tailored to address diverse needs and challenges.

3.5 Conceptual Model of the Study

Based on the above theoretical perspectives, this study conceptualises women's empowerment as a key independent variable influencing reproductive health outcomes and population development. Empowerment is operationalised through indicators such as education, employment, decision-making power, and access to resources.

Reproductive health outcomes, including contraceptive use, maternal healthcare utilisation, and fertility behaviour, are treated as mediating variables that link empowerment to population development. Population development is reflected in indicators such as fertility rates, population growth, and family size preferences.

The conceptual model also recognises the influence of contextual factors, including socio-economic conditions, cultural norms, and urban governance structures. These factors interact with empowerment to shape reproductive health outcomes and demographic trends.

In summary, the theoretical framework integrates micro-level (individual and household), meso-level (community and institutional), and macro-level (societal and demographic) perspectives to provide a comprehensive understanding of the relationships among women's empowerment, reproductive health, and population development.

4. Methodology

This section outlines the methodological framework employed to investigate the relationships among women's empowerment, reproductive health, and population development in the Dhaka North City Corporation area. It describes the research design, data sources, and analytical techniques used to ensure a systematic and rigorous examination of the study objectives. The research adopts a qualitative approach based on secondary data, drawing from academic literature, national surveys, and institutional reports. This approach enables a comprehensive understanding of complex social phenomena by synthesising diverse sources of information. The section also explains the procedures for data collection and thematic analysis, as well as considerations of validity, reliability, and ethical standards. By detailing the methodological process, this section ensures

transparency and enhances the credibility of the study's findings.

4.1 Research Design

This study adopts a qualitative research design based on secondary data analysis. Qualitative approaches are particularly suitable for exploring complex social phenomena such as women's empowerment and reproductive health, as they allow for an in-depth understanding of experiences, perceptions, and contextual factors (Creswell & Poth, 2018).

The use of secondary data enables the researcher to draw on a wide range of existing studies, reports, and datasets, providing a comprehensive overview of the research problem. This approach is especially relevant in the context of the Dhaka North City Corporation, where multiple sources of data are available from national surveys, international organisations, and academic research.

4.2 Data Sources

The study relies on a variety of secondary data sources, including:

- National surveys such as the Bangladesh Demographic and Health Survey (BDHS)
- Reports from international organisations such as the World Health Organisation (WHO) and the United Nations Population Fund (UNFPA)
- Peer-reviewed journal articles focusing on women's empowerment, reproductive health, and population development

- Government publications and policy documents related to urban health and population management

These sources provide both quantitative and qualitative insights, which are analysed qualitatively to identify patterns, themes, and relationships.

4.3 Data Collection Process

Data collection involves a systematic review of relevant literature and documents. The process includes:

- Identification of key themes and keywords, such as “women’s empowerment,” “reproductive health,” “fertility behaviour,” and “urban population development.”
- Selection of relevant studies based on inclusion criteria, including geographic relevance (Bangladesh or similar contexts), publication quality, and recency.
- Extraction of relevant information, including findings, methodologies, and theoretical perspectives.

The study prioritises high-quality, peer-reviewed sources and official reports to ensure reliability and validity.

4.4 Data Analysis Technique

The study employs thematic analysis as the primary method of data analysis. Thematic analysis is a widely used qualitative technique that involves identifying, analysing, and interpreting patterns within data (Braun & Clarke, 2006). The analysis process follows several steps:

- Familiarisation with the data through repeated reading of selected sources
- Coding of data to identify key concepts and categories
- Development of themes related to empowerment, reproductive health, and population development
- Interpretation of relationships among themes in the context of the study objectives

This approach allows for the synthesis of diverse sources into a coherent analytical framework.

4.5 Study Area: Dhaka North City Corporation

The Dhaka North City Corporation serves as the geographical focus of this study. As one of the two administrative divisions of Dhaka city, it represents a rapidly urbanising area with diverse socio-economic characteristics. The area includes both affluent neighbourhoods and low-income settlements, providing a comprehensive context for examining variations in women’s empowerment and health outcomes.

The urban setting is particularly relevant for this study, as it highlights the interplay between access to services and persistent inequalities. The findings are therefore expected to reflect the complexities of urban population dynamics.

4.6 Validity and Reliability

Ensuring validity and reliability is a critical aspect of qualitative research. This study adopts several strategies to enhance the credibility of findings:

- Use of multiple data sources to ensure triangulation
- Selection of reputable and peer-reviewed publications
- Systematic documentation of data collection and analysis processes

These measures help to minimise bias and ensure that the findings are grounded in robust evidence.

4.7 Ethical Considerations

As the study is based on secondary data, it does not involve direct interaction with human participants. However, ethical considerations remain important, particularly in terms of proper citation and acknowledgement of sources. All data used in the study are publicly available and have been cited in accordance with APA (7th ed.) guidelines.

4.8 Limitations of the Study

Despite its strengths, the study has several limitations. First, reliance on secondary data may limit the ability to capture context-specific nuances and recent developments. Second, variations in data quality and methodologies across sources may affect comparability. Third, the study focuses on qualitative interpretation, which may introduce subjective bias. However, these limitations are mitigated through the use of multiple sources and rigorous analytical methods.

The methodology adopted in this study provides a systematic and comprehensive approach to analysing the relationships among women's empowerment, reproductive health, and population development. By

combining qualitative analysis with secondary data, the study offers valuable insights into the complex dynamics of urban Bangladesh.

5. Findings and Analysis

This section presents the key findings derived from qualitative secondary data analysis, focusing on the interrelationships among women's empowerment, reproductive health, and population development in the Dhaka North City Corporation (DNCC) area. The findings are organised into thematic categories that reflect the multidimensional nature of empowerment and its implications for reproductive health and demographic outcomes.

5.1 Multidimensional Nature of Women's Empowerment

The analysis reveals that women's empowerment in the DNCC area is not uniform but varies significantly across multiple dimensions, including education, economic participation, decision-making autonomy, and social mobility. Secondary data indicate that urban women generally have higher access to education and employment opportunities compared to their rural counterparts. However, these advantages are unevenly distributed across socio-economic groups.

Women from middle- and upper-income households are more likely to achieve higher levels of education and formal employment, which enhances their decision-making capacity within households. In contrast, women in low-income urban settlements often engage in informal or precarious

employment, limiting their economic independence and bargaining power. This disparity reflects the structural inequalities embedded within urban environments (Kabeer, 1999).

Decision-making autonomy emerges as a critical indicator of empowerment. Studies show that women who participate in household decisions, such as healthcare, finances, and family planning, are more likely to exercise control over their reproductive choices. However, cultural norms and patriarchal structures continue to constrain women's agency, particularly in conservative or low-income communities (Hossain et al., 2025).

5.2 Education as a Catalyst for Empowerment and Health

Education plays a pivotal role in shaping women's empowerment and reproductive health outcomes. The findings indicate a strong correlation between women's educational attainment and their knowledge of reproductive health, contraceptive use, and healthcare-seeking behaviour.

Educated women are more likely to delay marriage and childbirth, contributing to lower fertility rates and improved maternal health outcomes. They also demonstrate greater awareness of family planning methods and are more likely to utilise modern contraceptive techniques. This aligns with previous research suggesting that education enhances women's cognitive and social capacities, enabling them to make informed decisions (Caldwell, 1982).

However, disparities in access to education persist within the DNCC area. Women from

low-income households often face barriers such as financial constraints, early marriage, and limited access to quality educational institutions. These barriers perpetuate cycles of low empowerment and poor health outcomes.

5.3 Economic Participation and Reproductive Decision-Making

Economic empowerment is another key determinant of women's reproductive health behaviour. The findings suggest that economically active women, particularly those engaged in formal employment, have greater autonomy in making decisions related to family planning and healthcare.

Employment provides women with financial resources and enhances their bargaining power within households. This, in turn, enables them to negotiate reproductive choices, such as the timing and number of children. Women with stable incomes are more likely to access private healthcare services, ensuring better maternal and reproductive health outcomes.

However, the nature of employment is critical. Many women in the DNCC area are employed in informal sectors, such as domestic work or small-scale trading, which offer limited job security and income stability. These conditions restrict their ability to exercise full autonomy and may limit their access to healthcare services.

5.4 Reproductive Health Awareness and Service Utilisation

The analysis highlights significant variations in reproductive health awareness and service utilisation among women in the DNCC area.

While urban settings generally offer better access to healthcare facilities, awareness and utilisation of services remain uneven.

Women with higher levels of empowerment are more likely to seek antenatal and postnatal care, use contraceptives, and access skilled healthcare providers. In contrast, women with limited empowerment often rely on informal or traditional practices, which may compromise their health outcomes (Rahman et al., 2015).

Barriers to healthcare access include financial constraints, lack of information, and social restrictions on mobility. In some cases, women require permission from male family members to seek medical care, highlighting the continued influence of patriarchal norms.

5.5 Fertility Behaviour and Population Development

Fertility behaviour is closely linked to women's empowerment and plays a central role in population development. The findings indicate that empowered women tend to have fewer children and longer intervals between births. This pattern contributes to lower population growth rates and improved health outcomes.

Conversely, women with limited empowerment often experience higher fertility rates due to restricted access to family planning services and limited decision-making authority. Early marriage and childbearing remain prevalent among disadvantaged groups, further contributing to population growth (Khan et al., 2025).

The study also finds that women's preferences regarding family size are

influenced by their level of empowerment. Empowered women are more likely to prioritise quality of life, education, and economic stability over large family sizes.

5.6 Urban Inequality and Differential Outcomes

Urban inequality emerges as a significant factor influencing women's empowerment and reproductive health. The DNCC area is characterised by stark contrasts between affluent neighbourhoods and informal settlements, resulting in unequal access to resources and services.

Women living in informal settlements face multiple challenges, including overcrowded living conditions, limited access to healthcare, and inadequate sanitation. These conditions negatively impact their health and restrict their ability to make informed reproductive choices.

In contrast, women in more affluent areas benefit from better infrastructure, education, and healthcare services, enabling higher levels of empowerment and improved health outcomes. This disparity underscores the importance of addressing urban inequality in efforts to promote women's empowerment and population development.

5.7 Role of Social Norms and Cultural Practices

Social norms and cultural practices continue to shape women's empowerment and reproductive health behaviour. Patriarchal values often dictate gender roles, limiting women's mobility and decision-making authority.

The findings suggest that even in urban settings, traditional norms persist, influencing attitudes toward family planning, gender roles, and women's autonomy. These norms can act as barriers to empowerment, particularly for women from conservative backgrounds.

At the same time, there is evidence of gradual change, with younger and more educated women challenging traditional norms and advocating for greater autonomy. This shift indicates the potential for social transformation in urban contexts.

Overall, the findings highlight the complex interplay between women's empowerment, reproductive health, and population development in the DNCC area. Empowerment emerges as a critical determinant of health outcomes and fertility behaviour, while urban inequality and cultural norms continue to shape women's experiences.

6. Discussion

The findings of this study provide important insights into the interconnections between women's empowerment, reproductive health, and population development in the Dhaka North City Corporation. This section discusses these findings in relation to existing theoretical frameworks and empirical literature, offering deeper interpretation and implications.

6.1 Empowerment as a Central Determinant of Reproductive Health

The study reinforces the central role of women's empowerment in shaping reproductive health outcomes. Consistent with the Gender and Development (GAD) framework, empowerment is not merely an individual attribute but a product of broader social, economic, and institutional structures (Kabeer, 1999).

The findings demonstrate that empowered women are better equipped to access healthcare services, use contraception, and make informed reproductive choices. This supports the reproductive health framework, which emphasises autonomy and access to services as key determinants of health outcomes (United Nations, 1994).

However, the study also highlights the limitations of empowerment in the absence of supportive structures. For example, even empowered women may face barriers such as inadequate healthcare infrastructure or financial constraints, indicating the need for systemic interventions.

6.2 Interplay Between Education, Employment, and Agency

Education and employment emerge as critical pathways to empowerment, influencing women's agency and decision-making capacity. The findings align with demographic transition theory, which links increased education and economic participation to declining fertility rates (Caldwell, 1982).

Education enhances women's knowledge and awareness, enabling them to make informed decisions about their reproductive health. Employment, on the other hand, provides financial independence and strengthens bargaining power within households.

However, the study reveals that the quality and nature of employment are crucial. Informal employment, which is prevalent among urban women, does not necessarily translate into empowerment due to low wages and a lack of job security. This finding underscores the importance of promoting decent work opportunities for women.

6.3 Urban Inequality and Intersectionality

The study highlights the significance of urban inequality and intersectionality in shaping women's experiences. Women in the DNCC area are not a homogeneous group; their levels of empowerment and health outcomes vary based on socio-economic status, education, and living conditions.

This finding supports intersectional theory, which emphasises the overlapping nature of social inequalities (Crenshaw, 1989). Women in low-income urban settlements face compounded disadvantages, limiting their access to resources and opportunities.

Addressing these disparities requires targeted interventions that consider the specific needs of different groups. Policies aimed at improving healthcare access and education must prioritise marginalised communities to reduce inequalities.

6.4 Cultural Norms and Social Transformation

Cultural norms play a critical role in shaping women's empowerment and reproductive health behaviour. The persistence of patriarchal values highlights the challenges of achieving gender equality, even in urban settings.

At the same time, the study identifies signs of social transformation, particularly among younger and more educated women. This suggests that changes in education and economic opportunities can gradually shift social norms and promote gender equality. However, such changes are often slow and uneven, requiring sustained efforts from policymakers, civil society, and communities.

6.5 Implications for Population Development

The findings have important implications for population development. By influencing fertility behaviour and health outcomes, women's empowerment contributes to demographic transition and sustainable development.

Lower fertility rates, improved maternal health, and increased investment in children's education and well-being are key outcomes associated with empowerment. These changes have long-term benefits for economic growth and human development. However, the study also highlights the risk of uneven development, where certain groups benefit more than others. Addressing these disparities is essential for achieving inclusive and sustainable population development.

6.6 Policy Implications

The study suggests several policy implications:

- Promoting female education and reducing barriers to schooling
- Expanding access to quality healthcare services, particularly in low-income areas
- Supporting women's economic empowerment through formal employment opportunities
- Addressing cultural and social norms that restrict women's autonomy
- Strengthening urban governance to ensure equitable service delivery

These measures are essential for enhancing women's empowerment and improving reproductive health outcomes.

6.7 Limitations and Future Research

While the study provides valuable insights, it is limited by its reliance on secondary data. Future research should incorporate primary data to capture context-specific experiences and emerging trends.

Additionally, longitudinal studies are needed to examine changes over time and assess the long-term impact of empowerment on population development.

In conclusion, the study underscores the central role of women's empowerment in shaping reproductive health and population development in urban Bangladesh. While progress has been made, significant challenges remain, particularly in addressing urban inequality and cultural barriers.

7. Conclusion

This study has explored the complex and multidimensional relationships among women's empowerment, reproductive health, and population development in the context of Dhaka North City Corporation. Drawing on qualitative secondary data, the research demonstrates that women's empowerment is a central determinant influencing reproductive health behaviours and demographic outcomes. Empowerment, manifested through education, economic participation, and decision-making autonomy, enhances women's ability to access healthcare services, utilise contraception, and make informed reproductive choices.

The findings confirm that empowered women tend to have fewer children, delay marriage and childbirth, and invest more in family well-being, thereby contributing to improved population development outcomes. These patterns align with broader theoretical perspectives, including the Gender and Development framework and demographic transition theory, which emphasise the role of women's agency in shaping demographic change. However, the study also reveals that empowerment is unevenly distributed across different socio-economic groups within the urban context.

Urban inequality remains a significant challenge, as women in low-income and marginalised communities face limited access to education, healthcare, and economic opportunities. These structural barriers, combined with persistent patriarchal norms, restrict women's autonomy and hinder progress toward equitable

reproductive health outcomes. While urban environments such as Dhaka offer improved infrastructure and services, these benefits are not equally accessible to all segments of the population.

The study underscores the importance of adopting a holistic and inclusive approach to development that addresses both individual and systemic factors. Policy interventions should focus on expanding access to quality education, promoting decent employment opportunities for women, and ensuring equitable healthcare services, particularly in underserved areas. Additionally, efforts to transform cultural norms and strengthen institutional support systems are essential for sustaining progress in women's empowerment.

In conclusion, women's empowerment is not only a fundamental human rights issue but also a critical driver of sustainable population development. Achieving meaningful progress requires coordinated efforts across multiple sectors, including education, health, and urban governance. By addressing existing disparities and promoting gender equality, policymakers can enhance reproductive health outcomes and contribute to long-term socio-economic development in urban Bangladesh.

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