

There is evidence of strong positive links between WEE and health outcomes for women and their families.

We conducted literature reviews to investigate associational links between WEE and health outcomes in India and causal impacts of WEE on health outcomes worldwide. These reviews revealed connections between WEE and improvements in maternal and child mortality, nutrition, and family planning.

| WOMEN'S ECONOMIC EMPOWERMENT OUTCOMES | | ASSOCIATION WITH HEALTH OUTCOMES (India systematic review) | CAUSAL IMPACT ON HEALTH OUTCOMES (global systematic review) |
|---|-----------------------------------|---|--|
|  Access to income and assets | Education | ● | N/A |
| | Employment and income | ● | ● |
| | Assets | N/A | ● |
|  Control of and benefit from income and assets | Bank account | N/A | ● |
| | Access to credit | ● | N/A |
|  Power to make decisions | Freedom from violence | ● | N/A |
| | Autonomy | ● | N/A |
| | Delayed marriage | ● | N/A |
| | Gender attitudes (son preference) | ● | N/A |

Key: ● Strong evidence of positive link ● Some evidence of positive link ● Mixed results ● Some evidence of negative/no link ● Strong evidence of negative/no link

The India systematic review of associational evidence

We conducted a systematic review of 14,410 studies investigating WEE and health outcomes in India, with 184 particularly relevant studies reviewed in detail. Our review found **strong positive associational links** between health outcomes and women's economic empowerment.

| WOMEN'S ECONOMIC EMPOWERMENT OUTCOMES | | ASSOCIATION WITH HEALTH OUTCOMES (India systematic review) | | | | |
|---|--|---|---|---|---|---|
| | | Maternal mortality | Child mortality | Nutrition | Family planning | |
|  Access to income and assets | Education |  |  |  |  | <p>A decomposition analysis of mortality among children under age 2 found that 69 percent of socioeconomic inequality in child survival rates in Bihar and 21 percent in Uttar Pradesh could be attributed to mothers' illiteracy.¹ Evidence on the effect of mothers' employment was mixed, with some studies showing a negative effect.²</p> |
| | Employment and income | N/A |  |  | N/A | |
| | Assets | N/A | N/A | N/A | N/A | |
|  Control of and benefit from income and assets | Bank account | N/A | N/A | N/A | N/A | <p>Having a self-help group in the village increased the likelihood of institutional delivery by roughly 30 percent and of family planning by approximately 40 percent.³</p> |
| | Access to credit |  |  | N/A |  | |
|  Power to make decisions | Freedom from violence |  |  |  |  | <p>The odds of perinatal, neonatal, and infant mortality were 60-80 percent higher among women who had experienced two or more recent episodes of domestic violence compared to those who reported no violence.⁴</p> <p>In Uttar Pradesh, women were 27 percent less likely to adopt modern contraception if they had experienced intimate partner violence.⁵</p> |
| | Autonomy | N/A |  |  |  | |
| | Delayed marriage | N/A |  |  |  | |
| | Gender attitudes (son preference) | N/A |  |  |  | <p>Parity progression driven by desire for sons accounted for 7 percent of births.⁶</p> |

Sources: 1. Jalandhar and Perianayagam, 2010. 2. Singh et al., 2014; Singh and Tripathi, 2013; Saabneh, 2017; Nair et al., 2013. 3. Saha et al., 2013. 4. Koenig et al., 2013. 5. Stephenson et al., 2006. 6. Chaudhuri, 2012.

Key:  Strong evidence of positive association  Some evidence of positive association  Mixed results  Some evidence of negative/no association  Strong evidence of negative/no association

Global systematic review of causal evidence

Given that correlation may not reflect causation, our second systematic review of 323 impact evaluations looked at the causal link between health and interventions to promote WEE. This review was complemented by studies of cash transfers from two existing literature reviews. Twenty studies met the criteria we established for inclusion in the review. Our review showed a **strong positive effect on nutrition** but **mixed results on family planning** and **limited effects on morbidity and health-seeking behavior**.

| WOMEN'S ECONOMIC EMPOWERMENT OUTCOMES | | CAUSAL IMPACT ON HEALTH OUTCOMES (global systematic review) | | | | | |
|--|--|---|---------------------------------|----------------------|-------------------|--------------------------------------|--|
| | | Mortality and morbidity | Health-seeking and expenditures | Stunting and wasting | Food expenditures | Family planning and delayed marriage | |
|  Access to income and assets | Employment | N/A | N/A | N/A | N/A | N/A | <p>Microfinance and skills training efforts that increase income can lead to better nutrition: A livelihoods program that raised teen girls' incomes boosted meat and fish consumption by 4 percentage points,¹ while a microfinance initiative that did not lift incomes also failed to improve nutrition.²</p> <p>An 18-month livelihoods program for teen girls in Bangladesh reduced the probability of child marriage by 23 percent.³</p> <p>In South Africa, two years of exposure to an unconditional cash transfer program increased the average height of children by 0.25 standard deviations, with larger effects for children exposed earlier in life.⁴</p> <p>Worldwide, cash transfers and pensions did not have a significantly positive impact on self-reported morbidity⁵ or health-seeking behavior (including clinic visits, treatment, and vaccinations).</p> |
| | Microfinance, livelihood programs, and skills training | N/A | ○ | N/A | ○ | ○ | |
| | Cash transfers and pensions | ○ | ● | ● | ● | ● | |
| | Inheritance and land rights | ○ | N/A | N/A | N/A | ○ | |
|  Control of and benefit from income and assets | Bank account (including mobile money) | N/A | ○ | N/A | ● | N/A | <p>In Niger, access to a bank account increased food expenditures by 16-20 percent for women but had no effect on men.⁷ Transfers to women's mobile phones improved diet diversity by 10-16 percent compared to cash transfers.⁸</p> |

Sources: 1. Adoho et al., 2014. 2. Banerjee et al., 2015. 3. Amin et al., 2016. 4. Agüero et al., 2007. 5. Haushofer and Shapiro, 2016; Ponczek, 2012. 6. Armand et al., 2016; Akresh et al., 2012; Cheema et al., 2016; Handa et al., 2014; Haushofer and Shapiro, 2016; Ponczek, 2012; Robertson et al., 2013. 7. Dupas and Robinson, 2013. 8. Aker et al., 2016.

Key: ● Strong evidence of positive impact ○ Some evidence of positive impact ○ Mixed results ○ Some evidence of negative/no impact ● Strong evidence of negative/no impact