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.

<table>
<thead>
<tr>
<th>WOMEN'S ECONOMIC EMPOWERMENT OUTCOMES</th>
<th>ASSOCIATION WITH HEALTH OUTCOMES (India systematic review)</th>
<th>CAUSAL IMPACT ON HEALTH OUTCOMES (global systematic review)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to income and assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td>[Strong evidence of positive link]</td>
<td>N/A</td>
</tr>
<tr>
<td>Employment and income</td>
<td>[Some evidence of positive link]</td>
<td></td>
</tr>
<tr>
<td>Assets</td>
<td>[N/A]</td>
<td>[Strong evidence of positive link]</td>
</tr>
<tr>
<td>Control of and benefit from income and assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bank account</td>
<td>[N/A]</td>
<td>[Strong evidence of positive link]</td>
</tr>
<tr>
<td>Access to credit</td>
<td>[Some evidence of positive link]</td>
<td>[N/A]</td>
</tr>
<tr>
<td>Power to make decisions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Freedom from violence</td>
<td>[Strong evidence of positive link]</td>
<td>N/A</td>
</tr>
<tr>
<td>Autonomy</td>
<td>[Strong evidence of positive link]</td>
<td>N/A</td>
</tr>
<tr>
<td>Delayed marriage</td>
<td>[Some evidence of positive link]</td>
<td>N/A</td>
</tr>
<tr>
<td>Gender attitudes (son preference)</td>
<td>[Strong evidence of positive link]</td>
<td>N/A</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>WOMEN'S ECONOMIC EMPOWERMENT OUTCOMES</th>
<th>ASSOCIATION WITH HEALTH OUTCOMES (India systematic review)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Maternal mortality</td>
</tr>
<tr>
<td>Access to income and assets</td>
<td>N/A</td>
</tr>
<tr>
<td>Education</td>
<td>N/A</td>
</tr>
<tr>
<td>Employment and income</td>
<td>N/A</td>
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<tr>
<td>Assets</td>
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<td>Bank account</td>
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<td>N/A</td>
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</tbody>
</table>

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. Evidence on the effect of mothers' employment was mixed, with some studies showing a negative effect.

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.

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.

In Uttar Pradesh, women were 27 percent less likely to adopt modern contraception if they had experienced intimate partner violence.

Parity progression driven by desire for sons accounted for 7 percent of births.

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.

### Access to income and assets

- **Employment**
  - N/A
  - N/A
  - N/A
  - N/A
  - N/A

- **Microfinance, livelihood programs, and skills training**
  - N/A
  - N/A
  - N/A
  - N/A
  - N/A

- **Cash transfers and pensions**
  - Strong evidence of positive impact
  - Some evidence of positive impact
  - Mixed results
  - Some evidence of negative/no impact
  - N/A

- **Inheritance and land rights**
  - N/A
  - N/A
  - N/A
  - N/A
  - N/A

### Control of and benefit from income and assets

- **Bank account (including mobile money)**
  - N/A
  - Strong evidence of positive impact
  - N/A
  - N/A
  - N/A

**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

---

**WOMEN’S ECONOMIC EMPOWERMENT OUTCOMES**

<table>
<thead>
<tr>
<th>Mortality and morbidity</th>
<th>Health-seeking and expenditures</th>
<th>Stunting and wasting</th>
<th>Food expenditures</th>
<th>Family planning and delayed marriage</th>
</tr>
</thead>
</table>
| Microfinance 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, while a microfinance initiative that did not lift incomes also failed to improve nutrition.

- An 18-month livelihoods program for teen girls in Bangladesh reduced the probability of child marriage by 23 percent.

- 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.

- Worldwide, cash transfers and pensions did not have a significantly positive impact on self-reported morbidity or health-seeking behavior (including clinic visits, treatment, and vaccinations).

- In Niger, access to a bank account increased food expenditures by 16–20 percent for women but had no effect on men. Transfers to women’s mobile phones improved diet diversity by 10–16 percent compared to cash transfers.

**Sources:**
1. Adoho et al., 2014.
2. Banerjee et al., 2015.
3. Amin et al., 2016.
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.
8. Aker et al., 2016.