

EQUALITY AND EMPOWERMENT: CRITICAL PATHWAYS *to child well-being*

*Exploratory research to understand gender
equality and women's empowerment pathways
and contributions to child well-being*

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Cover: Woman selling eggs in South Sudan, 2020.

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GLOSSARY OF ACRONYMS

BSL	Building Secure Livelihoods	OECD	Organisation for Economic Co-operation and Development
CF	Celebrating Families	S4T	Savings for Transformation
CHW	Community Health Worker	SDG	Sustainable Development Goals
CoH	Channels of Hope	SRH	Sexual and Reproductive Health
CoH CP	Channels of Hope for Child Protection	TD	Transformational Development
CoHG	Channels of Hope for Gender	ToR	Terms of Reference
CP	Child Protection	TTC	Timed and Targeted Counselling
CP&A	Child Protection and Advocacy	UK	United Kingdom
CVA	Citizen Voice and Action	UN	United Nations
CWB	Child Well-being	US	United States
DAC	Development Assistance Committee	VAC	Violence against Children
DAP	Development Assets Profile	VAW	Violence against Women
DHS	Demographic and Health Survey	WASH	Water, Sanitation and Hygiene
FGM/C	Female Genital Mutilation and Cutting	WEAI	Women's Empowerment in Agriculture Index
GBV	Gender-based Violence	WEE	Women's Economic Empowerment
GEMS	Gender Equitable Men Scale	WHO	World Health Organisation
GESI	Gender Equality and Social Inclusion	WV	World Vision
GIFT	Gender Inclusive Financial Training	WVA	World Vision Australia
IGATE	Improving Girls' Access through Transforming Education		
IGWG	Interagency Gender Working Group		
IPV	Intimate Partner Violence		
IRC	International Rescue Committee		
KRO	Key Research Objective		
LMIC	Low and Middle Income Country		
M&E	Monitoring and Evaluation		
MHM	Menstrual Hygiene Management		
MHPSS	Mental Health and Psychosocial Support		
MNCH	Maternal, Newborn, Child Health		
MVC	Most Vulnerable Children		
NGO	Non-government Organisation		
NSVC	Nutrition Sensitive Value Chains for Smallholder Farmers		

1 EXECUTIVE SUMMARY



Sarah Eige (Vice-Chair lady of the FMNR champion member/member of the village saving group) is sharing some basic knowledge about tree management to her daughter, Nawal Yusuf Mohamed – 17 years old and Nuura Hanna – 16 years old. Somaliland, 2020

INTRODUCTION

In the development community, there is consensus that addressing gender inequality and supporting women’s empowerment is essential for development (Karl, 1995; Longwe, 1990). This understanding has been built over decades of advocacy, research and programming, to the point where it is widely understood that “the problem is not women’s integration in development, or their lack of skills, credit and resources, but the social processes and institutions that result in inequalities between women and men [and girls and boys] to the disadvantage of women [and girls]” (OECD, 1998, p.12). Based on this consensus, many organisations, institutions and donors have strategically and systematically prioritised work to address pathways between women’s and girls’ empowerment and gender equality.

In the United Nation’s Sustainable Development Goals (SDG), gender equality and women’s and girls’ empowerment are explicit targets for Goal 5, which is to achieve gender equality and empower all women and girls. Gender equality also cuts across all 17 SDGs and is reflected in 45 targets and 54 gender-specific goal indicators (UNDP, 2019). Further, gender equality and women’s and girls’ empowerment are recognised as drivers of all dimensions of sustainable development (Dugarova, 2018; UN Women, 2018). Therefore, to effectively achieve all Sustainable Development Goals, commitment to gender equality and women’s and girls’ empowerment must be reflected across all dimensions of development. Promoting gender equality in humanitarian programming increases program effectiveness, ensures it follows the principle of non-discrimination and serves the most vulnerable individuals (Inter Agency Standing Committee Handbook, 2018).

The World Vision Partnership has established the importance of gender equality to achieve its goal for sustained child wellbeing. In *Our Promise Phase Two: Going Further than We Imagined (2021-25)*, the World Vision Partnership outlined five strategic imperatives needed to deliver *Our Promise*. The strategic imperative to “deepen our commitment to the most vulnerable girls and boys” emphasises the Partnership’s commitment to “strengthen programming for the most vulnerable girls and boys, paying special attention to those who are often invisible because of gender inequality, social exclusion or disabilities”.

As a child-focused organisation, World Vision Australia (WVA) identified a need to better understand how gender equality and women’s empowerment link to child wellbeing. World Vision proposed a piece of exploratory research to capture and articulate a relevant and definitive evidence base to establish the causal linkages and pathways between women’s empowerment, gender equality outcomes and improved child wellbeing outcomes for World Vision’s strategic sectors: child protection and participation; economic development; education; faith and development; health and nutrition; and water, sanitation and hygiene.

METHODOLOGY AND APPROACH

This research sought to answer the question: *How do women’s empowerment and advances in gender equality contribute and lead to improved child wellbeing outcomes?*

In response, the exploratory research used a mixed methods approach focusing on an external literature review of secondary and tertiary data. The literature included multi-country analyses of survey data, multi-country quantitative and qualitative studies and single country research. The review also included internal World Vision reports and source interviews, provided the information fit the criteria used to assess external literature.

This research assumed gender equality is linked to child wellbeing because both girls and boys experience constraints on their potential due, at least in part, to gender inequality and harmful gender norms. Considering this, the research primarily focused on how women’s empowerment links to child wellbeing. In some cases, the research expanded the definition of women’s empowerment to explore how the empowerment of girls impacts their wellbeing during childhood and early adulthood.

The exploratory research developed a conceptual framework for women’s empowerment and child wellbeing. To define women’s empowerment, the research drew upon World Vision’s concept of ‘empowerment domains’, as outlined in the organisation’s Gender equality and social inclusion theory of change (2020). These domains, as outlined by World Vision, include access, decision making, participation and wellbeing. To these, the domain of voice has been added, as well as systems and norms, since systems and norms are sites where power relations influence, and often determine, the process for women’s empowerment or disempowerment. This concept can also be found within World Vision’s equitable systems domain. Additionally, the research included World Vision’s composite domain, agency, as a standalone domain of analysis. All seven domains of empowerment are defined in **Table 1**.

TABLE 1

AGENCY	A person's ability to make effective choices and to transform those choices into desired outcomes free from violence, retribution or fear. ¹
VOICE	The capacity to speak up and be heard, from homes to houses of parliament, and to shape and share in discussions, discourse and decisions.
ACCESS	The ability to access, use and/or own assets, resources, opportunities, services, benefits and infrastructures.
PARTICIPATION	The ability to participate or engage in societal affairs and systems of power that influence and determine development, life activities and outcomes.
DECISION MAKING	The ability to make decisions free from coercion at individual, family, community and societal levels. Decision making can include control over assets and the ability to make decisions in leadership.
SYSTEMS AND NORMS	Systems: The existence of equal and inclusive systems – both formal and informal – that promote equity, account for the different needs of vulnerable populations and create enabling environments for their engagement. Norms: Patterns of behaviour motivated by a desire to conform to the shared social expectations of an important group. ² These are also an example of informal systems. Gender norms are a subset of social norms. Transformed norms support inclusion and individual and collective agency regardless of age, sex, gender, gender identity, sexual orientation, religion, economic status.
WELLBEING	The sense of worth, capability status, confidence, dignity, safety, health and overall physical, emotional, psychological and spiritual wellbeing. This includes living free from gender-based violence, HIV and all forms of stigma and discrimination.

The conceptual framework used World Vision's child wellbeing outcomes to define the wellbeing of children (Child wellbeing aspirations and outcomes, n.d.). Under this definition, children are cared for, protected and participating; educated for life; enjoying good health; and enjoying the love of God and their neighbours. The research also explored how gender norms and social structures influence child wellbeing. The exploratory research then used the conceptual framework in keyword searches to identify relevant literature.

Limitations of the review

Varying definitions of women's empowerment:

Women's empowerment or gender equality is measured using different indexes and definitions (such as the Women's Empowerment in Agriculture Index or the Gender Inequality Index). However, many of the studies reviewed for the exploratory research analysed associations within data from existing sources such as the Demographic and Health Surveys, which do not include agreed upon gender equality or women's empowerment indexes. This means researchers used varying indicators to define and analyse women's empowerment in relation to wellbeing outcomes for children. While there were some similarities

between indicators, the variation added a layer of limitation in bringing findings together cohesively. Additionally, the varying definitions of empowerment added an uncontrolled layer of bias about what constitutes women's empowerment.

Used other researchers' conclusions: The focus on secondary and tertiary data presents a possible unknown bias.

Limited qualitative analysis of single country or program reviews:

The research spent approximately 10 percent of the review and analysis on single country or program reviews, which limited identification of emerging areas of study and practice. There is more potential in this area of inquiry.

Research did not explore all areas that influence women's and girls' empowerment:

One field that was intentionally excluded from this research is how women's and girls' empowerment in sexual and reproductive health (SRH) impacts child wellbeing. This is an important area of inquiry, especially as World Vision's maternal and child health work with individuals, families, communities and faith leaders includes a focus on family planning and SRH. World Vision also includes SRH work with adolescents as part of its IMPACT+ program. However, the researcher determined this area required a broader exploration than time allowed and excluded it from the research.

1 Klugman et al. (2014, p. 1)

2 ODI, 2015, Gender Justice and Social Norms: Processes of Change for Adolescent Girls

FINDINGS FROM LITERATURE REVIEW

Across the review of literature, the research found numerous links and associations between women's empowerment domains, gender equality and child wellbeing that have direct relevance for programs working to improve child wellbeing. Linkages were found between all seven women's empowerment domains and World Vision's child wellbeing outcomes.

Women's and girl's level of education, which was used as a proxy for numerous women's empowerment domains in some of the literature, **influences their children's education outcomes.** The years a woman spends in education is associated with an increase in her children's years of schooling (Sperling et al., 2016), while a mother's level of education is associated with the length of her daughter's school enrolment (Sperling et al., 2016). Higher levels of literacy in women and girls is also associated with an increase in positive caregiving practices inside the home (LeVine et al., 2011). **Women's and girls' literacy and educational attainment is associated with positive outcomes for themselves as well.** These outcomes include delayed marriage, increased contraceptive use, higher body mass index and increased economic outcomes.

Further, the research found the **level of education reached by women and girls is associated with child health outcomes.** There are links between a mother's level of education and the chances of her child's survival across diverse contexts (LeVine & Rowe, 2009). Higher levels of women's education across multiple education-related indicators, including higher literacy rates, more years of education and secondary school attendance, are linked to lower probability of infant mortality, increased probability of survival past five years, increased breastfeeding and higher immunisation rates (Samarakoon et al., 2015; Pamuk et al., 2011; Hobcraft, 1993; Cleland et al., 1988). An analysis of Demographic and Health Surveys for 12 countries from 2009 to 2011 found maternal education was associated with a higher probability of children aged 6 to 23 months consuming food rich in micronutrients (Sperling et al., 2016).

The impact of menstruation on girls' education outcomes is important to consider when exploring how the empowerment of women and girls affects girls' education. In Africa, it is estimated that 10 percent of girls miss school during menstruation (Global Pathways for Education (GPE), 2019). There is growing evidence around how **girls' school attendance is negatively influenced by poor facilities for menstrual hygiene at school, as well as from limited or insufficient menstrual hygiene supplies, infection from poor menstrual hygiene management**

(MHM) and limited menstrual health and rights education and support at home and school. Female teachers also experience similar challenges to menstrual health in schools (Pouramin et al., 2020).

In some locations, gender-based norms, stigmas and taboos related to menstruation and water, sanitation and hygiene (WASH) influence women's and girls' WASH practices, exposing them to health risks and risks of violence. These stigmas also influence the feelings girls associate with menstruation and limit the social support girls are given in some locations. A 2020 review from Pouramin, Nagabhatla and Miletto into water and gender interlinkages identified how gender-related stigmas kept "women and girls from developing healthy WASH and menstrual health habits (e.g., using soap and water or from using latrines)" in many locations. These stigmas discourage women from using toilets during the day or near other people (O'Reilly et al., 2014). Further, some of the studies captured in the review outlined how gendered WASH norms, stigmas and taboos expose women and girls to increased risk of violence when women and girls used toilets or washed menstrual hygiene supplies at night (Pouramin et al., 2020).

There are links between the wellbeing of women and girls and their physical and mental health and nutrition, as well as foetal and infant health (Bhutta et al., 2013; Negash et al., 2015). Women and girls receiving adequate nutrition before, during and after pregnancy is linked to increased child nutrition in utero and early infancy. Adequate nutrition for women and girls has been further linked to positive child growth trajectories (Jones et al., 2019). Meanwhile, women's and girls' exposure to harmful substances and chemicals while pregnant is linked to poor reproductive outcomes, including birth defects in children (National Research Council (US), National Institute of Health (US), 2004). Research also shows how "children of mothers who are depressed or who have depressive symptoms are at increased risk for developmental delay, behavioural problems, depression, asthma, morbidity and injuries" (Kahn et al., 2004).

SOCIAL BELIEFS, PRACTICES AND NORMS RELATED TO WOMEN AND GIRLS DURING PREGNANCY INFLUENCE BOTH CHILD HEALTH AND NUTRITION

(RAMAKRISHNAN, 2004).

The research found that, when **women's empowerment is established across multiple empowerment domains, child health and nutrition is positively affected. A single country study in Nepal found that women working in agriculture who were engaged in four specific domains of empowerment – access to and decision making regarding credit, agency in production and satisfaction in leisure time – were associated with better child health and nutrition** (Reul et al., 2018). The research also found evidence that, **when women share household decision-making power with men, their children are healthier.**

Studies of data from Sub-Saharan Africa exploring the associations between child nutrition and women's empowerment have found "childhood welfare and nutritional status are linked to the degree of autonomy the woman has in effecting change in her household" (Yaya et al., 2020). In South Asia and Sub-Saharan Africa, one study found that women's decision-making power has a "strongly significant and positive effect" on children's weight for age, height for age and weight for height scores (Smith et al., 2003). A study by Jones et al. (2019)³ indicated women who could freely make decisions within their households had greater influence on how much money to allocate to household food as well as how that food was allocated within the household.⁴ Kabir et al. (2020) found that higher education levels in women and higher scores on the study's women's empowerment index,⁵ which included indicators regarding women's decision making, were positively associated with women's health and nutrition status, and positively influenced newborn birth weights (Kabir et al., 2020).

Women's **participation, leadership and decision making within water, sanitation and hygiene (WASH) programs in emergencies are linked to women and girls having closer and safer access to much-needed WASH facilities**, also reducing the time required for collecting water (UN Women, 2015).

Women's and girls' experience of violence affects their sense of empowerment as well as numerous child wellbeing outcomes. Intimate partner violence, which is a human rights violation with immediate and long-term physical, sexual and mental consequences for women and girls, influences women's wellbeing and participation in families, communities and societies. Further, intimate partner violence can influence women's mental health, which impacts their children's health and wellbeing.

The exploratory research found intimate partner violence (IPV) and violence against children co-occur in a significant proportion of households (Coll et al., 2020; Guedes et al., 2016). Children in households affected by intimate partner violence are also significantly more likely than other children to experience violent forms of punishment (Guedes et al., 2016).

Further, children can experience short and long-term impacts from witnessing IPV, even when they are not physically or sexually harmed themselves. Studies have found "exposure to violence in childhood – either as a victim of physical or sexual abuse or as a witness to IPV – may increase the risk of experiencing or perpetrating different forms of violence later in life" (Guedes et al., 2013).

Intimate partner violence influences child health outcomes. A multi-country review of DHS data from five countries found children born to women who experienced IPV were significantly more likely to die as newborns and infants and were more likely to die before five (Memiah et al., 2020). Infants may also experience disruption in their attachment needs (Stiles, 2002). Girls and boys who witness IPV are more likely to experience greater incidence of psychosomatic complaints, sleep disturbances, anxiety and depression, insomnia and self-harm and aggressive behaviours (Stiles, 2002).

Harmful practices like early marriage have negative impacts on girls into adulthood and on their children. **Girls who marry early face higher risk of psychiatric disorders in adulthood, higher risk of adolescent pregnancy and higher risk of dying from childbirth. Their children are more likely to die before their first birthday.** Girls and women who marry later, however, are associated with lower IPV rates.

Women's economic opportunities and economic status, also used as proxies for women's empowerment in some of the literature, **can have flow-on effects for child health, nutrition and education outcomes.** In many locations, women are more likely than men to spend the income they control on food, healthcare and education for their children (Mucha, 2012). Women's access to cash income, combined with the ability to influence and make household decisions, supports their own health and nutrition, with child health and nutrition also benefiting (Ruel et al., 2018; Vlassoff, 2007). There is mixed data regarding whether women's labour force engagement,⁶ access to cash income or membership in micro-credit groups are protective factors against IPV.

Finally, the literature review found **adolescence is a critical life stage for the wellbeing of girls and boys. In adolescence, the differences between genders become increasingly marked.** From ages 12 to 18, both **girls and boys experience stronger enforcement of gender norms by parents, peers, within schools and through other community and societal institutions.** Changes and developments in adolescents can create major opportunities for girls and boys, while also exposing them to new risks. These risks are often different for adolescent girls and boys and are similar to those experienced by adult women and men (Kennedy et al., 2020; Chandra-Mouli et al., 2017). Formative research from Chandra-Mouli et al.

3 Conducted using DHS data from Ethiopia, Kenya, Rwanda, Tanzania and Uganda.

4 This study assumes more food was allocated to children.

5 Kabir, et al. (2020) scored a women's empowerment index through indicators related to: education; access to socio-familial decision-making (contraception use, women's healthcare, children's healthcare and relatives' home visits); economic contribution and access to economic decision making (spending of their own earnings, ability to purchase large house items and NGO membership); attitudes towards domestic violence; and mobility (based on visits to health centres).

6 The article by Weber et al. (2019), summarised studies that focused on women's engagement in the formal labour force as well as labour that generates cash income.

(2017) found gender socialisation occurs early in life. Girls and boys aged 10 to 14 described how expectations of their gender roles – from themselves and others – had become more rigid since childhood. Boys expressed feeling more pressure to display aggressive behaviours. The study found adolescents look to their peers and parents; both groups have an important role to play in shaping gender norms and attitudes among adolescents.

CONCLUSION

The literature review identified numerous links and associations between women’s empowerment and child wellbeing that are directly relevant to the World Vision Partnership. Findings demonstrate how work with women across multiple empowerment domains is positively associated with child wellbeing outcomes. Conversely, the review of literature also found a vicious cycle between gender inequality and reduced child wellbeing.

Some notable findings include the importance of education for the wellbeing and empowerment of women and girls. Girls’ literacy is linked to lower rates of early marriage (Sperling et al., 2016). Further, girls’ and women’s educational attainment (into secondary education) and women’s literacy are associated with numerous children’s health outcomes such as lower probability of infant mortality, probability of survival past five years old, increased breastfeeding and higher immunisation rates (Samarakoon et al., 2015; Pamuk et al., 2011; Hobcraft, 1993; Cleland et al., 1988).

Women’s decision making, voice and participation within WASH benefits women and girls and can support increased access to closer, safer WASH facilities (UN Women, 2015). There is evidence to show how the health of women and girls, including mental health and nutrition, impacts their children’s health and nutrition (Kabir, 2020; Yaya et al., 2020; Kahn et al., 2004; Ramakrishnan, 2004).

The literature found women’s and girls’ experience of violence is linked to their own empowerment and numerous child wellbeing outcomes. Violence against women in the form of IPV can have a negative, cyclical impact (both direct and indirect) on children’s health and wellbeing during childhood, including disruption in their attachment needs in infancy (Stiles, 2002) and increased likelihood of mortality before five (Memiah et al., 2020). Children also experience consequences indirectly through the impact of IPV on their mothers’ (or female caregivers’) physical, mental and emotional wellbeing (Jones et al., 2014). Finally, boys who witness IPV may be more likely to perpetrate IPV and girls may be more likely to experience IPV as adults (Brown & Bzostek, 2003; Klugman et al., 2014; Wolfe et al., 2003).

Women’s economic opportunities and empowerment have important flow-on effects for children’s health and education (Klugman et al., 2014; Mucha, 2012; Chin, 2012; Vayas et al., 2009; Vlassoff, 2007). These opportunities can serve as a protective factor against IPV, depending on context and social norms related to women’s economic engagement (Vayas et al., 2009).

Finally, the literature review found adolescence is a critical life stage for the wellbeing of girls and boys. In adolescence, disparities between genders become increasingly marked. From ages 12 to 18, girls and boys experience stronger enforcement of gender norms by parents, peers and within schools and other community and societal institutions. Changes and developments in adolescents can create major opportunities for girls and boys, while also exposing them to new risks. These risks are often different for girls and boys in adolescence and similar to those experienced by adult women and men (Kennedy et al., 2020; Chandra-Mouli et al., 2017).

The findings in the literature review outline the numerous ways women’s and girls’ empowerment and gender equality influence child wellbeing. The findings underscore the dependence of child wellbeing on women’s and girls’ own wellbeing and empowerment and support the organisation’s strategic commitment to gender equality as an important driver of child wellbeing.

**ADDRESSING
PRACTICES LIKE
CHILD AND EARLY
MARRIAGE CAN
REDUCE RISK
OF INTIMATE
PARTNER VIOLENCE
ESPECIALLY WHEN
THAT WORK ALSO
ADDRESSES
GENDERED NORMS
THAT SUPPORT IPV**

(GAGE ET AL., 2012; OMIDAKSH ET AL., 2020).

2 RESEARCH BACKGROUND



Adolescent girls are at higher risk of violence, early marriage and mental health issues. World Vision's sponsorship program works to empower girls and boys. Ghana, 2019.



Mithona's father attended a World Vision workshop and started positively changing his behaviour towards his family. World Vision works with children, women and men to reduce violence and promote gender equality.

In the development community, there is consensus that addressing gender inequality and supporting women's empowerment is essential for development (Dugarova, 2018; Karl, 1995; Longwe, 1990). According to the United Nations Population Fund (UNFPA), "Gender equality is intrinsically linked to sustainable development and is vital to the realisation of human rights for all."

The UNFPA defines gender equality as existing "when both sexes are able to share equally in the distribution of power and influence; have equal opportunities for financial independence through work or through setting up businesses; enjoy equal access to education and the opportunity to develop personal ambitions, interests and talents; share responsibility for the home and children and are completely free from coercion, intimidation and gender-based violence both at work and at home" (2005).

Consensus and understanding around the importance of gender equality for sustainable development has been built over decades of advocacy, research and programming, to the point that it is widely understood that "the problem is not women's integration in development, or their lack of skills, credit and resources, but the social processes and institutions that result in inequalities between women and men [and girls and boys] to the disadvantage of women [and girls]" (OECD, 1998, p.12). Based on this consensus, many organisations, institutions and donors have strategically and systematically prioritised work to address pathways between women's and girls' empowerment and gender equality.

Gender equality and women's and girls' empowerment are explicit targets for the UN's Sustainable Development Goals (SDGs) and are outlined in goal 5: achieve gender equality and empower all women and girls. Gender equality also cuts across all 17 SDGs and is reflected in 45 targets and 54 gender-specific goal indicators (UNDP, 2017). Gender equality and women's and girls' empowerment are recognised as drivers of all dimensions of sustainable development (Dugarova, 2018; UN Women, 2018). Meanwhile, the UN has shown how the current COVID-19 pandemic has exposed "society's reliance on women both on the front line and at home ... and structural inequalities across every sphere, from health to the economy, security to social protection" that disproportionately impact girls and women (UN Women, 2021).

World Vision’s (WV) programming sits within a global funding landscape that is increasingly focused on gender equality outcomes, with gender equality funding higher than ever before. The centrality of gender equality to the SDGs is guiding donor commitment to gender equality-focused aid. WV’s institutional donors are increasingly prioritising gender equality and the empowerment of women and girls in their development and humanitarian policies. They are also looking to World Vision and other non-government organisations (NGOs) to partner with on this priority. It is important to note gender equality has progressed beyond a cross-cutting theme to a key development outcome, and gender-transformative programming is increasingly expected and required. For donors, “more aid is being assessed on its intentions to target – or not target – gender equality” (Holton, 2020).

In recent years, there has been growing effort and investment across the WV Partnership to strengthen the organisation’s approaches, practices and contributions towards gender equality outcomes. Notable is World Vision’s development of a Gender Equality and Social Inclusion (GESI) Approach (WVI, 2020), which explores the pathways of change required to achieve gender equality and social inclusion, while also promoting and guiding the systematic integration of gender equality and social inclusion within and across programming. Other noteworthy examples include World Vision Canada’s Gender-transformative framework for nutrition (WVC, 2020) and World Vision Australia’s Women’s Economic Empowerment (WEE) framework, theory of change and suite of technical guidance across design, implementation and monitoring and evaluation.

To further contribute towards this effort, World Vision Australia identified a need to better understand how gender equality and women’s empowerment link to child wellbeing. The response was to develop a definitive evidence base, currently missing in the organisation. This evidence base would help build and strengthen capacity across the Partnership to make programming choices and investments that promote the advancement of gender equality and women’s empowerment to achieve the organisational mission and vision. To address this missing evidence base, World Vision designed an exploratory research project to capture and articulate a relevant and definitive evidence base to establish the causal linkages and pathways between women’s empowerment, gender equality outcomes and improved child wellbeing. Findings from the project would help inform the Partnership’s strategic sectors: child protection and participation; economic development; education; faith and development; health and nutrition; and water, sanitation and hygiene. This research was complemented by the primary research study Empowered women, empowered children (2021), conducted by WV’s Middle East and Eastern Europe Regional Office (MEERO), which explored the direct links between women’s empowerment and their children’s wellbeing.

RESEARCH QUESTIONS AND OBJECTIVES

The literature review was part of a broader piece of research that worked to answer two questions:

1. How do women’s empowerment and advances in gender equality contribute and lead to improved child wellbeing outcomes?; and,
2. What are the practical implications of this evidence base for WV’s priority programming sectors?

The literature review was conducted to answer the first question.

There were four key research objectives (KRO) under the Terms of Reference (ToR) for the exploratory research. See [Appendix A](#) for the ToR. The literature review met two KROs, outlined in Table 2 below:

TABLE 2. *Key research objectives*

KRO1	Compile a clear, definitive evidence base for the linkages between women’s empowerment and gender equality and child wellbeing outcomes across WV’s priority strategic sectors: child protection and participation; economic development; education; health and nutrition; and water, sanitation and hygiene.
KRO2	Capture and analyse the different dimensions of the causal linkages, identify commonalities and differences across sectors.

IMPORTANT DEFINITIONS AND NOTES

GLOSSARY OF TERMS OR CONCEPTS USED WITHIN REPORT⁷

Adolescents	World Vision defines adolescents as girls and boys aged 12 to 18 years old.
Agency	A person's ability to make effective choices and to transform those choices into desired outcomes free from violence, retribution or fear. ⁸
Best Practice	An approach, methodology or framework that, through experience and research, has proven to reliably lead to a desired result.
Bullying	Bullying is the systematic abuse of power involving the repeated infliction of negative actions intended to cause harm or discomfort, over time. Bullying is directed against an individual less able to defend him or herself physically or psychologically ... this definition of bullying highlight[s] inequalities of power, [instead of pathologising] children and young people as aggressive. ⁹
Child Wellbeing	This report uses World Vision's framing of the wellbeing of children in holistic terms: healthy individual development (involving physical and mental health, social and spiritual dimensions); positive relationships and a context that provides safety, social justice; and participation in civil society. ¹⁰
Emergent Practice	An approach, methodology or framework for gender equality or empowerment that seems to lead to desired child wellbeing outcomes, but evidence base is not saturated.
Empowerment	The process of expanding an individual's [or group's] ability to make strategic life choices in a context where this ability was previously denied. ¹¹
Gender	The [socially constructed] roles, behaviours, activities and attributes a given society considers appropriate for men and women, girls and boys, at a given time.
Gender-based Violence	Any type of harm that is perpetrated against a person or group of people because of their factual or perceived sex, gender, sexual orientation and/or gender identity. ¹²
Gender Equality	The equal rights, responsibilities and opportunities of women and men and girls and boys. Gender equality implies the interests, needs and priorities of both women and men [and girls and boys] are ... considered.
Gender Norms	Ideas, [standards and expectations] about how men and women [and girls and boys] should be and act in a particular society, culture or community that are internalised, learned early and reinforced throughout one's lifecycle.

⁷ Terms are drawn from the UN Women's online glossary, except where otherwise noted.

⁸ Klugman et al. (2014, p. 1)

⁹ Pells et al. (2016)

¹⁰ WVI, Child wellbeing aspirations and outcomes (n. d.)

¹¹ WVC (2020)

¹² Council of Europe (2022)

Gender Relations	A set of social relations uniting women and men [and girls and boys] as social groups in a particular community, including how power, and access to/control over resources, is distributed between the sexes.
Gender Roles	Gender roles reflect a division of responsibility based on gender.
Gender Transformative Interventions	These are policies and programs that seek to transform gender relations to promote equality and achieve program objectives. This approach attempts to promote gender equality by: 1) fostering critical examination of inequalities and gender roles, norms and dynamics, 2) recognising and strengthening positive norms that support equality and an enabling environment, 3) promoting the relative position of women, girls and marginalised groups, and 4) transforming the underlying social structures, policies and broadly held social norms that perpetuate gender inequalities. ¹³
Intimate Partner Violence	Behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours. ¹⁴
Social Norms	A pattern of behaviour motivated by a desire to conform to the shared social expectations of an important group. ¹⁵ They consist of two types of social expectations, what I think others are doing and what I think others think I should do. ¹⁶ Gender Norms (as defined above) are a subset of social norms.
Power	This paper relies heavily on Bourdieu's structural (rather than a predominantly individual) concept of power as "culturally and symbolically created, and constantly re-legitimised through an interplay of agency" ¹⁷ and collective practices or beliefs that limit some behaviour and thought, presenting them as out of place, impossible to achieve or going against individual or collective best interest. ¹⁸
Violence against Girls and Boys	All forms of violence against people under 18 years old, whether perpetrated by parents or other caregivers, peers, romantic partners or strangers. ¹⁹
Violence against Women	Any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life. ²⁰
Voice	The capacity to speak up and be heard, from homes to houses of parliament, and to shape and share in discussions, discourse and decisions. ²¹
Women's [and Girls'] Empowerment	Process by which women [and girls] gain power and control over their own lives and acquire the ability to make strategic choices. ²² Women's empowerment is a process of social change that leads to gender equality.

13 Interagency Gender Working Group (2017)

14 WHO (2021)

15 ODI (2015)

16 CARE International (n. d., p. 1)

17 Powercube (n. d.)

18 Leyton (2014)

19 WHO (2020)

20 UN (1993)

21 Klugman et al. (2014, p. 2)

22 European Institute for Gender Equality (2021)



Joyce teaches children about respectful relationships between girls and boys at Sunday school, using World Vision's Channels of Hope for Gender approach. Vanuatu, 2017.

RESEARCH NOTES

NOTE 1

Across literature, there is a tendency to conflate the terms gender equality and women's empowerment. However, gender impacts the experiences of girls and boys throughout their lifecycle and influences their trajectory for adulthood. They experience the impact of gender inequalities and norms throughout their lives. This research assumes gender equality is linked to child wellbeing because both girls and boys experience constraints on their potential due, at least in part, to gender inequality and harmful gender norms.

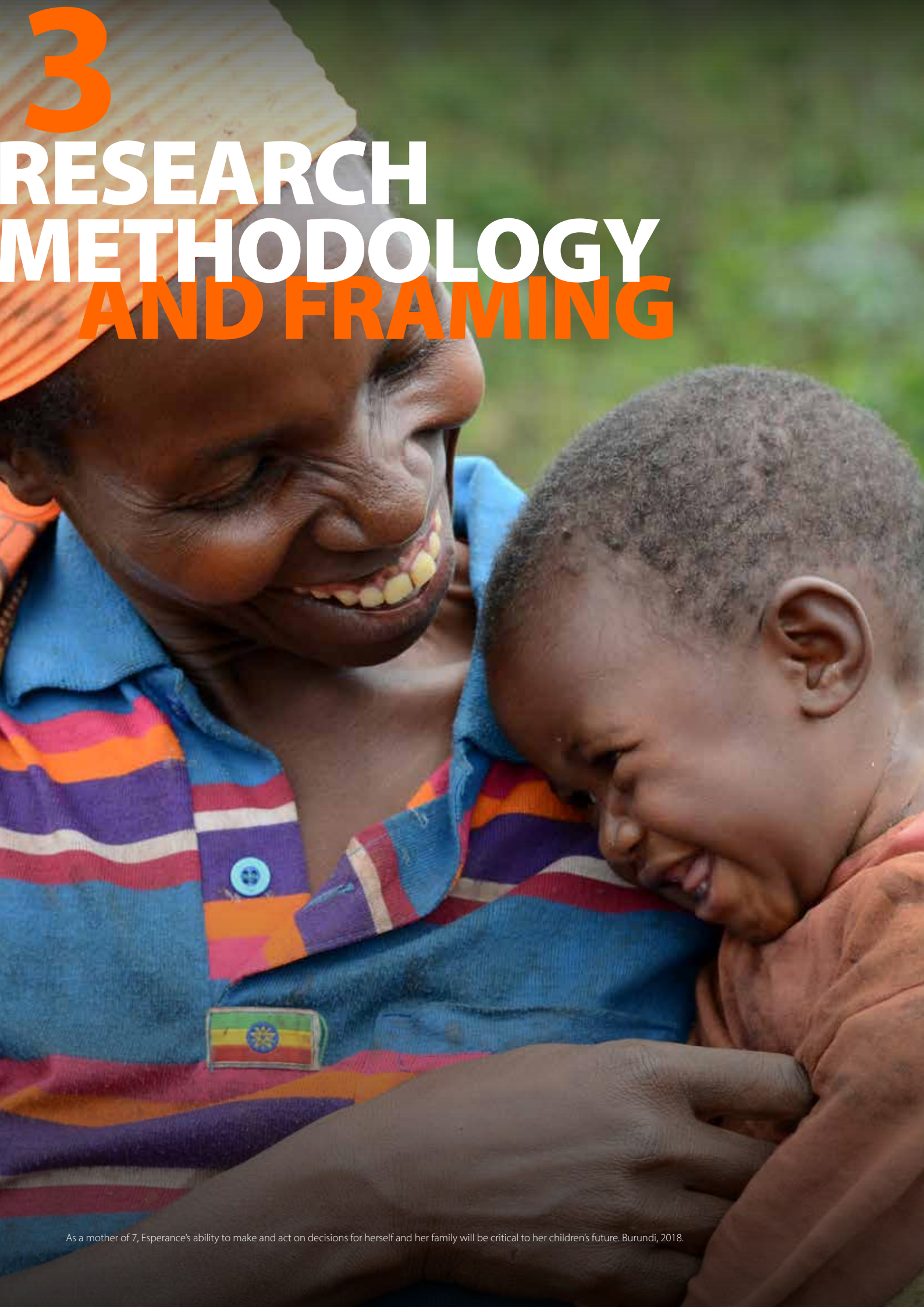
Considering this, the research primarily focused on how women's empowerment links to child wellbeing. In some cases, the research expanded the definition of women's empowerment to explore how girls' empowerment impacts their wellbeing as girls and adolescents, and as they bridge into adulthood. The research used the European Institute for Gender Equality's definition of women's [and girls'] empowerment: *"the process by which women [and girls] gain power and control over their own lives and acquire the ability to make strategic choices"*.

NOTE 2

Globally, there are numerous, layered terms used to describe gender-driven violence that women, men, girls, boys and sexual and gender minorities experience. Gender-based violence (GBV) is commonly used to encompass this broad range of violence. However, in some literature, GBV is used in a manner that is coterminous with violence against women. To avoid this problematic conflation, this research used more specific terms related to GBV, namely harmful practices, intimate partner violence (IPV), sexual violence, violence against women (VAW), violence against girls/boys/children and violence against sexual and gender minorities. Inquiry was primarily focused on the co-occurrence of IPV, sexual violence and violent parenting practices inside families as well as the associations between IPV and the wellbeing of girls and boys. Reference to GBV is only used in this report when directly quoting literature that did not specify types of GBV in analysis and conclusion.

**THE CENTRALITY OF
GENDER EQUALITY TO
THE SDGS IS
GUIDING DONOR
COMMITMENT TO GENDER
EQUALITY-FOCUSED AID**

3 RESEARCH METHODOLOGY AND FRAMING



As a mother of 7, Esperance's ability to make and act on decisions for herself and her family will be critical to her children's future. Burundi, 2018.

The literature review used a mixed methods approach. To meet KRO1 and KRO2, the research depended on an external literature review of secondary and tertiary data. The design also conducted interviews with key informants (outlined in Appendix B) to identify possible internal World Vision sources that fit the research criteria. The literature reviewed multi-country analyses of survey data, multi-country quantitative and qualitative studies and single country research.

Most documents were uploaded, stored and coded in Dedoose. They were then exported and analysed across themes in Microsoft Excel. However, some documents were not supported in Dedoose. Additionally, during analysis, internet speed did not support Dedoose. In both these cases, documents were reviewed in their published format, with relevant data being cut and pasted into Word and coded using the comment function in Word.

Prior to beginning data collection, the research framed three components of the analytical framework. Firstly, the research framed women’s empowerment. It drew upon domains from the World Vision GESI ToC – access, decision-making, participation and wellbeing – and added voice to World Vision’s participation domain and pulled out the concepts of systems and norms within World Vision’s equitable systems domain as specific domains where power relations

influence, and sometimes determine, the process for women’s empowerment or disempowerment. Additionally, the research included World Vision’s composite domain agency as a standalone domain of analysis, recognising other literature would possibly use agency as a framing for discussion of findings. In the report, agency is commonly communicated as the power and freedom to make decisions or act. **Table 1** outlines the specific definitions used for each domain.

Secondly, the research used World Vision’s four child wellbeing aspirations – that children enjoy good health, are educated for life, experience the love of God and their neighbours, and are cared for, protected and participating – for its framework for child wellbeing. It explicitly explored areas of child wellbeing reflected in six of the Partnership’s child wellbeing objectives:

1. children are well nourished;
2. children (aged 0 to 5) are protected from infection and disease;
3. primary school children can read;
4. children report positive and peaceful relationships;
5. girls and boys are protected from violence; and
6. children aged 12 to 18 report an increased level of wellbeing, including improved developmental assets and life skills.

See **Figure 1** for research framing.

FIGURE 1: *Exploratory Research Framing*



Finally, the exploratory research used a multi-layer framing for categorising and analysing data related to Research Question 1a. This framework included criteria for identifying whether links between women's empowerment and child wellbeing were part of a virtuous cycle – where women's empowerment supported positive child wellbeing outcomes – or part of a vicious cycle – where women's disempowerment also negatively impacted child wellbeing outcomes. The framework further labelled strength of findings using six categories: findings about children; causal link; strong associations; associations; logical assumption; and weak associations. All findings coded as weak associations were disregarded. Finally, the research framed evidence within a management framework²³ to move towards practical recommendations based on findings. Through the report writing process, the additional layer of discussion around the management framework was removed, as it added an unnecessary concept to the report.

See **Appendix A** for the research criteria and framing in more detail. See **Appendix B** for the rating of the strength of findings.

THE RESEARCH USED WORLD VISION'S FOUR CHILD WELLBEING ASPIRATIONS – THAT CHILDREN ENJOY GOOD HEALTH, ARE EDUCATED FOR LIFE, EXPERIENCE THE LOVE OF GOD AND THEIR NEIGHBOURS, AND ARE CARED FOR, PROTECTED AND PARTICIPATING

LIMITATIONS

Varying definitions of women's empowerment:

Women's empowerment or gender equality is measured using different indexes and definitions (such as the Women's Empowerment in Agriculture Index or the Gender Inequality Index). However, many of the studies reviewed for the exploratory research analysed associations within data from existing sources such as the Demographic and Health Surveys, which do not include agreed upon gender equality or women's empowerment indexes. This means researchers used varying indicators to define and analyse women's empowerment in relation to wellbeing outcomes for children. While there were some similarities between indicators, the variation added a layer of limitation in bringing findings together cohesively. Additionally, the varying definitions of empowerment added an uncontrolled layer of bias about what constitutes women's empowerment.

Used other researchers' conclusions: The focus on secondary and tertiary data presents a possible unknown bias.

Limited qualitative analysis of single country or program reviews: The research spent approximately 10 percent of the review and analysis on single country or program reviews, which limited identification of emerging areas of study and practice. There is more potential in this area of inquiry.

Research did not explore all areas that influence women's and girls' empowerment: One field that was intentionally excluded from this research is how women's and girls' empowerment in sexual and reproductive health (SRH) impacts child wellbeing. This is an important area of inquiry, especially as World Vision's maternal and child health work with individuals, families, communities and faith leaders includes a focus on family planning and SRH. World Vision also includes SRH work with adolescents as part of its IMPACT+ program. However, the researcher determined this area required a broader exploration than time allowed and excluded it from the research.

²³ This research used the Cynefin Framework developed by David J. Snowden and Mary Boone (2007) to frame the findings within management and to draw practical recommendations. For more information on this framework, refer to this article in the Harvard Business Review: <https://hbr.org/2007/11/a-leaders-framework-for-decision-making>. Further, the research pulled theory from the Stacey Matrix as described in Patton (2011, pp. 85-97).

4 FINDINGS



Young woman stands in a field near her home. Bangladesh



Sittie and Rimah have been close friends since they were young. When Sittie's family moved to Marawi City, they lost contact, until Sittie had to go back to Piagapo because of the Siege. Since then, the girls have rekindled their friendship and have been each other's strength. They were also both trained by World Vision on its empowering children as peacebuilders (ECAP) initiative and they are now both actively leading their peace club. Philippines.

HOW DO WOMEN'S AND GIRLS' EMPOWERMENT OUTCOMES CONTRIBUTE TOWARDS IMPROVED CHILD WELLBEING OUTCOMES?

Across the review of literature, the research found numerous links and associations between women's empowerment domains, gender equality and child wellbeing that have direct relevance for World Vision programming for improved child wellbeing.

This literature review differentiated between two types of links between women's and girls' empowerment and child wellbeing outcomes: causal links and associations. Causal links were defined as having significant statistical links between women's (and girls') empowerment domains and child wellbeing outcomes, where variables could be isolated without confounders²⁴ (or, at least where confounders could be identified) and the body of evidence available in the literature supports the causality. Associations were used to connote a significant link but with varying degrees of consistency across contexts. There were numerous causal links and many associations between women's and girls' empowerment and child wellbeing across sectors.

INFANTS OF WOMEN WHO ATTENDED AT LEAST LOWER SECONDARY SCHOOL HAVE BEEN FOUND TO HAVE LOWER RATES OF STUNTING

(MENSCH, 2019; KLUGMAN ET AL., 2014)

²⁴ A confounder is a third variable in a study examining a potential cause-and-effect relationship. A confounding variable is related to both the supposed cause and the supposed effect of the study. It can be difficult to separate the effect of the independent variable from the effect of the confounding variable.

WOMEN'S AND GIRLS' EDUCATION AND CHILD HEALTH AND EDUCATION OUTCOMES

Much of the literature reviewed used women's and girls' education as an indicator for women's empowerment. This exploratory research adopted level of education as a component of women's empowerment, assuming that women who were able to achieve higher levels of education were able to access education and participate in schools. Further, there is literature pointing to the way women's and girls' education is a pathway to empowerment.

FINDING:

Women's and girls' level of educational attainment has numerous positive associations with their children's health and education, such as increased rates of vaccination, increased breastfeeding, increased likelihood to seek treatment for child illnesses, lower probability of infant mortality, higher probability of child survival beyond five years, increased years of schooling for children and increased enrolment for their daughters.

Women's educational attainment is associated with many positive impacts on children. Through their review of numerous studies looking at women's education and the impact on their children, LeVine and Rowe (2009) concluded that "the evidence shows definitively that a mother's schooling is related to the chances of her child's survival" across diverse contexts. Higher levels of women's education across multiple education-related indicators, including higher literacy rates, more years of education and secondary school attendance, is linked to lower probability of infant mortality, probability of survival past five years, increased breastfeeding and higher immunisation rates (Samarakoon et al., 2015; Pamuk et al., 2011; Hobcraft, 1993; Cleland et al., 1988). Mothers with higher levels of education are more likely to purify water, vaccinate children and recognise and seek treatment for common illnesses for their children at the right time (O'Leary et al., 2020; Mensch et al., 2019; Klugman et al., 2014; Mucha, 2012; Bhalotra et al., 2013; Vlassoff, 2007).

An analysis of twelve countries' Demographic and Health Surveys (DHS) from 2009 to 2011 found maternal education to be associated with a higher probability of children aged 6 to 23 months consuming food rich in micronutrients (Sperling et al., 2016). Some studies found associations between women's education (especially in years of formal education) and children's nutrition are strong even when accounting for other variables that could influence child nutrition, such as household wealth, the mother's height, breastfeeding practices, water and sanitation (Klugman et al., 2014). Further, infants of women who attended at least lower secondary school have been found to have lower rates of stunting (Mensch, 2019; Klugman et al., 2014).

Women's and girls' education is associated with positive education outcomes for their children. Women's years of education is also associated with an increase in children's years of schooling. According to Sperling et al. (2016):

... studies have found [a] mother's level of education has a strong positive effect on her daughter's enrolment – more than on [her] son's and significantly more than the effect of fathers' education on daughters. Studies from Ghana, Egypt, Kenya, Peru and Malaysia all find that mothers with a basic education are more likely to educate their children, and especially their daughters, even controlling for other influences. Paternal education also promotes children's enrolment, more for girls than for boys, but the effects of maternal education are stronger.
p. 43

FINDING:

Women's literacy is associated with their engagement with children as well as with their ability to communicate child health needs inside hospitals and clinics.

Women's literacy is associated with positive care for and engagement with their children in the home (LeVine et al., 2011). Also, literacy skills help women communicate effectively in clinics and hospitals, as well as in "other bureaucratic settings they may turn to for help in advancing their children's interests" (LeVine et al., 2009).

FINDING:

Women's and girls' literacy and educational attainment is associated with positive outcomes for themselves, such as delayed marriage, increased contraceptive use, higher body mass index and increased economic outcomes.

Poor literacy in girls is negatively associated with early marriage, with fewer literate girls married as children in Sub-Saharan Africa (4 percent) and south and west Asia (8 percent) than illiterate girls, where more than 20 percent in Sub-Saharan African and around 25 percent of girls in south and west Asia marry young (Sperling et al., 2016).

In some countries and regions, both levels of education and wealth have been found to be positively associated with women's body mass index (Negash et al. 2015)²⁵. Women accessing higher levels of educational attainment (secondary and beyond) have been associated with an increased use of contraceptives and as supporting positive reproductive health practices (Samarakoon et al., 2015), such as delayed marriage and having fewer children (Klugman et al., 2014).

25 This study was conducted in rural Ethiopia and women's higher body mass index was considered a positive indicator of maternal nutrition.

Women with higher levels of education are also less likely to ask their husbands' permission to seek healthcare in South Asia, the Middle East and North Africa (Klugman et al., 2014).

Women's educational attainment is also associated with positive economic outcomes. In agricultural locations where women receive better education, "wages, agricultural income and productivity are higher" (GPE, 2019). However, these improvements have not consistently led to women's increased involvement in labour markets (OECD, 2012).

FINDING:

Girls' life skills training²⁶ is associated with delayed marriage, increased agency in family planning, decreased school dropout rates, reduced exposure to gender-based violence, and greater inclusion in girls having voice in decisions about their lives.

Girls' life skills interventions in development settings are found to support delayed marriage and support "greater agency in family planning, psychosocial health, economic and learning outcomes... reduced exposure to gender-based violence... personal wellbeing and achieving greater social, political, and economic inclusion" (Rafaeli, 2020). A 2020 review of ten humanitarian interventions found girls who were part of life skills training were less likely to drop out of school and become pregnant early (Rafaeli, 2020).

WOMEN'S LITERACY IS ASSOCIATED WITH POSITIVE CARE FOR AND ENGAGEMENT WITH THEIR CHILDREN IN THE HOME

THE IMPACT OF ACCESS AND SOCIAL NORMS RELATED TO MENSTRUAL HEALTH AND RIGHTS ON GIRLS

FINDING:

Girls' schooling is affected by poor facilities for menstrual hygiene at school, as well as from limited or insufficient menstrual hygiene products, infection from poor menstrual hygiene management (MHM) and limited menstrual health and rights education and support at home and school. Female teachers also experience similar challenges to menstrual health in schools.

The impact of menstruation on girls' education is important to consider when exploring how women's and girls' empowerment helps to ensure girls are educated for life. In Africa, it is estimated that 10 percent of girls miss school during menstruation (GPE, 2019). There is growing evidence around how girls' school attendance is negatively influenced by inadequate facilities in schools, limited social support to understand and manage menstruation, infections due to poor menstrual health practices and negative social norms around menstruation (Pouramin et al., 2020). There is consistent data to show that access²⁷ to WASH facilities in schools is an important determinant and protective factor in helping girls stay in school during adolescence (Sommer et al., 2016). Studies have shown girls lack sanitary supplies as well as the privacy and time they need to manage their menses appropriately, which impacts their education (Pouramin et al., 2020).

Female schoolteachers also face similar barriers to menstrual health in schools, which can lead to fewer female schoolteachers. Schools with fewer female schoolteachers may also mean girls have less support for menstrual health in class. However, less focus has been given to studying the challenges female teachers face related to menstrual health and the impact this has on schools (Sommer et al., 2016).

FINDING:

In some locations, gender-based norms, stigmas and taboos related to menstruation and WASH influence women's and girls' WASH practices, which exposes them to health risks and risks of violence. These stigmas also influence the feelings girls associate with menstruation and limit the social support girls are given in some locations.

²⁶ Associations are present when life skills programs are specifically designed to promote girls' empowerment and engage caregivers and community and faith leaders.
²⁷ Quality of access was not explicitly defined.



Acting collectively is central to women's empowerment. Bangladesh, 2018.

The 2020 review from Pouramin et al. identified gender-related stigmas kept “women and girls from developing healthy WASH and menstrual health habits (e.g., using soap and water or from using latrines)” in many locations. This included women using latrines during the day or near other people (O'Reilly et al., 2014). Further, some of the studies captured in the review outlined how gendered WASH norms, stigmas and taboos exposed women and girls to increased risk of violence when using latrines or washing menstrual hygiene supplies at night (Pouramin et al., 2020).

Single country studies in Kenya and India have documented how taboos that limit discussion about menstruation impact the way girls view menstruation. Studies highlighted how schoolteachers were also limited by these taboos because discussion about menstruation is linked to sex, which is also a taboo topic (McMahon et al., 2011). Girls in numerous sites in Kenya associated menstruation most commonly with feelings of shame, as well as with fear, distraction, confusion and powerlessness. Girls had difficulty “articulating the source of their shame, but often mentioned unwanted attention from classmates and a general feeling that the secrecy surrounding the topic of menstruation is intertwined with a collective understanding that menstruation is somehow bad” (McMahon et al., 2011).

WOMEN AND GIRLS RECEIVING ADEQUATE NUTRITION BEFORE, DURING AND AFTER PREGNANCY ARE FOUND TO SUPPORT CHILD NUTRITION IN UTERO AND EARLY INFANCY

WOMEN'S WELLBEING: WOMEN'S AND GIRLS' HEALTH AND NUTRITION AND CHILDREN'S HEALTH OUTCOMES

FINDING:

Within their biological function in reproduction (pregnancy, birth and breastfeeding), women's and girls' health is linked with the health and nutrition of their children.

Women and girls of reproductive age have a biological function in supporting foetal and infant nutrition and development during pregnancy and through their biological ability to breastfeed. There are positive links between the physical and mental health and nutrition of women and girls and foetal and infant health (Bhutta et al., 2013; Negash et al., 2015). Women and girls receiving adequate nutrition before, during and after pregnancy are found to support child nutrition in utero and early infancy. This relationship has been further linked to positive child growth trajectories (Jones et al., 2019). Also, women's and girls' exposure to harmful substances and chemicals while pregnant (such as tobacco, alcohol, lead, mercury, organic solvents, ethylene oxide and ionising radiation) is linked to poor reproductive outcomes, including birth defects in children (National Research Council (US), National Institute of Health (US), 2004).

FINDING:

Women's and girls' poor nutritional wellbeing, as evidenced in poor maternal nutritional status, including low caloric intake and low pre-pregnancy weight, are linked to low birth weights in infants, which are further linked to higher rates of neonatal illness and higher mortality rates in early infancy.

Women's and adolescent girls' nutritional factors prior to and during pregnancy impact birth weights in infants. Evidence indicates low caloric intake, low pre-pregnancy weight, low maternal birth weight and short maternal stature contribute to low birth weights in infants. Birth weights are also influenced by maternal smoking, stress and malaria (Ramakrishnan, 2004). Infants with low birth weight were found at risk of higher mortality rates in early infancy and higher illness rates during the neonatal period (O'Leary et al., 2017). According to Elder and Ransom (2003), "Low birth weight affects more than 20 million infants in less developed countries every year and is the strongest determinant of a child's survival." Stunting is also linked to low birth weights in infants, as well as to unimproved water and sanitation facilities and maternal nutrition and infection (Danaei et al., 2017).

The health-specific interventions and research regarding how and when to improve women's and girls' preconception nutrition for optimal foetal growth, such as diet and the use of multiple micronutrient, iron and folic acid supplements, fall outside the scope of the study, but are explored in depth in literature (Ramakrishnan, 2004; Hambidge et al., 2018).

FINDING:

Women's and girls' mental health directly and indirectly impacts the wellbeing of their children.

There are links between women's and girls' mental health and their children's health and wellbeing. Research shows "children of mothers who are depressed²⁸ or who have depressive symptoms are at increased risk for developmental delay, behavioural problems, depression, asthma, morbidity and injuries" (Kahn et al., 2004). Further, women experiencing depression are less likely to use preventive parenting practices²⁹ and are more likely to use child healthcare services (Kahn et al., 2004).

THE IMPACT OF MULTIPLE DOMAINS OF WOMEN'S EMPOWERMENT ON WOMEN AND THEIR CHILDREN'S HEALTH AND NUTRITION

FINDING:

Maternal factors such as age, education level and employment, combined with women's empowerment in three domains – access, decision-making and agency – influence their children's health and nutrition. These factors are also associated with women's ability to care for and feed themselves.

In Nepal, a study found that women working in agriculture who were engaged in four specific domains of empowerment – access to and decision making regarding credit, agency in production and satisfaction with leisure time – were associated with increased length-for-age scores among children under two (Reul et al., 2018).

Numerous maternal and social factors influence children's health and nutrition. Many of the studies reviewed for this literature review included maternal educational attainment as one indicator alongside age and poverty rates as proxy indicators for women's empowerment. The data was reported in such a way that linked educational attainment to women's and their children's outcomes and made it difficult to remove the impact of educational attainment from the other variables.

Higher levels of maternal education and employment rates have lower are associated with increasing women's ability to feed and care for themselves and their children (Kabir, 2020; Vlassoff, 2007). Further, the literature pointed to maternal determinants that impact women's and girls' health. Individual determinants outlined in the literature included poverty (Ramakrishnan, 2004), female illiteracy and maternal level of education (Kabir, 2020).

FINDING:

Women's household decision-making power relative to men's is associated with child health. Social determinants related to decision making and cultural beliefs and practices impact women's and girls' health and have further effects on their children's health and nutrition.

Studies of data from Sub-Saharan Africa exploring the associations between child nutrition and women's empowerment have found "childhood welfare and nutritional status are linked to the degree of autonomy the woman has in effecting change in her household" (Yaya et al., 2020). A study across three regions (Latin American and the Caribbean, South Asia and Sub-Saharan Africa) found that women's decision-making power relative to men's has a "strongly significant and positive effect" on children's weight for age, height for age and weight for height scores in South Asia and Sub-Saharan Africa (Smith et al., 2003).

Literature outlined numerous social determinants that influence women's and girls' health. Cultural beliefs and practices that negatively impact women's and girls' pregnancies further impact their children's health (Ramakrishnan, 2004). In some countries and regions, women and girls lack access to nutritional food where men make decisions about its production and purchase. In many regions, research documents women's and girls' tendency to eat last and least (Mathur, 2014; Vlassoff, 2007).

28 WHO defines depression as: "a common mental disorder ... characterised by persistent sadness and a lack of interest or pleasure in previously rewarding or enjoyable activities. It can also disturb sleep and appetite; tiredness and poor concentration are common" (Depression, n. d.)

29 This terminology appears to be most used in United States-focused literature. It is a concept used to describe messages about parenting practices that reach parents primarily through education, health and social service systems and are focused on helping parents understand child development, use positive discipline and watch for signs of poor mental health and wellbeing among children. See National Academies of Sciences, Engineering and Medicine (p. 125, 2016) for a definitive explanation.

A study by Jones et al. (2019)³⁰ indicated women who could freely make decisions within their households had greater influence on how much to allocate to household food as well as regarding how the food was allocated within the household.³¹ A study by Kabir et al. (2020) of DHS data from Bangladesh found women's education and a higher score on their women's empowerment index,³² which included women's ability to freely make decisions about their earnings, large purchases, their own healthcare and their children's healthcare, were positively associated with women's health and nutrition status and positively influenced newborn birth rates. In the study's literature review³³ on women's empowerment and child health, Kabir et al. concluded: "women's empowerment has a significant influence on child nutrition, infant and young child feeding, reproductive health, health-seeking behaviour and maternal health service utilisation".

THE IMPACT OF WOMEN'S PARTICIPATION, VOICE AND DECISION MAKING ON WOMEN'S AND GIRLS' WATER, SANITATION AND HYGIENE OUTCOMES

FINDING:

Women's participation, voice and decision making within water, sanitation and hygiene (WASH) programs in emergencies are linked to women and girls having closer and safer access to needed WASH facilities, while also reducing the time required for collecting water.

A systematic UN Women review of gender equality programming within four humanitarian responses found gender equality programming is linked to better outcomes for women and girls in WASH.³⁴ The review, conducted by the Institute of Development Studies, found that when women have high³⁵ levels of participation, leadership and decision making on WASH management committees or in WASH-related decisions there are positive, causal effects that reduce women's distance to WASH facilities. Facilities were considered safer by women and girls and reduced the time they spent collecting water. However, most of the research did not further explore how women's empowerment in WASH programming influenced outcomes for men and boys (UN Women, 2015).

THE IMPACT OF GENDER NORMS AND ROLES ON WOMEN'S AND GIRLS' HEALTH

FINDING:

Women's and girls' often disproportionate role in collecting water exposes them to health risks, including risk of toxin exposure due to unclean water sources, musculoskeletal risks and risks of uterine prolapse from carrying heavy loads over time.

A 2020 review of WASH interventions and health outcomes for women, men, girls and boys (Pouramin et al., 2020) explored relationships between gender, WASH and health. The review found women and girls were responsible for carrying water in many locations, with water collection being considered the primary responsibility of females. Women and girls were also found to be at increased risk of waterborne toxins due to collecting water from contaminated water sources (Pouramin et al., 2020). Water collection often requires girls and women to walk far distances, carrying heavy loads for extended periods of time and exposing them to increased risk of musculoskeletal injuries (Pouramin et al., 2020). A study by WaterAid found women and girls collecting and carrying water over long distances also risk uterine prolapse (Jansz & Wilbur, 2013).

WOMEN'S WELLBEING: IMPACT OF VIOLENCE AGAINST WOMEN AND GIRLS ON CHILD WELLBEING OUTCOMES

This research explored how violence against women (VAW) and girls impacts child wellbeing; VAW prevalence or attitudes regarding VAW were commonly used as indicators for women's empowerment in the literature reviewed. Violence against women and girls is a human rights violation and the immediate and long-term physical, sexual and mental consequences for women and girls can be devastating and long-lasting. Violence negatively affects women's general wellbeing and prevents women from fully participating in their families, communities and societies (UN Women).

There is a burgeoning evidence base exploring the cycle of violence and the links between general categories of gender-based violence against women (VAW) and violence against children (VAC) (Gevers et al., 2021). The two fields of preventing and addressing VAC and VAW have historically been approached in parallel in development settings. Governments, researchers, development agencies and

30 Conducted using DHS data from Ethiopia, Kenya, Rwanda, Tanzania and Uganda.

31 This research assumes more food is allocated to children.

32 See footnote 5.

33 The literature review for this study drew from examples in South Asia as well as from Bangladesh, even though the study itself explored links between women's empowerment, nutrition and child birth weight in Bangladesh only.

34 The review defined gender equality programming as programming that "recognis[es] the needs and vulnerabilities of women, men, girls and boys in any given crisis-affected population will be specific and different ... and is based on contextual gender analysis" (UN Women, 2015, p.4).

35 This was defined by women's self-reporting of involvement in and satisfaction with projects.

practitioners are developing research and policy agendas to understand causal relationships between VAC and VAW and identify interventions to address their root causes (Gevers et al., 2021; Pearson & Stöckl, 2020; Guedes et al., 2016).

To unify work to address VAC and VAW, a 2016 review of systematic VAC and VAW meta-analyses identified six intersections between the two fields of research, policy and practice:

1. Both VAC and VAW have intergenerational effects. The impacts of violence against children last into adulthood; there are associations between women's experience of IPV and their children's mental health, lower birth weight and under-five mortality;
2. VAC and VAW often co-occur inside households through violent punishment and intimate partner violence;
3. Both VAC and VAW share risk factors like harmful use of drugs and alcohol, early marriage and pregnancy, lack of services, social norms that condone or accept violence, negative gender norms, gender discrimination and male dominance in the household and society;
4. Survivors of VAC and VAW experience similar mental, social, and reproductive health consequences;
5. Both VAC and VAW are influenced by social norms that promote violent masculinities and condone violent punishment; and,
6. Adolescence is an important time in life where many forms of VAC and VAW overlap.

Until recently, there had been a tendency in both fields to overlook adolescents (Guedes et al., 2016). **Figure 2** below captures how girls experience both forms of VAW and VAC. Efforts to address violence that girls experience need to address root causes and drivers of VAW, as well as the root causes and drivers of VAC.

FIGURE 2. *Girls: the intersection between violence against women and violence against children*



FINDING:

Intimate partner violence (IPV) and child abuse often co-occur inside households, share similar risk factors and consequences for survivors, and tend towards perpetuating an intergenerational cycle of violence.

Studies globally have highlighted the co-occurrence of intimate partner violence and child abuse inside households, with an increasing evidence base coming from lower- and middle-income countries alongside existing data from higher-income countries³⁶ (Coll et al., 2020; Guedes et al., 2016). Data from multiple³⁷ DHS have found “children in households affected by intimate partner violence are significantly more likely than other children to experience violent discipline” (Guedes et al., 2016).

Intimate partner violence and child abuse share individual, family, community and societal risk factors like alcohol abuse, maintaining personal attitudes that condone violence and gender inequality, economic stress, marital stress and conflict, community tolerance of violence, lack of protective services for women, children and families, and considering violence inside the home a private matter (Pearson & Stöckl, 2020; Guedes et al., 2016).

Intimate partner violence and child abuse result in similar consequences for survivors, including depression, anxiety, post-traumatic stress syndrome and physical injury. Further, IPV perpetrated against pregnant women directly impacts children in utero. A multi-country IPV prevalence study conducted by the World Health Organization (2012) found the prevalence of physical IPV in pregnancy ranged from “1% in urban Japan to 28% in provincial Peru, with prevalence in most sites of 4-12%”. The same study found IPV prevalence during pregnancy as high as 40% in some facility-based settings.³⁸ The possible consequences of IPV during pregnancy include miscarriage, late entry into prenatal care, stillbirth, premature labour and birth, foetal injury and low-birthweight or small-for-gestational-age infants (WHO, 2012).

Intimate partner violence and child abuse both follow similar intergenerational cycles. Studies have found “exposure to violence in childhood – either as a victim of physical or sexual abuse or as a witness to IPV – may increase the risk of experiencing or perpetrating different forms of violence later in life” (Guedes et al., 2013). Many studies from the United Kingdom and the United States have shown that children who witness IPV or experience abuse are also at risk of being bullied (Pells et al., 2016).

³⁶ Countries studied were Hong Kong, India, Iraq, the Philippines, Romania, Taiwan, Thailand, Vietnam and Uganda.

³⁷ Generalised in this citation.

³⁸ Facilities refer to women's refuges, safe homes, hospitals and other social service centres.



Newly established business owners learn how to budget and save money and have formed a savings group within their community. Vanuatu, 2019.

FINDING:

Children can experience short and long-term consequences from witnessing IPV, even when they are not physically or sexually harmed themselves.

The immediate and long-term consequences of boys and girls witnessing IPV have been studied, though much of the data is from higher-income countries. Children living within violent households experience varying impacts depending on their stage of development. Infants, for example, may experience disruption in their attachment needs (Stiles, 2002). A multi-country review of DHS data from five countries³⁹ found children born to women who experienced IPV were significantly more likely to die as newborns and infants and were more likely to die before five (Memiah et al., 2020). An analysis of DHS data from 42 studies across 26 low- and middle-income countries found association between stunting and exposure to both physical and sexual IPV (from Neamah et al., 2018). A study by Jones et al. (2019) found toddlers of women who believed IPV was justified were more likely to be stunted than toddlers of women who rejected these attitudes.

Girls and boys who witness IPV are more likely to experience greater incidence of psychosomatic⁴⁰ complaints, sleep disturbances, anxiety, depression, insomnia and self-harm and aggressive behaviours. Further, infants are significantly more at risk of physical injury (Stiles, 2002). In their review of the impacts of IPV on children, Yount, DiGirolamo and Ramakrishnan (2011) suggest IPV directly affects young children and can impact their brain development and their mind-body's response to stress. The mind-body's response to stress through fight, flight or freeze reactions is meant to be positive. However, if children are exposed to IPV, this may

increase children's "attention towards threatening stimuli, and can influence a behavioural pattern that is known to increase the risk of internalising problems, including social and general anxiety, social withdrawal and depression" (Mueller & Tronick, 2019).

Children also experience consequences indirectly through the impact of IPV on their mothers' (or female caregivers') physical, mental, and emotional wellbeing (Jones et al., 2014). Evidence suggests women who experience IPV suffer higher levels of depression, anxiety and phobias than those who do not (WHO, 2012). These conditions can also impact the support children receive from their female caregivers. Finally, boys who witness IPV may be more likely to perpetrate IPV and girls may be more likely to experience IPV as adults (Brown & Bzostek, 2003; Klugman et al., 2014; Wolfe et al., 2003).

FINDING:

Adolescence is a stage of life where girls and boys face increased vulnerability to some forms of VAC and VAW. It is also a time where perpetration and victimisation of some forms of VAW begin, with girls being at increased risk of experiencing VAW and boys being at increased risk of perpetrating VAW.

Adolescent girls face increased risk of early marriage and early pregnancy, which are risk factors for experiencing other types of VAC and VAW (Guedes et al., 2016). An analysis of health data from 46 countries found that "[p]oorer, younger and less empowered women [and girls] are particularly vulnerable to IPV exposure in most countries, as well as women whose partners had other cowives and those living in rural areas" (Coll et al., 2020).

³⁹ Burundi, Kenya, Rwanda, Tanzania and Uganda.

⁴⁰ "A psychosomatic complaint is mainly used to mean 'a physical disease that is thought to be caused, or made worse, by mental factors'. The term is also used when mental factors cause physical symptoms but where there is no physical disease. For example, chest pain may be caused by stress and no physical disease can be found." (Center for Anxiety Disorders, n. d.)

Reviews of multi-country Demographic Health Surveys and World Health Organisation surveys indicate rates of 12-month IPV are higher among girls and young women between 15 and 24 than among older women, with girls in adolescence experiencing an increased risk of IPV (Coll et al., 2020; Omidakhsh et al., 2020). Data from the United States indicates that 43 percent of women and girls who experienced rape or attempted rape had their first experience when they were 17 years old or younger (CDC, 2015). The UN conducted a multi-country study in Asia Pacific to explore male perpetration of violence, finding 49 percent of men who had perpetrated rape had done so before they were 18 years old (Fulu et al., 2013).

Further, there is evidence that children who experience violent punishment are at risk of becoming bullies (Zych et al., 2021). Trends indicate early adolescence (10 to 15 years) seems to be a time where boys and girls are particularly vulnerable to bullying, and children with learning or other disabilities and sexual and gender minorities have been found to be at greater risk of bullying (Pells et al., 2016).

FINDING:

Bullying in schools, especially by boys toward girls and younger boys, is influenced by power structures within schools. The types of bullying girls and boys experience are different and have differing impacts on girls and boys.

Some studies found that bullying behaviours by boys towards girls and younger boys are influenced by power structures within the school system. Power systems within schools discouraged girls from questioning and reporting boys' behaviours towards them. This indicates "actions of teachers can therefore shape the behaviours and responses of children and reinforce gender norms" (Pells et al., 2016).

There are numerous associations between gender-based violence at school and children's health and education outcomes. Across four research sites, boys were more likely to experience physical forms of bullying, which linked to experiencing physical consequences, whereas girls reported experiencing "indirect forms" of bullying such as social isolation and harassment and sexual intimidation from boys (which overlaps with gender-based violence) (Pells et al., 2016). Some studies suggest the more indirect type of bullying girls experience results in a greater range of negative psychological consequences such as anxiety and psychosomatic complaints (for instance, stomach pain) than for boys (Rivara et al., 2016). Girls in Ethiopia and India in schools with mixed bathrooms reported feeling afraid to use toilets; they were concerned about bullying and

harassment from boys (Pells et al., 2016). Harassment and fear of harassment can exacerbate girls' absence from school, especially during their menstrual cycle each month when they have more need to access toilets (Sommer, 2016).

HARMFUL PRACTICES, WOMEN'S AND GIRLS' EMPOWERMENT AND CHILD WELLBEING OUTCOMES

FINDING:

Girls who marry early face higher risk of psychiatric disorders in adulthood, higher risk of adolescent pregnancy and higher risk of dying from childbirth. Their children are more likely to die before their first birthday. Further, increased age of marriage is associated with lower IPV rates.

According to Omidakhsh et al. (2020), girls who marry young face higher risk of adolescent pregnancy, and their children are more likely to die before their first birthday. Girls and young women who give birth before age 20 are more likely to die during childbirth resulting from complications including eclampsia, haemorrhage and obstructed labour⁴¹ (Nawal, 2006). Also, women who were married as children have been found to have higher rates of lifetime psychiatric disorders (Omidakhsh et al., 2020). There are findings from multiple countries that indicate increased age at marriage is associated with decreased 12-month IPV prevalence rates (Gage et al., 2012).

A 2020 longitudinal multi-national study⁴² using DHS data found changes in laws to limit child marriage (specifically to increase the legal age of marriage to 18 and close parental loopholes around this law) were associated with lower 12-month IPV rates and more equitable gender attitudes (defined as attitudes about IPV) in every study location except Mozambique.

The study could not definitively conclude the reasons for the associations, but data showed that in countries where legislative changes were coupled with government efforts to implement and enforce laws and civil society efforts to "increase community awareness, girls' and women's opportunities and decision-making power", associations were evident in most countries, compared to countries where efforts were not made (Omidakhsh et al., 2020). The study also postulates addressing child and early marriage may influence the age and education gap between partners – a risk factor for IPV – thereby influencing the power relationship between husbands and wives (Omidakhsh et al., 2020).

⁴¹ Obstructed labour is the result of a girl's pelvis being too small to deliver a foetus.

⁴² Study countries included Benin, Democratic Republic of the Congo, Egypt, Guinea and Mozambique.

FINDING:

Higher levels of education among adult women, men and community leaders alongside gender transformative interventions are associated with reduced female genital mutilation/cutting.

Female genital mutilation/cutting (FGM/C) negatively impacts girls and women and is a violation of women's and girls' rights.⁴³ According to UNICEF, most girls who experience FGM/C experience it before the age of 15. Female genital mutilation and cutting is practised in 31 countries and is rooted in gender inequality (UNICEF, 2021).

Women and girls of reproductive age who have undergone FGM/C are at increased risk of complications during pregnancy and childbirth, including miscarriage, stillbirth, bacterial infections (tetanus or sepsis) and increased risk of newborn death. Girls who undergo FGM/C are at increased risk of infection, haemorrhage and shock immediately after the procedure (Williams-Breault et al., 2018).

A review of literature by Williams-Breault et al. (2018) exploring what works to address FGM/C found that FGM/C was lower in communities where men, women and community leaders had higher levels of education. It also found programs that supported gender equality and women's and girls' empowerment through community education, which targeted girls, women, men and community leaders, were associated with increasing social support to address FGM/C. Additionally, the review indicated that programs that found other rituals to substitute FGM/C as a rite of passage helped to decrease rates of FGM/C. These rituals involved the women who previously performed the cutting ceremony, who held valuable roles in society. The programs also identified other sources of income for these women, which also had an impact in reducing FGM/C.

ECONOMIC DEVELOPMENT, WOMEN'S EMPOWERMENT AND CHILD WELLBEING OUTCOMES

FINDING:

In many locations, women are more likely than men to spend the income they control on food, healthcare and education for their children (Mucha, 2012).

The quality of children's diets and nutritional status has been associated with household wealth, with further links to women having power over resources and the ability to freely allocate resources (Jones et al., 2019). When women can freely decide how to spend income inside households, more household income tends to go towards children's health, nutrition and education needs (Mucha, 2012).

FINDING:

Increasing women's economic opportunities influences norms around girls' status and education opportunities in society (Klugman et al., 2014).

According to Klugman et al. (2014), increased economic opportunities for women (at the macro level) can influence the value families and communities place on girls. They also impact the support families give towards girls' education. New economic opportunities can further influence social norms related to women's economic engagement.

FINDING:

Women's access to cash income as well as having the ability to influence and make household decisions affects their own health and nutrition status, which impacts child health and nutrition.

The interplay between multiple domains of women's empowerment, such as access to resources, voice and household decision making, influences the health outcomes of women and their children. There are associations between a woman's ability to freely make decisions within the household, access to cash income and nutritional status. Vlassoff (2007, p. 49) found women whose husbands controlled all decisions had significantly lower nutritional status than men. Conversely, women who were household heads experienced "significantly better nutritional status, suggesting that decision-making power is strongly associated with access to and control over food resources" (p. 49). Further, women's access to cash income was positively associated with their own nutritional status (Vlassoff, 2007, p. 49). One study in Nepal found women's group membership, control over

income and reduced workload were positively associated with greater maternal dietary diversity and body mass index (Vayas et al., 2009). Yet another study in Nepal found women's control over income was associated with increased child height for age scores (Ruel et al., 2018).

FINDING:

There are mixed findings regarding whether women's labour force engagement,⁴⁴ access to cash income or membership in micro-credit groups are protective factors against intimate partner violence, which impacts child wellbeing.

In some contexts, such as in India and Egypt, women's engagement in formal employment can be a protective factor against violence, particularly IPV. This is potentially due to the increase of women's status within the household and society (Chin, 2012; Vayas et al., 2009). However, working

⁴³ FGM/C is directly addressed under the UN's 1979 Convention on the Elimination of Discrimination against Women (CEDAW).

⁴⁴ The article by Weber et al. (2019), summarised studies that focused on women's engagement in the formal labour force as well as informal labour that generates cash income.

for cash has also been associated with IPV and backlash against women from their partners (Vayas et al., 2009). This is especially the case in contexts where women's labour force engagement is not supported by social norms and where gender equality is low (Weber et al., 2019; Heath, 2014).⁴⁵ Notably, in India, women's formal employment has been associated with lower rates of physical IPV, while work for cash and seasonal and/or informal work in other locations are associated with higher rates of sexual and physical IPV (Vayas et al., 2009).⁴⁶ Further, in some locations, such as Cambodia, Haiti, the Philippines, Lesotho and Zambia, the link between women earning an income and IPV is inconclusive (Vayas et al., 2009).

A review of studies regarding the association between 12-month IPV prevalence and membership in micro-credit groups also shows mixed results. A study across seven sites in Bangladesh and one site in South Africa found a 55 percent reduction of 12-month physical IPV rates, with the conclusion that reduced rates were a result of "women's economic and social empowerment" (Vayas et al., 2009). However, higher rates of IPV were associated with membership in rural and urban sites in Bangladesh (Vayas et al., 2009).

ADOLESCENCE: A CRITICAL PERIOD FOR GIRLS' EMPOWERMENT AND CHILD WELLBEING OUTCOMES

FINDING:

Adolescence is a **critical period of development** for child wellbeing. Young people experience important transitions and gendered differences between girls and boys become increasingly marked. Gender norms for girls expose them to higher risk of mental health concerns, intimate partner violence and sexual violence.

Adolescents experience important physical, cognitive, emotional and social developments. The behaviours adolescents adopt and the context in which adolescent girls and boys live "can set trajectories for their health and wellbeing as adults" (Chandra-Mouli et al., 2017). Further, in adolescence, girls and boys experience stronger enforcement of gender norms by parents, peers, schools and other community and societal institutions. Changes and developments in adolescents can create major opportunities for girls and boys, while also exposing them to new risks, which are often different for girls and boys in adolescence (Kennedy et al., 2020; Chandra-Mouli et al., 2017).

In adolescence, girls experience gender norms in ways that can have a detrimental effect on their mental health. Adolescent girls often encounter inequitable gender norms directly, "with gender role differentiation and conflict typically intensifying in ways that may worsen mental health" (Juan et al., 2019, p. 202). Rather than experiencing a single form of violence, girls from low- and middle-income (LMIC) countries experience multiple forms of violence at much higher rates than both boys and girls from higher-income countries (Juan et al., 2019). Yamath et al. (2018, p. 89) demonstrate how this is because "many [LMIC] cultures endorse rigid gender norms that subjugate women, making them vulnerable to gender-based violence and other gender inequities that can affect mental health".

In a review of literature for formative research on adolescents across six sites,⁴⁷ Chandra-Mouli et al. (2017) found adolescent girls experience increased risk of mortality from "HIV/AIDS, complications associated with early pregnancy, childbearing and unsafe abortions, unintentional injuries and suicide". They are also "more likely than boys to be subjected to harmful traditional practices such as child marriage ... are less likely to complete secondary school or have secure employment and are more likely to be exposed to intimate partner violence and sexual abuse". The literature review found adolescent boys face risk of mortality from "unintentional injuries from road injuries and interpersonal violence, HIV/AIDS, suicide and drowning. Boys are also more likely than girls to engage in health-harming behaviours, such as early and heavy smoking and alcohol and illicit drug use, and are more likely to report early and unprotected sex. Finally, there is growing evidence that, in settings where there is sex parity in school attendance, boys are falling behind girls in terms of education achievement" (Chandra-Mouli et al., 2017).

The formative research from Chandra-Mouli et al. (2017) found gender socialisation occurs early in life. Girls and boys aged 10 to 14 described how expectations of their gender roles – from themselves and others – had become more rigid since childhood. For example, boys described feeling pressure to display aggressive behaviour. They also articulated how the social expectations of others influenced their own behaviour, activities and opportunities. The study found adolescents look to their peers and parents; both groups have an important role to play in shaping gender norms and attitudes among adolescents. Also, early adolescence (10 to 14 years) is a window of opportunity to build positive and equitable gender norms (Chandra-Mouli et al., 2017).

⁴⁵ Backlash was also influenced by men experiencing high rates of unemployment in some locations across sites in Peru.

⁴⁶ Such as in India, Iran, Peru, Columbia, Dominican Republic and Nicaragua.

⁴⁷ Assiut, Egypt; Baltimore, United States; Ghent, Belgium; Nairobi, Kenya; New Delhi, India; and Shanghai, China.

5 CONCLUSION



As a child-focused organisation, World Vision Australia (WVA) identified the importance of better understanding how gender equality and women's empowerment link to child wellbeing. World Vision proposed a piece of exploratory research to capture and articulate a relevant and definitive evidence base to establish the causal linkages and pathways between women's empowerment, gender equality outcomes and improved child wellbeing outcomes for the organisation's strategic sectors.

By drawing upon domains of empowerment from World Vision's GESI theory of change, the research developed a framework to define women's empowerment: agency, voice, access, participation, decision making, equitable systems and norms and wellbeing. It defined child wellbeing using World Vision's child wellbeing outcomes.

The review of available evidence identified numerous links and associations between women's empowerment and child wellbeing that are directly relevant to the World Vision Partnership. Findings demonstrate how work with women, and girls where relevant, across domains of empowerment is positively associated with child wellbeing outcomes. The review of literature also found a vicious cycle between gender inequality and child wellbeing.

Education was identified as an important factor for women's and girls' wellbeing and empowerment. Girls' literacy is linked to lower rates of early marriage (Sperling et al., 2016). Girls' and women's educational attainment (into secondary education) and women's literacy are associated with numerous children's health outcomes, such as lower probability of infant mortality, probability of survival past five years old, increased breastfeeding and higher immunisation rates (Samarakoon et al., 2015; Pamuk et al., 2011; Hobcraft, 1993; Cleland et al., 1988). Women's literacy is associated with positive care for and engagement with their children in the home (LeVine et al., 2011).

Supporting girls' menstrual health and rights in schools and addressing taboos related to menstruation can help girls continue schooling once they start their periods (Pouramin et al., 2020; GPE, 2019; Sommer et al., 2016). Women's decision making, voice and participation within WASH can ensure women and girls benefit from closer, safer WASH facilities (UN Women, 2015). There is evidence regarding the way women's and girls' nutrition and health, including mental health, impacts their children's health and nutrition (Kabir, 2020; Yaya et al., 2020; Kahn et al., 2004; Ramakrishnan, 2004).

At the household level, violence against women in the form of IPV can have a negative, cyclical impact (both direct and indirect) on children's health and wellbeing, including disruption of their attachment needs in infancy (Stiles, 2002); increased likelihood of mortality before five (Memiah et al., 2020); greater incidence of psychosomatic complaints, sleep disturbances, clinical disorders, insomnia and self-harm; and aggressive behaviours (Stiles, 2002). Children also experience consequences indirectly through the impact of IPV on the physical, mental and emotional wellbeing of their mothers or female caregivers (Jones et al., 2014). Finally, boys who witness IPV may be more likely to perpetrate IPV and girls may be more likely to experience IPV as adults (Brown & Bzostek, 2003; Klugman et al., 2014; Wolfe et al., 2003). Addressing practices like child and early marriage can reduce risk of intimate partner violence, especially when that work also addresses gendered norms that support IPV (Gage et al., 2012; Omidaksh et al., 2020).

Women's economic opportunities and empowerment have important flow-on effects for children's health and education (Klugman et al., 2014; Mucha, 2012; Chin, 2012; Vayas et al., 2009; Vlassoff, 2007). These opportunities can serve as a protective factor against IPV, depending on context and social norms related to women's economic engagement (Vayas et al., 2009).

The findings from the literature review highlight the important positive associations between women's and girls' empowerment and child wellbeing, as well as the vicious cycle between women's disempowerment, gender inequality and child wellbeing. These findings underscore the importance of working for women's and girls' empowerment as pathways to child wellbeing. This supports World Vision's strategic commitment to gender equality as an accelerator of child wellbeing.

WOMEN'S ECONOMIC OPPORTUNITIES AND EMPOWERMENT HAVE IMPORTANT FLOW-ON EFFECTS FOR CHILDREN'S HEALTH AND EDUCATION

(KLUGMAN ET AL., 2014; MUCHA, 2012; CHIN, 2012; VAYAS ET AL., 2009; VLASSOFF, 2007)

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7 APPENDICES

APPENDIX A: LITERATURE REVIEW CRITERIA

DATA CATEGORY	CRITERIA	ASSUMPTION	MANAGEMENT CATEGORY AND ASSUMPTION
Causal link	Clear cause and effect relationship across numerous contexts. Identified when a woman's exposure to a factor produced the child wellbeing outcome.	Only found within quantitative data and analysis. For this data, there will be general consensus on approaches to initiate virtuous cycles within a system or structure.	Findings that are classified under causal link will already be identified as best practice and WV's models will align. These findings will be classified as simple for management decisions and M&E processes.
Association–positive cycle	This association was identified when a woman's positive exposure has links to positive child wellbeing outcomes.	Found within both quantitative and qualitative data and reviews. Degrees of agreement on intervention to initiate virtuous cycle.	Findings classified under associations –positive cycle will be conflicting. There will be either varying degrees of consensus regarding influence of women's/girls' empowerment on area of child wellbeing or the best approach to address women's/girls' empowerment to influence virtuous cycle for child wellbeing. Classified as a complicated area for management decisions and needs to be supported by M&E systems that support complicated evidence generation. In this space, there is potential to influence the evidence base.
Association–negative cycle	This association was identified when a negative child wellbeing outcome was more likely in women with a particular 'exposure' (most likely negative exposure).	Found within both quantitative and qualitative data and reviews. Degrees of agreement on approaches to initiate virtuous cycle unclear.	Findings classified under association-negative cycle will be conflicting or less known across contexts, with varying degrees of consensus regarding influence of women's/girls' empowerment on area of child wellbeing and the best approach to address women's/girls' empowerment to influence virtuous cycle for child wellbeing. This is classified as a complex area for management decisions and needs to be supported by M&E systems that support complexities in evidence generation. In this space, there is potential to cultivate thought leadership.
Weak association	Association in one context; qualitative evidence not robust.	This data is not worth reviewing.	N/A

APPENDIX B: RESEARCH RATING OF STRENGTH OF CAUSAL LINKS AND ASSOCIATIONS

FINDING	RATING OF STRENGTH OF EVIDENCE ⁴⁸
<p>Women's and girls' level of educational attainment has numerous, positive associations with their children's health and education, such as increased rates of vaccination, increased breastfeeding, increased likelihood to seek treatment for child illnesses, lower probability of infant mortality, higher probability of child survival beyond five years, increased years of schooling for children and increased enrolment for their daughters.</p>	<p>Strong association</p>
<p>In some locations, gender-based norms, stigmas and taboos related to menstruation and WASH influence women's and girls' WASH practices, which expose them to health risks and risks of violence. These stigmas also influence the feelings girls associate with menstruation and limit the social support girls are given in some locations.</p>	<p>Strong association</p>
<p>Women's and girls' mental health directly and indirectly impact the wellbeing of their children</p>	<p>Strong Association</p>
<p>Children can experience short and long-term consequences from witnessing IPV, even when they are not physically or sexually harmed themselves.</p>	<p>Strong association</p>
<p>Girls who marry early face higher risk of psychiatric disorders in adulthood, higher risk of adolescent pregnancy and higher risk of dying from childbirth. Their children are more likely to die before their first birthday. Further, increased age of marriage is associated with lower IPV rates.</p>	<p>Strong association</p>
<p>In many locations, women are more likely than men to spend the income they control on food, healthcare and education for their children (Mucha, 2012).</p>	<p>Strong association</p>
<p>Women's literacy is associated with their engagement with children as well as with their ability to communicate child health needs inside hospitals and clinics.</p>	<p>Association</p>
<p>Girls' life skills training⁴⁹ is associated with delayed marriage, increased agency in family planning, decreased school dropout rates, reduced exposure to gender-based violence and greater inclusion and voice regarding decisions about their lives.</p>	<p>Association</p>
<p>Girls' schooling is affected by poor facilities for menstrual hygiene at school, as well as from limited or insufficient supplies, infection from poor menstrual hygiene management (MHM), limited menstrual health and rights education and support at home and in school. Female teachers also experience similar challenges to menstrual health in schools.</p>	<p>Association</p> <p><i>Note: Evidence rating due to limited inquiry into this area of work.</i></p>

⁴⁸ These findings have been coded according to strength of evidence. The darker colour indicates a stronger finding. The findings about children are coded grey.

⁴⁹ Associations are present when life skills programs are specifically designed to promote girls' empowerment and engage caregivers and community and faith leaders.

FINDING	RATING OF STRENGTH OF EVIDENCE ⁴⁸
Maternal factors (age, education level and employment) and women's empowerment across three domains – access, decision making and agency – influence children's health and nutrition. These factors are also associated with women's ability to care for and feed themselves.	Association
Women's household decision-making power relative to men's is associated with child health. Social determinants related to decision making and cultural beliefs and practices impact women's and girls' health and have further effects on their children's health and nutrition.	Association
Women's and girls' often disproportionate role in collecting water exposes them to health risks, including toxin exposure due to unclean water sources and musculoskeletal risks and risk of uterine prolapse from carrying heavy loads over time.	Association
Intimate partner violence (IPV) and child abuse often co-occur inside households, share similar risk factors and consequences for survivors, and tend towards perpetuating an intergenerational cycle of violence.	Association <i>Note: This was only rated as associated because most of the data presented was observational in nature – meaning it outlined observations about co-occurrence. There is less known about how and why IPV and child abuse often co-occur in households.</i>
Higher levels of education among adult women, men and community leaders alongside gender transformative interventions are associated with addressing female genital mutilation/cutting.	Association
Increasing women's economic opportunities has been linked to influencing norms about girls' status and education opportunities in society (Klugman et al., 2014).	Association
Women's and girls' literacy and educational attainment is associated with positive outcomes for themselves, such as delayed marriage, increased contraceptive use, higher body mass index and increased economic outcomes.	Logical assumption drawn
Women's access to cash income as well as their ability to influence and make household decisions influences their health and nutrition status, which impact child health and nutrition.	Logical assumption drawn
There is mixed data regarding whether women's labour force engagement, access to cash income or membership in micro-credit groups are protective factors against intimate partner violence (IPV), which impacts child wellbeing.	Logical assumption drawn
Within their biological function, women's and girls' health is linked with the health and nutrition of their children.	Causal link

FINDING	RATING OF STRENGTH OF EVIDENCE ⁴⁸
<p>Women's and girls' poor nutritional wellbeing, as evidenced in poor maternal nutritional status, including low caloric intake and low pre-pregnancy weight, is linked to low birth weights in infants, which are further linked to higher rates of neonatal illness and higher mortality rates in early infancy.</p>	<p>Causal link</p>
<p>Adolescence is a stage of life where girls and boys face increased vulnerability to some forms of VAC and VAW. It is also a time where perpetration and victimisation of some forms of VAW begin, with girls being at increased risk of experiencing VAW and boys being at increased risk of perpetrating VAW.</p>	<p>Finding about children</p>
<p>Bullying in schools, especially by boys towards girls and younger boys, is influenced by power structures within schools. The types of bullying girls and boys experience are different and have differing impacts on girls and boys.</p>	<p>Finding about children</p>
<p>Adolescence is a critical period of development for child wellbeing. Young people experience important transitions and differences between genders become increasingly marked. Further, gender norms for girls expose them to higher risk of mental health concerns, intimate partner violence and sexual violence.</p>	<p>Finding about children</p>



Mothers in WW Cambodia's project area in Svay Pak district come to learn at the Nutritious Food for Children Demonstration. Sophy Pen, Village Health Support Group in Lu Village is teaching a group of mother how to cook nutritious porridge and soy source for their children. These raw materials like green leaf vegetable or meat are able to find in the local community area itself. After the session the women together practice and feed their children. Thida, age 33, married with two children says, Without World Vision, I would not know how to cook nutritious food for my children. She cooks this food for her children at home and she says about the differences, "Before knowing this, I just cook rice for my children and my children were easily to get sick and had no energy. But after a period of time, having the nutritious food that I made for them, they are smart, and healthy."



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THIS MEANS THE WORLD