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JANUARY 2025

GENDER AND ECONOMIC AGENCY INITIATIVE: WOMEN'S ECONOMIC EMPOWERMENT AND FAMILY PLANNING

An overview of research opportunities

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Acknowledgements: We thank GEA co-chairs Lori Beaman and Seema Jayachandran for their academic guidance, along with Asmi Pareek, Mary Pietrusko, and Claire Walsh for their support. We thank the Bill & Melinda Gates Foundation for funding this work.

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This framing paper was prepared by Carmen Hernández Ruiz in affiliation with J-PAL Global and J-PAL Affiliate Susan Godlonton in 2024, which highlights potential research topics of interest to GEA and references key insights from the existing global evidence base, specifically focusing on the intersections of WEE, family planning, and health outcomes. It is not an exhaustive review of all the rigorous evidence on this topic.

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1. INTRODUCTION

1.1. CONTEXTUAL BACKGROUND

Advancing women's economic empowerment (WEE) and health outcomes, including family planning, is essential for advancing gender equality and reducing poverty globally. Although modern methods now meet 77 percent of family planning needs, this represents only a ten percent increase since 1990, indicating slow progress. This can be attributed to limited modern contraceptive options, barriers to access for young, low-income, and unmarried individuals, and persistent cultural and gender-based challenges (WHO, 2023).

An estimated 257 million women in low- and middle-income countries (LMICs) who want to avoid pregnancy still lack access to safe and effective family planning, with rural and low-income women particularly affected (UNFPA, 2020). High unmet need for contraception not only increases the risk of unintended pregnancies and sexually transmitted infections but also restricts women's reproductive rights and choices. Access to contraception can enable women and couples to plan their families, thereby allowing women to pursue education, gain autonomy in their households, and improve their earning potential (Finlay and Lee, 2018). These opportunities for economic security not only support individual families but can also contribute to broader poverty reduction and sustainable development. Meeting the unmet need for contraception has the potential to improve the health of women and children. Fulfilling these needs could reduce maternal deaths by about 25 percent, underscoring the critical health impact of accessible family planning (UNFPA, 2020).

The relationship between fertility and women's economic empowerment varies considerably both within and across low- and middle-income countries. Evidence focused on women's work suggests this relationship between fertility and empowerment is shaped by factors such as social norms, economic conditions, and resource availability (Heath et al., 2024; Finlay, 2021). For instance, in low-income settings, where informal employment predominates, women often adopt a range of strategies to balance work and childcare responsibilities. These strategies may involve selecting specific types of jobs, depending on other women (or girls) in the household for childcare support, or spacing births to manage childcare demands. Therefore, policies that enable women to achieve their desired family size while accessing stable employment must be tailored to each country's economic context (Finlay, 2021).

Many studies document an inverse relationship between women's empowerment and fertility outcomes, such as the number of children women have (Upadhyay et al., 2014). However, these associations are sensitive to how empowerment—specifically, components of agency like decision-making and mobility—is defined and measured (James-Hawkins et al., 2018). For example, in rural Bangladesh, women who reported greater fertility decision-making ability expressed a lower desired number of children. In the Philippines, descriptive analysis found that women with greater autonomy in decision-making experienced a lower likelihood of an unwanted pregnancy (Upadhyay et al., 2014).

At a broader level, the impact of fertility on women's labor force participation remains inconclusive. Globally, despite substantial declines in fertility rates, female labor force participation has not shown a corresponding rise (Heath et al., 2024). This trend highlights the need for further research on how empowerment influences fertility declines and vice versa, particularly in LMICs where fertility has

declined notably in recent years, yet the role of empowerment as both a catalyst and an outcome of this trend remains an open question (National Academies, 2021). Understanding the interconnectedness of fertility, labor force participation, and women's empowerment is essential to shaping policies that support women's economic and personal goals across diverse settings.

1.2. DEFINITIONS AND SCOPE

The Gender and Economic Agency (GEA) Initiative at the Abdul Latif Jameel Poverty Action Lab (J-PAL) aims to contribute to the body of causal evidence on how family planning and women's economic empowerment (WEE) intersect to shape broader health and economic outcomes for women and children, with a regional focus on Africa and South Asia. Understanding this causal relationship is crucial for policy and programmatic decisions in the development sector, as it could influence health and economic outcomes for women and children by enhancing women's labor force participation, increasing household income stability, improving reproductive and mental health, fostering better child development, and more. There is broad consensus on the potential benefits of family planning and sexual reproductive health (SRH) services, as reflected in the United Nations Sustainable Development Goals (SDGs).

This framing paper highlights potential research topics of interest to GEA and references key insights from the existing global evidence base, specifically focusing on the intersections of WEE, family planning, and health outcomes. These topics are categorized into two broad themes: (1) the impact of family planning on women's economic empowerment (WEE) and (2) the influence of WEE on family planning and a broader set of health outcomes. The aim is to note potential opportunities for evaluation as J-PAL-affiliated researchers develop research projects related to these intersections in priority countries.

The Initiative will have a regional focus on Africa and South Asia—specifically Bangladesh, Côte d'Ivoire, Ethiopia, India, Kenya, Niger, Nigeria, Pakistan, Senegal, and Uganda. We will also consider evaluations of relevant interventions outside those priority geographies in instances when there is a strong case that the policy lessons could be applicable more broadly and support the research agenda.

We acknowledge that variations in social norms and women's labor force participation likely shape how family planning impacts women's economic outcomes. Thus, we expect evaluations to be context-specific, considering the unique social, economic, and cultural dynamics of each setting. We encourage researchers to measure relevant contextual factors and to examine how these factors might mediate the effectiveness of family planning interventions, highlighting this information and how it will be measured in their proposals.

Women's economic empowerment, for the purposes of this initiative, encompasses interventions supporting women's economic agency. This focus aligns with GEA's original research themes: (1) workplace arrangements and labor policies that promote formal and informal employment opportunities for women, (2) initiatives that enhance women's labor potential and work readiness, including self-employment, and (3) efforts to address restrictive gender norms and attitudes related to women's work. For instance, this could include interventions supporting entrepreneurship, formal sector employment,

and care provision, among others. For more detailed information, please refer to GEA's existing resources.

Family planning is understood as empowering women and girls to make informed decisions about if, when, and how many children to have, which is central to enabling women to lead the lives they aspire to and is integral to gender equality and development. Family planning interventions will include supply-side, demand-side, and combined efforts to enhance women's access to modern contraceptives.[1]

Women's economic empowerment can impact broader health outcomes beyond family planning. Therefore, the scope also extends to related health outcomes, which include women's psychosocial well-being and mental health, maternal and child health, gender-based and intimate partner violence, child development outcomes, and reproductive health. While economic empowerment interventions will target women over 18, family planning interventions targeting younger women will also be considered, particularly when economic outcomes can be measured in their adulthood, given the potential benefits of reaching adolescents sufficiently early to prevent unwanted pregnancies at a young age.

2. POTENTIAL RESEARCH TOPICS UNDER THE GENDER AND ECONOMIC AGENCY INITIATIVE (GEA)

In this section, we outline the open questions and areas of focus under GEA. We summarize key takeaways from the global evidence base on (1) the impact of family planning on women's economic empowerment (WEE) and (2) the influence of WEE on family planning and broader health outcomes, including compelling examples of rigorous research on the subtopics where relevant, and highlight potential avenues for further research. We conclude by listing potential research questions of interest to GEA.

The following topics are not intended to be an exhaustive list but rather provide a sense of the kinds of research questions that will be eligible for funding under GEA. While the scope is broader, the framing paper focuses on the bidirectionality of WEE and FP, but does provide some key lessons from the WEE and health outcomes literature.

2.1. THE IMPACT OF FAMILY PLANNING INTERVENTIONS ON WEE

As outlined above, we consider family planning interventions as those allowing women to access their preferred modern contraceptives and family planning services to exercise their right to decide whether to have children and, if so, when and how many.

Distinguishing between supply and demand drivers for family planning use can be challenging due to frictions on both sides of the market (Donald et al., 2024). Supply-side interventions, such as the

[1] According to the Demographic and Health Survey (DHS-8, Croft et al., 2023), modern contraceptive methods include: female sterilization (tubal ligation, laparotomy, voluntary surgical contraception for women), male sterilization (vasectomy, voluntary surgical contraception for men), the contraceptive pill (oral contraceptives), intrauterine contraceptive device (IUD), injectables (Depo-Provera), implants (Norplant), female condom, male condom (prophylactic, rubber), emergency contraception, lactational amenorrhea method (LAM), standard days method, country-specific modern methods and other modern contraceptive methods (including cervical cap, contraceptive sponge, and others), but does not include abortions and menstrual regulation.

availability of modern contraceptive methods in healthcare facilities and the training of healthcare providers, aim to enhance access and reduce barriers to obtaining contraceptives. Conversely, demand-targeted interventions focus on addressing societal attitudes and individual knowledge about contraceptive options, often through information provision and community outreach programs. For instance, providing comprehensive information on contraceptive methods can empower individuals to make informed choices, thereby increasing demand. The potential of combined interventions, which aim to address both supply and demand barriers, can lead to more effective outcomes; for example, pairing the distribution of modern contraceptives with targeted informational campaigns could meaningfully increase the use of contraceptives under some conditions. The Initiative will consider interventions that address supply- or demand-side interventions independently and also encourage combined interventions.

Family planning interventions in LMICs can enhance WEE by influencing fertility decisions. Experimental evidence from Bangladesh and Ghana showed that increased access to family planning services reduced fertility and increased birth spacing, leading to higher women's earnings in the long term in Bangladesh (Canning and Schultz, 2012). In Madagascar and Colombia, researchers found that family planning programs increased women's likelihood of entry into the formal workforce, suggesting that postponing their first birth was a good indicator of entry to paid employment (Herrera Almanza and Sahn, 2018; Miller, 2010; Heath et al., 2024).

However, there is mixed evidence that family planning interventions increase contraceptive use and thereby reduce fertility rates and delay childbearing in LMICs. In Burkina Faso, recent evidence found that a demand-side intervention providing free access to modern contraception had no effect on fertility nor the probability of modern contraceptive use, even when complemented with supply-side interventions aimed at correcting potential misperceptions (Dupas et al., 2024). Researchers suggest that financial levers can only affect fertility in populations that desire to change their fertility but are prevented by financial constraints. Conversely, in the same setting, researchers found that a high-quality family planning radio campaign increased contraceptive use, lowered births and misperceptions about contraception, and increased self-assessed health and well-being (Glennerster et al., 2023).

Limited evidence indicates that family planning programs can enhance WEE by promoting girls' education. A study in South Africa utilized a natural experiment to evaluate a public health initiative aimed at reducing teenage childbearing through a demand-side intervention addressing knowledge gaps and social barriers to adolescent reproductive health access. Results showed that adolescents with access to the initiative delayed childbearing and increased the likelihood of completing more years of schooling and earning higher wages in young adulthood, with no effect on employment rates (Branson and Byker, 2018). Existing evidence highlights the potential benefits of reaching adolescents at a younger age on their well-being, agency, and economic empowerment.

Emerging evidence suggests that family planning policies may influence individual and household well-being, even when there are no observable effects on fertility or birth spacing. In Zambia, researchers found that women who received vouchers for guaranteed free and immediate access to two long-term modern contraceptive methods with low failure rates were more likely to use these methods by the end of the study but did not realize fertility reductions. Additionally, these women experienced notable improvements in their mental health (Ashraf et al., 2014).

Engaging men in family planning and promoting attitude change can lead to meaningful attitudinal changes and improved support for women's reproductive decisions (Raj et al., 2016; Fleming et al., 2018). Since contraceptive decisions often involve both partners, targeted interventions for men can increase their knowledge about contraceptive options and bolster support for women's sexual and reproductive choices. Male partners' disapproval is a relevant barrier to women's contraceptive use, making it essential to design interventions that empower women in the decision-making process (Blackstone, Nwaozuru, and Iwelunmor, 2017).

Evidence suggests that changing men's attitudes and knowledge is more beneficial than simply including them mechanically in these decisions, as this approach can enhance women's agency regarding contraceptive use. For instance, a study in Zambia found that when women were given private access to injectables, their usage increased allowing them greater control over their fertility goals compared to women who had to discuss contraceptive options with their partners present (Ashraf, Field, and Lee, 2014). While such strategies can help women navigate their daily decisions and assert their agency, they may also come with psychological costs and are unlikely to fundamentally shift gender power dynamics.

Programs aimed to improve women's agency through health services provision need to understand and address women's preferences in contraceptive programs, which are context-specific. For instance, a study in Ethiopia showed that family planning services and microcredit had no effect on women's contraceptive use because the selection of modern methods provided (such as pills and condoms) did not align with their preferred modern method—injectables (Desai and Tarozzi, 2011). In contrast, research in Mozambique found that introducing female condoms, preferred by men, resulted in an increase in usage among women in slums, particularly benefiting those initially engaging in unprotected sex (Cassidy et al., 2021). This example underscores the potential of providing alternatives that can be more acceptable to men and may offer a second-best solution.

Some relevant questions for this topic are:

- Family planning aims to allow women to exercise their right to decide whether to have children and, if so, when and how many. Recognizing the importance of long-term outcomes, GEA will prioritize add-on funding to existing studies focused on long-run follow-up.
    - Can more control over reproductive health decisions (e.g., less unmet need for contraception) increase women's labor force participation and improve economic outcomes?
    - Does lower fertility change the strategies women use to manage work and childcare responsibilities? For example, changes to the formality of work, occupational sectors, etc.

- Effect sizes are variable and often depend on the specific context of the intervention.
    - What barriers are more important in different settings and sub-populations?
    - What are the underlying mechanisms that empower women to gain more control over family planning decisions in different interventions and across different sub-populations (e.g., alternatives, providing privacy, societal norms)?

- What types of combined supply- and demand-side interventions are more effective?
    - What is the role of information provision in family planning interventions?
    - What specific types of information are effective in specific populations and through which mechanisms do they operate (e.g., method efficacy, side effects of methods, knowledge pertaining to method availability, addressing misperceptions of infertility risks, health risks associated with family size)?
    - Who is targeted by the information?
    - What scale and/or intensity of information is required within a community to shift societal attitudes?

- More research is needed to address supply-side factors that may affect women's agency in contraceptive use.
    - For example, can mHealth tools support providers in helping women and girls make informed contraceptive decisions based on their needs and preferences?
    - To what extent do cost-sharing and subsidies, especially for the relatively expensive long-acting methods, affect women's agency in contraceptive decisions?
    - Which supply strategies can promote effective access to modern contraceptive methods and family planning services at low cost (e.g., under-five clinics, public health weeks, identity of who provides contraception)?

- How do demand- and supply-side interventions interact, and how does this vary across subgroups and contexts?

- Research should move beyond the dichotomy of using contraceptives or not and instead consider women's contraceptive preferences.
    - For example, how can policymakers provide access to a broad mix of modern contraceptive methods that meet women's needs for spacing or limiting childbearing and their varied preferences for product features?
    - Using long-run follow-up studies from previously implemented interventions, how can access to modern contraceptives among adolescents affect young women's aspirations, health, education, labor force participation, and other dimensions of agency?

- Future research should take a closer look at how to address any potential risks of family planning interventions.
    - Which considerations or features can reduce the risk of unintended consequences from family planning interventions (e.g., intimate partner violence (IPV), marital dissolution)?

- It is important to study programs that actively seek to change power dynamics around family planning adoption within the household. For example, how can men be incorporated into family planning interventions to effectively increase women's agency in family planning decision-making?

- A need to better understand the impacts of programs specifically designed to shift individual and collective gender norms, including mass media interventions.

- What other interventions could shift norms? For example, how do we effectively engage with leaders or other locally influential people to shift norms? What types of messages shift norms coming from different types of people?

- What approaches are effective in incentivizing men to participate in programs that are traditionally viewed as women's issues?
  - How can community norms related to masculinity, health, and fertility start to shift? And ultimately, if programs can effectively engage men, to what extent would men's more active role in family planning affect women's agency?

2.2. THE IMPACT OF WEE INTERVENTIONS ON FAMILY PLANNING AND BROADER HEALTH OUTCOMES

The Initiative scope for women's economic empowerment refers to those interventions supporting women's economic agency, which can be categorized into GEA's original research themes: (1) workplace arrangements and labor policies that promote formal and informal employment opportunities for women, (2) initiatives that enhance women's labor potential and work readiness, including self-employment, and (3) efforts to address restrictive gender norms and attitudes related to women's work.

2.2.1. The impact of WEE interventions on family planning

Existing reviews of interventions targeting women's contraceptive use reveal a mix of promising and ineffective approaches. Broadly, the reviews suggest a positive association between contraceptive use and women's education, employment, and agency measures, such as decision-making and freedom of movement (Chang et al., 2020; Blackstone, Nwaozuru, and Iwelunmor, 2017; James-Hawkins et al., 2018). For example, behavior and social change interventions that address gender dynamics have shown mixed results, with some achieving positive outcomes in spousal communication and gender norm modification, while others report null effects (Kraft et al., 2014). Overall, existing findings point to the need for further research to refine our understanding of the causal mechanisms and identify the most effective interventions.

Limited evidence shows that increasing women's income and access to economic opportunities in LMICs has increased modern contraceptive use, reduced fertility, and delayed childbearing. In India, a program providing recruitment services for jobs in the business process outsourcing industry led to large reductions in marriage and childbearing among young women, alongside increased aspirations for education and steady employment (Jensen, 2012). Similarly, in Bangladesh, exposure to employment opportunities in the garment industry reduced the likelihood of childbearing, as younger girls stayed in school longer and older girls entered the workforce (Heath and Mobarak, 2015). These studies highlight the transformative potential of economic empowerment but also underscore the importance of understanding the mechanisms through which these changes occur.

Recent evidence shows a positive impact of increased earnings and household wealth on women's fertility, suggesting that women's lack of long-term economic security is an important driver of fertility. Secondary analyses of business training and land titling interventions from five countries in Sub-Saharan Africa revealed that programs increasing women's income or assets were associated with higher fertility among married, working women, suggesting that long-term economic security may drive fertility

decisions in these settings (Donald et al., 2024). Similarly, in South Asia, the phased implementation of the Hindu Succession Act (HSA) in India increased women's likelihood of working but had no measurable effect on fertility, illustrating the complex and context-dependent nature of WEE's impact on family planning (Heath and Tan, 2020).

Cash transfer programs, such as conditional (CCT) or unconditional (UCT) transfers, have demonstrated some success in increasing access to family planning services by alleviating financial barriers (Khan et al., 2016). However, these programs often conflate the impact of more resources with other incentivized behaviors, such as increased school participation, and, in some cases, their temporary nature limits their influence on long-term fertility decisions.

Interventions that enhance women's financial resources and agency have also shown potential to influence family planning outcomes. The Mexican CCT program Oportunidades, for example, increased contraceptive use, particularly among women with initially low levels of autonomy in household decision-making. Although the study did not identify autonomy as the mediator, researchers suggest that this may reflect limitations in the measures used to assess autonomy (Feldman et al., 2009). Similarly, in Brazil, an evaluation of the Bolsa Família cash transfer program found positive impacts on women's decision-making power about contraceptive use and children's health expenses in urban areas (de Brauw et al., 2014). Researchers suggested that the results could be explained by increased exposure to contraception information as well as the increased control of the monetary resources, increasing women's bargaining power within the household.

In some cases, programs that gave women more control in family planning decisions through life skills training interventions have increased contraceptive use. In Uganda, a female empowerment program for adolescents, including vocational training and information on sex and contraception, led to lower rates of childbearing and increased self-employment among adolescents, along with short-term increases in condom use (Bandiera et al., 2020). However, in Liberia, despite positive impacts on employment and earnings, researchers found no impact from providing livelihood and life skills training on fertility or sexual behavior. Researchers highlighted the need to further investigate the conditions that may allow economic empowerment to impact fertility, the mechanisms involved, and the duration needed to achieve such change (Adoho et al., 2014). These examples demonstrate the potential of targeted and context-specific interventions to enhance women's control over family planning, particularly for younger women and girls.

Relatedly, existing evidence shows that interventions targeting teenage girls can impact fertility through increased access to schooling. In Kenya, researchers found that reducing the cost of education by providing free school uniforms, reduced school dropout, teen childbearing, and early marriage, suggesting that girls had some agency about sexual activity in this setting (Duflo, Dupas, and Kremer, 2015). In Malawi, conditional cash transfers led to improvements in education and fertility for initially out-of-school adolescents sustained two years after the end of transfers. However, the intervention had no impact on their earnings, subjective well-being, or empowerment (Baird et al., 2013; Baird et al., 2015).

Laws that mandate equality or representation have, in some settings, demonstrated sustained impacts on women's agency, but evidence is needed on whether such laws impact family planning (Chang et al.,

2020). For example, a study using a difference-in-difference design found that reserved seats for women in local government in rural India were associated with a decline in the likelihood of child marriage and an increase in the age of marriage. Researchers suggested that shifts in gender norms as a potential mechanism, and emphasized the importance of delaying marriage on autonomy over fertility and future health outcomes (Castilla, 2018).

These findings point to considerable gaps in understanding and the need for further research. Some relevant questions for this topic are:

- A need to better understand the long-term effects of whether, how, and for whom, WEE interventions affect family planning.
    - Emphasizing the need to analyze long-term outcomes and conduct long-run follow-up, GEA will prioritize add-on funding to existing studies focused on long-term outcomes.

- Understanding the different channels through which WEE interventions impact family planning is essential. For instance, cash transfer programs can conflate the impact of more resources with increased school participation.
    - How can we better identify how impacts on WEE and education outcomes interact in shaping family planning decisions?

- What WEE interventions, in which settings and for whom, are most effective in ensuring effective access to family planning and empowering women to make informed decisions about if, when, and how many children to have (e.g., education, life skills training, job placement programs, entrepreneurship support, etc.)?

- More research is needed on programs that actively seek to change gendered power dynamics of family planning decision-making, and gendered norms about women's work, particularly regarding their impact on equitable decision-making in family planning.
    - Understanding the heterogeneity of responses across cultural contexts is particularly important here.

- How do interventions focused on long-term economic security, such as women's access to social protection and insurance programs, impact family planning and fertility, specifically?

- Finally, attention must be given to the broader socio-economic, societal attitudes, and legal contexts to fully understand how WEE interventions can influence reproductive health and decision-making.
    - Understanding the impact of household-level property rights and deeply ingrained gender norms about women's work, as well as wage equality laws and family leave policies.
    - Using experimental variation in the enforcement of laws, may offer insights in understanding how laws that increase WEE influence reproductive health choices.

2.2.2. The impact of WEE interventions on broader health outcomes

We are also interested in advancing our understanding of the impact of women's economic empowerment interventions on broader health outcomes. Extensive reviews exist, thus, rather than duplicating that effort, we refer to the existing reviews and emphasize some potential questions that remain. The health outcomes of particular interest for this funding call include understanding the impact of WEE interventions on: women's psychosocial well-being and mental health, gender-based violence and intimate partner violence, maternal and child health outcomes, child development outcomes, and sexual and reproductive health.

Improved women's economic empowerment may improve health outcomes through many potential mechanisms. For instance, a J-PAL review of over 100 studies finds that providing access to financial services or income may enhance women's economic status in the family and their decision-making participation in health care for themselves and their children (Chang et al., 2020).

While the evidence is mixed on whether economic interventions enhanced women's decision-making power in the household, most studies found positive effects on decisions related to healthcare expenditure and children's health (Chang et al., 2020; Goldin, 2024; Heath and Jayachandran, 2016). For example, a multicomponent agriculture and nutrition program in Burkina Faso increased women's health, nutritional status, and participation in healthcare decisions but not in decisions related to family planning or infant and young child feeding (Olney et al., 2016). Researchers suggested the impacts could be due to women's increased knowledge and ownership of agricultural assets.

Conditional cash transfers were the only economic intervention with consistent positive effects on household decision-making and health outcomes, including intimate partner violence, mostly in Latin America (Chang et al., 2020; Baranov et al., 2020). A recent J-PAL evidence review suggests that CTs can improve a range of child health outcomes, including some, such as birth weight, height, and early cognitive development, which have been shown to have longer-run implications for health and economic well-being. CTs can, in some circumstances, improve calorie intake and dietary diversity, but only a few CTs improve anthropometric outcomes (J-PAL, 2024). While these examples demonstrate the potential of cash transfers to improve health outcomes, more evidence is needed on their long-term impacts.

Interventions aimed at changing attitudes about gender norms offer a promising approach to eliciting men's support for women's economic empowerment and reducing violence against women, among other health outcomes. For example, in Rwanda, an intervention aimed to change men's behaviors related to maternal and child health was successful in reducing violence against women, increasing contraceptive use, and more equitable decision-making (Doyle et al., 2018). Similarly, evidence from Uganda suggests that exposure to mass media campaigns tailored towards raising awareness of gender-based violence improved attitudes about gender norms related to gender-based violence, made women more likely to speak out, and reduced violence against women in the community (Green, Wilke, and Cooper, 2020).

While existing evidence suggests a positive relationship between women's economic empowerment and health outcomes, there are open questions about the mechanisms behind this relationship, as well as the

potential of WEE interventions to improve broader health outcomes in a sustained manner. Some relevant questions for this topic are:

- Understanding better the mechanisms through which WEE affects health outcomes.
    - In which settings or subpopulations can WEE interventions improve health outcomes?
    - Which WEE interventions are more effective in improving health outcomes? What mechanisms drive these improvements, and for whom?
    - Which health outcomes can be improved by WEE interventions, under what conditions and for which subpopulations?

- Future research should continue to focus on direct measures of women's agency and economic empowerment.
    - Since what women perceive as having agency within the household might differ by context, how do we identify areas where women lack agency, design interventions accordingly, and develop valid instruments to measure changes in agency leading to changes in health outcomes?

- What is the impact of WEE interventions on broader health dimensions, including mental health and addressing gender-based violence?
    - Which considerations or strategies can reduce the risk of unintended consequences from WEE interventions on intimate partner violence (IPV)?
    - What approaches are effective in eliciting men's support for women's empowerment and reducing violence against women as well as other health outcomes?
    - Which strategies can effectively shift individual and collective gender norms and also impact health outcomes?

- How can increased employment enhance women's role in household decision-making, leading to improved health outcomes?
    - Does supporting joint decision-making skills affect women's own decision-making power?

- How does men's participation affect women in mixed-gender programming, given challenges in low take-up among men?

3. CONCLUSION

Advancing women's economic empowerment and health outcomes, including family planning, is essential for advancing gender equality and reducing poverty globally and remains limited across settings. For example, an estimated 257 million women in LMICs who want to avoid pregnancy still lack access to safe and effective family planning, with rural and low-income women particularly affected (UNFPA, 2020).

A key challenge policymakers and the private sector face is a lack of evidence about which approaches to ensure access to family planning and increase women's economic empowerment are effective. Understanding this causal relationship is crucial for policy and programmatic decisions as it could

influence health and economic outcomes for women and children by enhancing women's labor force participation, increasing household income stability, improving reproductive and mental health, fostering better child development, and more.

To address this research gap, GEA aims to contribute to the body of causal evidence on how family planning and women's economic empowerment intersect to shape broader health and economic outcomes for women and children. This framing paper highlights potential research topics of interest to GEA and references key insights from the existing global evidence base, specifically focusing on the intersections of WEE, family planning, and health outcomes.

In particular, recognizing the impact of family planning and WEE interventions can depend on the context in which they are implemented, GEA seeks to develop and contribute to a body of evidence to better understand the specific circumstances under which such interventions can lead to meaningful impacts on women's empowerment and vice versa. We aim for projects accounting for context-specific factors in quantifying the impact of family planning on women's social and economic empowerment and economic development.

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