**Editorial**
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# Empowering Women and Infant and Child Health

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## Editorial

Although many studies have looked at the relationship between women's empowerment and a variety of health outcomes, there is still a lack of understanding about how the various dimensions of empowerment influence children's health, and how they do so through what mechanisms and in what contexts. The goal of this review is to conduct a systematic assessment and examination of studies that investigated the relationship between women's empowerment and children's health status. Maternal malnutrition causes 800,000 neonatal deaths each year due to small for gestational age births; stunting, wasting, and micronutrient deficiencies are thought to cause nearly 31 million child deaths each year. Many interventions have been implemented at scale, and the evidence for the effectiveness of nutrition interventions and delivery strategies has grown since The Lancet Series on Maternal and Child Under nutrition was published in 2008. We conducted a thorough review of interventions to address under nutrition and micronutrient deficiencies in women and children, and we used standard methods to evaluate emerging new evidence for delivery platforms. We also investigated the impact of various delivery platforms and delivery options using community health workers to engage poor populations and promote behaviour change, access, and uptake of interventions [1].

According to our findings, if populations have access to ten evidence-based nutrition interventions at 90% coverage, the current total of deaths in children under the age of five can be reduced by 15%. Continued investments in nutrition-specific interventions to prevent maternal and child malnutrition and micronutrient deficiencies through community engagement and delivery strategies that reach the poorest segments of the population at highest risk can make a significant difference. If improved access is linked to nutrition-sensitive approaches, such as women's empowerment, agriculture, food systems, education, employment, social protection, and safety nets, it has the potential to significantly accelerate progress in countries with the highest burdens of maternal and child under nutrition and mortality [2].

There is a growing recognition of the health consequences of gender inequality, but addressing it is difficult. Within households, gendered power dynamics influence health outcomes, with men frequently controlling decisions about their family's health, including their family's the use health care services. The government's Free Health Care Initiative, which eliminated user fees for pregnant women, lactating mothers, and children under the age of five, is encouraging, but it is insufficient to meet health goals on its own. This study investigates women's economic empowerment and health decision-making in rural Sierra Leone through in-depth interviews and focus group discussions with men and women [3].

The findings show that the concept of power is associated with women's income generation, financial independence, and being heard in social relationships. While economic empowerment for women was reported to reduce marital conflict, men remained household authority figures, including in health decisions. Economic interventions are important in supporting women's economic empowerment and influencing gender norms, but men's roles and women's social empowerment must be considered alongside economic empowerment. The sample is limited to 10,641 women aged 15 to 49 years old and their children under the age of five. As indicators of children's health outcomes, we used height-for-age and weight-for-height Z-scores, as well as pneumonia and anemia experience. Women's empowerment is measured using five indices that reflect their decision-making participation, attitudes toward husband-beating, barriers to health care access, asset ownership, and socioeconomic variables [4].

These empowerment indicators were developed using exploratory and confirmatory factor analysis. After controlling for relevant covariates, a Multiple Indicators Multiple Causes model was used to investigate the relationship between women's empowerment and latent child health outcomes. Women's empowerment in all aspects is unrelated to children's health indicators. Women's empowerment dimensions related to child health have varying degrees of association with the various indicators of children's health. Gender-specific policies aimed at increasing women's access to education, media, and information, as well as encouraging saving and their participation in household decision-making, are some of the strategies for improving their children's health and well-being. The current lack of evidence is most likely due to limitations in study design rather than a lack of an underlying relationship between women's empowerment and child nutrition [5].

To clarify the relationship between women's empowerment and child nutrition, future research should carefully select context-specific women's empowerment indicators, aggregate them meaningfully, and use a longitudinal study design to conduct pathway and lifecycle analysis in appropriate populations. Data was extracted and analysed in three domains of empowerment: resource control and autonomy, workload and time, and social support. Women's empowerment was found to be generally associated with child anthropometry, but the findings were mixed. Inter-study differences in population characteristics, settings, or methods/concepts of women's empowerment, as well as the specific domains studied, are likely to have contributed to these inconsistencies. This review also highlights how different domains of women's empowerment may be related to child nutritional status in different ways. Future research should aim to harmonise definitions of women's empowerment, including which key domains should be included and how it should be measured. Extensive evaluation is also required to determine which policies and programmes promote women's empowerment and, as a result, child nutritional well-being.

## Conflict of Interest

None.

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