**Additional File 1. Evaluation Papers Included in Systematic Review**

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| **Transformative Interventions** |
| **Study and country** | **Intervention components**  | **Sample and design** | **Measured women’s empowerment or gender construct** | **Reported FP or MH outcome(s)** | **Results**  | **Gender-effect for FP/MH outcome observed?** |
| Daniel et al. 2008 [14]India | Behavior change communication (BCC) around RH and FP servicesImprove access to RH servicesChange social norms related to early childbearing | Male and female adolescents (18-24 yrs; married)Quasi-experimental | None measured | Contraceptive useDemand for contraception | AOR=3.84 (p<.001)¥AOR=1.49 (p<.01)¥ | N/A: Gender measures not collected |
| Erulkar et al. 2009 [15]Ethiopia | MentorshipNon-formal educationLivelihoods training Change social norms related to child marriage | Girls (10-19 yrs; unmarried)Quasi-experimental | Girls’ access to safe spacesFormal education/literacy | Child marriageEver-use of contraceptives among sexually experienced | In project area at endline, adjusted hazards ratio (AHR) for 10-14 yr older =0.009 (p<.001); AHR for 15-19 yrs olds=2.41 (p<.001)AOR=2.88 (p<.01)£ | Yes, indirect for social networks, which increased in intervention areas. FP outcome improved in intervention sites, but social network not included as a mediator between program participation and FP outcome. Yes, direct for education, which increased in intervention sites and included as a mediator between program participation and FP outcome. |
| Exener et al. 2009 [16]Nigeria | Group health education | Males (from teens to >50 years old; married and unmarried) | Decision-making power in SRH; and social lifeSRH control | Condom use at last intercourseNumber of unprotected vaginal sex occasions | AOR=4.10 (p<.001)ΩAOR=0.2 (p<.05)Ω | Yes, direct.  |
| Lundgren et al. 2005 [17]El Salvador | BCC around RH and FP servicesCommunity-based provision of condomsReferrals to other methods | Men and women (15-49 yrs; married)Cross-sectional | Communication around SRH mattersGender equitable attitudes (of woman or partner) regarding sexual and reproductive health (SRH) | Contraceptive use | OR=1.68 (p<0.001)t | N/A: Association between gender measures and FP outcome not examined |
| Shattuck et al. 2011 [18]Malawi | Provision of information on FP servicesStrengthening communication/negotiation skills among couplesPositively influence attitudes towards FP and motivation to adapt FP | Men (≥18 years old; married or in partnerships)Randomized control trial (RCT) | Gender equitable attitudesCommunication around SRH matters | Contraceptive use | AOR=2.5 (p<0.05)Ω | Yes, direct for frequency of communication, which was significant predictor of contraceptive use |
| Venguer et al. 2007 [19]Mexico | Provision of life skills curricula, including communication and negotiation skills to improve nutrition, hygiene and sexuality and RH | Women and girls (12-30 yrs; married and unmarried)Quasi-experimental | Confidence/self-esteem | Contraceptive usePap Smear | Increased contraceptive Log odds =0 .085(p<.05) ¥Had pap smear test Log odds = 0.551 (p<.05) ¥ | N/A: Gender was not included as a mediator between intervention arm and FP/MH outcomes |
| **Accommodating interventions** |
| **Study and Country** | **Type of intervention** | **Sample and Design** | **Measured women’s empowerment or gender construct** | **Reported FP or MH Outcome(s)** | **Results**  | **Gender-effect for FP/MH outcome observed?** |
| Aubel et al. 2004 [20]Senegal | BCC around workload of pregnant women | Grandmothers; mothers (15-29 yrs; married)Quasi-experimental; Focus group discussions | None –construct emerged from qualitative study | Workload of pregnant womenFood intake of pregnant women | Decreased workload of pregnant women (91% vs 34%)tIncreased food intake of pregnant women (90% vs 35%)t | N/A: Gender not measured quantitatively |
| Feldman et al. 2009 [21]Mexico | Positively influence attitudes towards FP and motivation to adapt FP | Women (15-29 yrs; married)RCT | Domestic and financial decision-making power | Use of modern contraceptives | Log odds = 0.16 (p<0.05)α | No. Analysis included autonomy as mediator between program participation and contraceptive use, but no association found. |
| Mahamed et al. 2012 [22]Iran | Health education around FP | Women (20-28 yrs; newly married)Quasi-experimental | Gender equitable attitudes (of woman or partner) regarding sexual and reproductive health (SRH); and domestic matters | Knowledge and attitudes around FP | Improvement in knowledge (p<0.001) and attitudes (p<0.001)£ | N/A: Gender attitude was embedded in the FP outcome; FP outcome did not measure intentions or use. |
| Midhet etl al. 2010 [23]Pakistan | BCC for empowerment for women and husbandsTraining of birth attendants in obstetric danger signsStructural (providing telecommunication and transport services for emergency obstetric care) | Pregnant women (married; age not specified)RCT | Male engagement in health | Contraceptive useDelivery in a hospital | NoneNone | N/A: Gender variable was not included as a mediator between intervention arm and the FP outcome |
| Mullany et al. 2009 [29]Nepal | Health education on FP and MH | Women (> 18 years old; married)RCT | None measured | Maternal and reproductive knowledge (based on 7 questions) | Improved knowledge among in 5 out of 7 questions; borderline statistically significant (p<0.05)£ | N/A: Gender not measured quantitatively. |
| Mushi et al. 2010 [24]Tanzania | Community mobilization around safe motherhoodTraining "safe motherhood promoters" | Pregnant women and mothers; and their husbands (19-53 yrs; married)Longitudinal; Qualitative interviews | None –construct emerged from qualitative study | Deliveries with skilled attendant | Increased use of skilled attendant (51.4% at endline vs 34.1% at baseline), compared to 36% at regional level at both time points (p<0.05) | N/A: Gender not measured quantitatively |
| Nasreen et al. 2012 [25]Bangladesh | BCC around FP and MHEngagement of community leaders (Imams and village doctors)  | Males (26-40 yrs; married)Quasi-experimental | Male engagement in health | Men's knowledge of FP and awareness of their wives' experience of abortionMen's knowledge of MH and awareness of of their wives' ANC use | NoneIncreased knowledge of saving money for birth preparedness (p<0.001); Increased knowledge of determining attendant at delivery (p<0.001) and buying delivery kit (p<0.001)Ω | N/A: Gender measures were same as FP outcome |
| Sahip and Turan 2007 [26]Turkey | Group health education | Men (late 20s – early 30s; married; expectant fathers); Wives of the menQuasi-experimental | Male engagement in domestic matters; and in 3health  | Contraceptive useUse of antenatal and postnatal care | NoneNone | N/A: Gender variables were not included as mediators between intervention group and FP and MH DVs |
| Sathar et al. 2005 [27]Pakistan | Training health care providers on a client-centered approach to care | Clinics (facility infrastructure, equipment and staff); Community based workersQuasi-experimental | Service provider-client interaction | Behavior of service providers towards female clients | Result for overall program not significant. Difference-in-difference (DID) coefficient for Assessment = 0.35 (p<.05). DID coefficient for Assessment = .30 (p.05); DID coeffcient for Help=.41 (p<.05) | Yes, for some outcomes |
| Tang et al. 2009 [28]China | Provision of information on FP and RH using web-based strategy | Service providers: village doctors, FP workers, women's cadres, teachersRCT | Attitudes around women’s health | Contraceptive knowledgeProvider clinical skills & knowledge of antenatal, delivery and postnatal care | Improvement in multiple indicators of contraceptive knowledge£Improvement in multiple indicators of provider clinical skills & knowledge of antenatal, delivery and postnatal care£ | N/A: Gender was not included as a mediator between intervention arm and FP/MH outcomes |

¥ Interaction term of time\*study group

£ Endline vs. baseline in intervention group

Ω Intervention vs comparison group at endline

t Endline vs baseline of separate cross-sections in intervention group

 α Midline vs baseline in intervention group

N/A indicates that the study did not examine the relationship between gender and the FP or MH outcome variable