

Table S1. Adherence to JoGH’s GRABDROP guidelines items

JoGH guideline items
1. Please list all papers published by each co-author in previous 3 years that were based on secondary analysis of a big data repository
Yun-Jung Eom - Eom YJ, Balla S, Rajpal S, Kim R, Subramanian SV. Assessing geographic variation in women’s decision-making power across 720 districts in India, 2016–2021. BMC Women’s Health. 2025;26(1). - Gausman J, Eom YJ, Kim R, Subramanian SV. Small area geographic variation in girl and boy child marriage in India: a district-level longitudinal analysis, 2016 and 2021. Journal of Global Health. 2025;15. - Eom YJ, Subramanian SV, Kim R. Geographic variation in women’s empowerment: a multilevel analysis of India’s National Family Health Survey 2021. Journal of global health. 2025;15:04159. - Chi H, Eom YJ, Jeong J, Lee HY, Kim R. Joint parental stimulation and early childhood development in 26 sub-Saharan African countries. BMJ Paediatrics Open. 2025;9(1):e003091–1. - Eom YJ, Chi H, Bhatia A, Lee HY, Subramanian SV, Kim R. Individual- and community-based women’s empowerment and complete use of maternal healthcare services: a multilevel analysis of 34 sub-Saharan African countries. Social Science & Medicine. 2025;117816–6. - Kim J, Eom YJ, Ko S, Subramanian SV, Kim R. Problems accessing health care and under-5 mortality: a pooled analysis of 50 low- and middle-income countries. Journal of Public Health. 2024;46(3):315–25. - Eom YJ, Chi H, Jung S, Kim J, Jeong J, Subramanian SV, et al. Women’s empowerment and child anthropometric failures in 28 sub-Saharan African countries: A cross-level Interaction by gender inequality index. SSM - Population Healt . 2024;101651. - Jung S, Chi H, Eom YJ, Subramanian SV, Kim R. Multilevel analysis of determinants in postnatal care utilisation among mother-newborn pairs in India, 2019–21. Journal of Global Health. 2024;14. - Chi H, Eom YJ, Jung S, Kim J, Jeong J, Kim R. Maternal Decision-Making Power and Care-Seeking Behaviors for Acutely Ill Children: A Multilevel Analysis of 33 Sub-Saharan African Countries. The American Journal of Tropical Medicine and Hygiene. 2024;110(2):370–8. Sion Jang - Jang S. The Effect of Overtime Work on Young Wage Workers’ Depressive Symptom - Analysis of the Mediating Effect of Work-Life Imbalance. Korean Journal of Social Welfare. 2025;77(2):291-317. [In Korean] - Jang S, Lee J. Predictive Factors of Suicidal Ideation among Single-Household Elderly who Experienced Spouse Bereavement: Using Logistic Regression. Korean Journal of Gerontological Social Welfare. 2025;80(2):93-122. [In Korean] - Jang S. Does Stress Affect Adolescent Anxiety by Mediating Sleep Time? Stress. 2024;32(3):142-152. [In Korean] - Jang S, Oh E. The Effect of Cultural Adaptation Stress on School Life Satisfaction of Multicultural Adolescents: An Analysis of the Moderating Effect of Visible and Invisible Appearance Characteristics Based on the Concept of Visible Minority. Korean Journal of Youth Welfare. 2024;26(4):51-81. [In Korean] - Jang S, Kim D. The Moderating Effect of Social Support on the Impact of Drinking Frequency on Young Adults’ Depression: Analysis of Gender Difference. Health and Social Welfare Review. 2024;44(1):191-217. [In Korean]

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2. Please explain the key elements of your study design and the use of the available datasets that make your study an original scientific contribution

This study is a cross-sectional analysis using data from the 2022 Bangladesh Demographic and Health Survey (DHS), a nationally representative household survey. We analyzed a subsample of currently married women aged 15–49 years who completed the DHS long questionnaire containing mental health information. Women’s empowerment was assessed using the globally validated Survey-based Women’s emPowerment Index (SWPER), and depressive and anxiety symptoms were measured using Patient Health Questionnaire–9 (PHQ-9) and Generalized Anxiety Disorder–7 (GAD-7), respectively. The study provides an original contribution by examining the association between multiple domains of women’s empowerment and depression and anxiety using nationally representative data in Bangladesh, a context where this relationship has been critically understudied.

3. Please list all publications that addressed similar research questions in the same dataset and indicate where you cited them in your paper

Publication	Where cited in the manuscript
Shawon MSR, Hossain FB, Ahmed R, Poly IJ, Hasan M, Rahman MR. Role of women empowerment on mental health problems and care-seeking behavior among married women in Nepal: secondary analysis of nationally representative data. <i>Archives of Women's Mental Health.</i> 2024;27(4):527-36.	Introduction (paragraphs 2–4); Discussion (paragraph 2)
Leight J, Pedehombga A, Ganaba R, Gelli A. Women's empowerment, maternal depression, and stress: Evidence from rural Burkina Faso. <i>SSM-Mental Health.</i> 2022;2:100160.	Introduction (paragraphs 2–4)
Scott S, Arrieta A, Kumar N, Menon P, Quisumbing A. Multidimensional predictors of common mental disorders among Indian mothers of 6-to 24-month-old children living in disadvantaged rural villages with women’s self-help groups: A cross-sectional analysis. <i>PLoS One.</i> 2020;15(6):e0233418.	Introduction (paragraphs 2–4)
Fielding D, Lepine A. Women’s Empowerment and Wellbeing: Evidence from Africa. <i>The Journal of Development Studies.</i> 2017;53(6):826-40.	Introduction (paragraphs 2–4)
Antabe R, Antabe G, Sano Y, Pienaah CKA. Women's household decision-making autonomy and mental health outcomes in Mozambique. <i>Glob Ment Health.</i> 2025;12:e40.	Introduction (paragraphs 2–4)
Yoshikawa K, Kamiya Y. Married couples’ perceptions on women’s autonomy and subjective well-being in Lao PDR. <i>International Journal of Social Economics.</i> 2019;46(6):792-804.	Introduction (paragraphs 2–4)
Haeri-Mehrzi A, Mohammadi S, Rafifar S, Sadighi J, Kermani RM, Rostami R, et al. Health literacy and mental health: a national cross-sectional inquiry. <i>Scientific Reports.</i> 2024;14(1):13639.	Introduction (paragraphs 2–4)
Yount KM, Dijkerman S, Zureick-Brown S, VanderEnde KE. Women's empowerment and generalized anxiety in Minya, Egypt. <i>Social science & medicine.</i> 2014;106:185-93.	Introduction (paragraphs 2–4)
Alam A, Prodhan ME, Akhter T, Sagar NI, Hasan MN. SWPER-Measured women’s empowerment and mental health in Bangladesh: a cross-sectional study from 2022 demographic and health survey. <i>BMC Women's Health.</i> 2026;119.	Discussion (paragraph 2)

4. Please explain how you addressed multiple testing through an appropriately rigorous statistical threshold and indicate this in the methods section

Multiple statistical tests were conducted across different domains of women's empowerment and mental health outcomes. Because the analyses were guided by *a priori* hypotheses derived from previous literature, formal adjustments for multiple comparisons were not applied (Rothman, 1990). Statistical significance was assessed using a conventional threshold of $p < 0.05$, and results were interpreted with attention to the consistency and magnitude of associations rather than relying solely on p-values.

5. Please declare to what extent have AI chatbots been used in developing your paper and to which parts of the paper did they contribute

AI chatbots were used only for minor language editing and improving the clarity of English expression. No AI tools were used for study design, data analysis, or interpretation of results. All content was written and verified by the authors, who take full responsibility for the manuscript.

Note. Rothman, K. J. (1990). No adjustments are needed for multiple comparisons. *Epidemiology*, 1(1), 43-46.

Table S2. STROBE Statement—Checklist of items that should be included in reports of cross-sectional studies

	Item No	Recommendation	Response
Title and abstract	1	(a) Indicate the study’s design with a commonly used term in the title or the abstract	Done
		(b) Provide in the abstract an informative and balanced summary of what was done and what was found	Done
Introduction			
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported	Done
Objectives	3	State specific objectives, including any prespecified hypotheses	Done
Methods			
Study design	4	Present key elements of study design early in the paper	Done
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection	Done
Participants	6	(a) Give the eligibility criteria, and the sources and methods of selection of participants	Done
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable	Done
Data sources/ measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group	Done
Bias	9	Describe any efforts to address potential sources of bias	Done
Study size	10	Explain how the study size was arrived at	Done
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why	Done
Statistical methods	12	(a) Describe all statistical methods, including those used to control for confounding	Done
		(b) Describe any methods used to examine subgroups and interactions	Done

		(c) Explain how missing data were addressed	Done
		(d) If applicable, describe analytical methods taking account of sampling strategy	Done
		(e) Describe any sensitivity analyses	Done
Results			
Participants	13*	(a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed	Done
		(b) Give reasons for non-participation at each stage	N/A
		(c) Consider use of a flow diagram	Done
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders	Done
		(b) Indicate number of participants with missing data for each variable of interest	Done
Outcome data	15*	Report numbers of outcome events or summary measures	Done
Main results	16	(a) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included	Done
		(b) Report category boundaries when continuous variables were categorized	Done
		(c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period	N/A
Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses	Done
Discussion			
Key results	18	Summarise key results with reference to study objectives	Done
Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias	Done
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	Done

Generalisability	21	Discuss the generalisability (external validity) of the study results	Done
Other information			
Funding	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based	Done

* Give information separately for exposed and unexposed groups.

Reference: von Elm E, Altman DG, Egger M, et al. The Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) statement: guidelines for reporting observational studies. *Lancet*. 2007;370(9596):1453–1457.

Note: An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at <http://www.plosmedicine.org/>, Annals of Internal Medicine at <http://www.annals.org/>, and Epidemiology at <http://www.epidem.com/>). Information on the STROBE Initiative is available at www.strobe-statement.org.

Table S3. Coding structure for each of the 14 items used for construction of SWPER index

Domain	Variable	Coding
Attitude to violence	Beating justified if:	Yes = -1; Don't Know = 0; No = 1
	1. Wife goes out without telling husband	
	2. Wife neglects the children	
	3. Wife argues with husband	
	4. Wife refuses to have sex with husband	
	5. Wife burns the food	
Social independence	6. Frequency of reading newspaper or magazine	Not at all = 0; Less than once a week = 1; At least once a week = 2
	7. Woman's education in completed years of schooling	Years
	8. Education difference: woman's minus husband's years of schooling	Years
	9. Age difference: woman's minus husband's age	Years
	10. Age of woman at first cohabitation	Years
	11. Age of woman first birth	Years
Decision-making	Who usually decides on:	Husband/other alone = -1; Joint or respondent alone = 1
	12. Women's health care	
	13. Large household purchases	
	14. Visits to family or relatives	

Note. Retrieved from Ewerling F, Raj A, Victora CG, Hellwig F, Coll CV, Barros AJ. SWPER Global: A survey-based women's empowerment index expanded from Africa to all low-and middle-income countries. *Journal of global health* 2020; 10(2).

Table S4. Multivariable associations between women's empowerment scores and mental health outcomes among married women in Bangladesh (N=18900)

	Depressive symptoms ^a		Anxiety symptoms ^b	
	β^c	95% CI	β^c	95% CI
Attitude to violence	0.92*	(0.85 - 0.98)	0.90**	(0.84 - 0.96)
Social independence	0.88**	(0.80-0.97)	0.85**	(0.75 – 0.95)
Decision-making	1.05	(0.95– 1.16)	1.10	(0.98 – 1.27)

Note. β =Beta coefficients; CI=Confidence Intervals.

*p<0.05; ** p<0.01; *** p<0.001.

a. Depressive symptoms were defined as having moderate to severe depression, indicated by a PHQ-9 score of 10 or greater.

b. Anxiety symptoms were defined as having moderate to severe anxiety, indicated by a GAD-7 score of 10 or greater.

c. Separate models were specified for each SWPER domain for each mental health outcome, accounting for the complex multistage sampling design of the DHS. Covariates included women's occupation (not working/housewife, agricultural, professional/technical/skilled, and services/others), husband's type of occupation (same categories with women's occupation), number of child aged <5 years (0, 1, 2, and 3+), number of household members (1-25), sex of household head (male and female), place of residence (urban and rural), household wealth index (poorest, poorer, middle, richer, and richest), religion (Islam, Hindu, Buddhist, and others), and Division (Barishal, Chattogram, Dhaka, Khulna, Mymensingh, Rajshahi, Rangpur, and Sylhet). Models for the attitude to violence and decision-making domains were additionally adjusted for women's age (15-19, 20-29, 30-39, and 40-49 years) and education (no education, primary, secondary, and higher).