



Helpdesk Research Report

Wellbeing through empowerment, improved enabling environment, and assets

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Question

What is the evidence that increasing empowerment, improved enabling environment, and assets together lead to improved wellbeing?

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1. Overview

This rapid literature review identifies evidence on whether empowerment, improved enabling environment, and assets are shown to contribute to improved wellbeing, either singly or combined. 'Wellbeing' in this report draws mainly on the framework from the University of Bath Wellbeing in Developing Countries (WeD) research group, as this is the most well-known and used framework in international development. The WeD framework conceptualises wellbeing as made up of material, relational and subjective dimensions. The underpinning principles of wellbeing are an interplay between what a person has, what they can do with what they have, and how they think about what they have and do.

There is a large amount of evidence on what people value and what contributes to their wellbeing. Globally, commonly stated factors necessary for wellbeing are:

- Good family relationships
- Being economically secure, and/or access to resources
- Being educated or knowledgeable
- Being respected or worthy of respect
- Education
- Health
- Friendship and support outside the family, and/or a peaceful community
- Voice at home, in the community, and beyond
- Spiritual communication with their god(s)

The factors which determine wellbeing are clearly inter-related and possibly interdependent. Scholars have several different explanations for how wellbeing arises, and the direction of causality. Although there are several different frameworks in operation, academics and practitioners are still at the early stages of understanding what wellbeing means for development.

The three areas and wellbeing

There is a large literature on each of empowerment, enabling environment and assets as separate concepts, and some literature which combines two aspects. There is only a small amount of literature which draws explicit links between these three areas combined and wellbeing.

In particular, assets and an enabling environment are usually seen as contributing to empowerment, rather than as equal and parallel factors. The relationship between empowerment, enabling environment, and assets, is fluid and perhaps flows in both directions.

The literature is very clear that economic factors are critical to wellbeing. Almost all research states the necessity of income, financial security or productive assets. Nearly all the literature also looks at personal relationships as aspects of wellbeing, which are here categorised as part of the enabling environment. Empowerment is usually seen as agency, the ability to utilise those resources or relationships. The contribution of assets and the enabling environment together to wellbeing is the clearest relationship, with empowerment an outlier with unclear interactions.

Empowerment and wellbeing

The literature is unclear on the relationship between empowerment and wellbeing. Both are highly contested terms (expert comments). Some scholars see wellbeing, particularly psychological wellbeing, as a contributor to empowerment, while others see empowerment as leading to wellbeing. The WeD group emphasises both wellbeing and empowerment as processes rather than outcomes (expert comments). The literature is in general agreement that autonomy, competence and agency are crucial aspects contributing to wellbeing, as these determine how people can exercise choice and control.

Enabling environment and wellbeing

Relationships: personal relationships are highlighted throughout the literature as essential to wellbeing. This is because social support reduces stress, provides a buffer for negative events, and enhances self-esteem. Powerful clientelistic relationships also mediate access to resources. Wellbeing is mediated by gender, marital status and other social factors.

Violence and security: improvements in safety and security clearly lead to improved wellbeing. There is evidence that they also contribute to economic security. Safety is closely related to social capital, as participation in community networks helps people construct protection against violence.

Work: the ability to work contributes to wellbeing or illbeing, mediated through social class, risk and rights.

Assets and wellbeing

Assets, or resources, are central to wellbeing in themselves, and as a means towards wellbeing. Resources contribute to wellbeing by meeting the needs people have identified as crucial to their wellbeing. People must therefore not only have access to resources but also control over them. Assets are also the gateway to accessing services, and have a major effect on how people think about themselves and their lives and how they participate in society.

This report focuses on post-conflict settings where possible, due to the interests of the enquirer. However, evidence is drawn from other contexts as well. The report excludes studies which only look at health outcomes, including mental health and psychological health, as these conceptualise wellbeing only as a form of health. This report also excludes studies looking only at child wellbeing. While the term encompasses more than child development, it focuses primarily on health and education, which are human capital assets.

2. WeD wellbeing framework

The Wellbeing in Developing Countries (WeD) group was an ESRC-funded research group operating from 2002-2008, based in the University of Bath, UK. Its model of wellbeing in developing countries is the most widely recognised in the international development field.

The WeD wellbeing framework focuses on positive change, in opposition to more usual policy approaches which focus on negatives such as poverty or exclusion (White, 2009b). This may challenge the stigmatising dynamic of poverty, by offering aspiration (White, 2009b). Framing development processes in terms of wellbeing rather than poverty allows an exploration of what people have and what they are able to do, rather than a focus on deficits or needs (Camfield, 2006). Also unusually in international development, wellbeing connects mind, body and spirit for a holistic outlook on the person (White, 2009b). Its final innovation is that it is centred on the person's own priorities and their subjective perspectives on what constitutes wellbeing or a good life (White, 2009b).

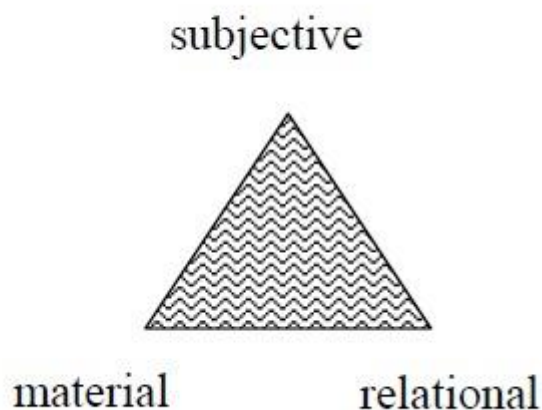
An intuitive understanding of wellbeing can be captured in the phrase 'Doing well – feeling good. Doing good – feeling well' (White, 2009b). This captures both 'objective' measures of wellbeing such as economic prosperity, health and standard of living, and 'subjective' measures including satisfaction and morality (White, 2009b).

The underlying principles of the framework are an interplay between (McGregor, 2006):

- the **resources** that a person is able to command (what a person has);
- what they are **able to achieve** with those resources, particularly what needs and goals they are able to meet (what they can do with what they have);
- the **meaning** that they give to the goals they achieve and the **processes** in which they engage (how they think about what they have and can do).

This proposition derives from previous bodies of work on needs, resources and quality of life.

Figure 1: The triangle of wellbeing



Source: White 2009a: 10

Figure 1 shows the WeD framework. It integrates three dimensions (White, 2009a):

- **Material** refers to the 'stuff' of wellbeing; food, bodies, shelter, assets; income and the physical environment.
- **Relational** refers to social interaction. This includes the rules and practices that govern 'who gets what and why.' It involves power and identity, and the connections and differences between people.
- **Subjective** refers to cultural values, ideologies and beliefs and people's own perceptions of their situation.

These three elements make up the central aspects of wellbeing. The triangle shape indicates that all three are interdependent (White, 2009a).

Critiques

The WeD group offers some critiques of using the wellbeing framework in development.

The subjective nature of wellbeing means that people's perceptions of values and ideals will differ considerably by cultural context (White, 2009b). There can be contestation between what is considered important or not important for wellbeing, according to different people in different communities (Lavers, 2007). Even within communities there can be disagreement. The WeD research in Ethiopia showed that although there are community norms of what is desirable and necessary for wellbeing, there are always individuals who deviate from these norms (Lavers, 2007). Additionally, parents and children may have different goals, or men and women, or goals may change over time (Lavers, 2007). Elite views are likely to dominate.

Wellbeing has the possibility of being construed as rooted in Western individualism (White, 2009b). This over-values the responses of subjects who share similar 'Western' values. Wellbeing may promote a model of individual choice and responsibility, and may depoliticise development by suggesting that how you feel is more important than external measures of poverty (White, 2009b). If people rate themselves as happy, although objectively poor, this may undermine the case for aid and state support (White, 2009b). Being person-centred can blunt the analysis of structural inequalities and power relationships (White, 2009b). However, the WeD framework is rooted in social interaction, culture and relationships, which indicates an understanding of wellbeing that includes politics and the role of power (Devine, 2007).

There is also a moral question about how development actors turn wellbeing into policy – do they help people achieve what they want, or what they need? (Lavers, 2007). The capabilities approach suggests that people must be free to make their own choices, even if they are 'bad' ones, and that "the ideal role of development must be to create spaces in which people are supported and have access to knowledge" (Lavers, 2007: 29). This allows autonomous development.

Most of the literature uses 'wellbeing' in the general sense. Where explicit, it is quite common to use the 3D approach, which considers material, relational and subjective aspects as making up wellbeing. This is part of the WeD framework.

The rest of this paper considers whether there is evidence to support increased wellbeing coming about through increased empowerment, enabling environment and/or assets. The paper takes a fairly broad understanding of wellbeing, based on the WeD approach outlined above but not restricted to it.

3. What is the evidence on empowerment, environment, assets and wellbeing?

This section details examples from the literature which include more than one element from this report's three driving categories of empowerment, enabling environment and assets. This helps identify how these elements work together or against each other to contribute to wellbeing, and which may be more important. In general, this literature does not analyse the links between these categories, but just describes the various aspects as 'contributing' to wellbeing.

In particular, an enabling environment and assets are usually seen as contributing to empowerment, rather than parallel and separate. The relationship between wellbeing and empowerment, and between empowerment, enabling environment, and assets, is fluid and perhaps flows in both directions.

Empowerment, enabling environment and assets

Development organisations often run psychosocial interventions in the aftermath of conflict (Bragin et al., 2014). CARE produced some research on how women receiving an empowerment programme in Burundi, Nepal and northern Uganda use the term ‘psychosocial wellbeing’¹ (Bragin et al., 2014). 1,218 women participated in focus groups, and 80 in key informant interviews. Groups from each country designated domains of wellbeing. Domains varied by country, but five common elements were found:

- Education
- Access to resources
- Love within the family
- Friendship and support outside the family
- Voice at home, in the community, and beyond

Richter (2009) provides an in-depth case study of welfare and power in Timor-Leste, comparing the variables to before and after independence from Indonesia and the following year of conflict. In this study, welfare refers to economic wellbeing. It uses individuals’ evaluations from a nationally representative household survey to compare perceptions of welfare and power before and after independence. The results show that people view themselves as having gained in welfare since 1999. For power, the gains are quite significant. More detailed analysis shows that the people who gained most in welfare were those with low initial economic resources, while those who gained most in power were those with high initial economic resources. An influx of economic resources increases both welfare and power, but with a much stronger impact on welfare (wellbeing). Having Tetun, the new national language, as a mother language increases power, but reduces welfare. The paper shows generally that economic wellbeing can be catalysed by increased personal economic resources, and improvements in the wider environment, such as infrastructure and corruption. The relationship, correlation or causation, between economic wellbeing and power is not clearly expressed in this paper. However, there are some occasions where people are shown to only benefit from one or the other, implying an inverse relationship, and that one does not necessarily have an impact on the other. This has the potential to show that empowerment is not crucial to economic wellbeing.

A survey of coastal fisherfolk wellbeing in Kenya reveals how capabilities to lead a good life are related to ecosystem services (Abunge et al., 2013). The authors used focus groups to collect data on what communities perceived to contribute to their wellbeing, and how this related to the Millennium Ecosystem Assessment (MA) principles for wellbeing and ecosystem services. The qualities identified by the fisherfolk were, with the three most important first: wealth; job; good health; land and assets; having children; decision making; relationships; religion; blessings; personal security.

In the MA categorisation, people ranked elements very highly which correspond to the ‘freedom and choices’ category, such as decision making, control, education, and knowledge. This highlights the centrality of capabilities to people’s wellbeing. The authors suggest that the freedom and self-determination aspects were the most important for wellbeing in this study. This may be problematic for policymakers, as changes in governance or direct interventions may be construed as compromising

¹ There are also individual country studies available here:

Nepal http://www.care.li/images/_care_2013/Dokumente/CARE_Psychosocial_Well-being_Study_Nepal.pdf;
Burundi https://www.care.at/images/_care_2013/Dokumente/carepsychosocialwellbeingstudyburundi.pdf;
Uganda https://care.li/images/_care_2013/Dokumente/carepsychosocialwellbeingstudyacholisubregion.pdf.

autonomy. The authors note that the act of earning money can lead to broader wellbeing implications as well as material wellbeing, such as respect in the community and freedom to make choices.

Empowerment and enabling environment

A World Bank pilot study in DRC provides the background for developing a locally-appropriate psychosocial wellbeing tool (Horn, 2014). The tool replicates work with Acholi women in Uganda, and measures women's wellbeing in post-conflict contexts through (i) local understandings of psychosocial wellbeing and psychological distress; (ii) a measure of social connectedness, (iii) a measure of empowerment, and (iv) various measures of factors assumed to influence psychological wellbeing. The tool has been tested and found to be robust in the DRC context, but has not yet been applied. The previous study in Acholi shows that the following factors were identified as central to women's wellbeing and recovery in a post-conflict context (Horn, 2013):

- Positive relationships and assistance from others (e.g. capital and training), and practical help, counselling, or advice
- The ability to earn money. This was closely related to whether a woman received support from the family and the woman's willingness to accept help
- Participation in religious activities, and having faith

Some other structural factors were also said to be important: the length of time since the traumatic event; whether the situation was in the past or was ongoing; the woman's physical health; and her age.

Enabling environment and assets

In empirical work from Bangladesh and Peru, WeD shows that **material and human resources** both play a crucial role in needs satisfaction (McGregor et al., 2007). Natural resources are not strongly associated with needs satisfaction. Some cultural resources are also important in Bangladesh, particularly whether people followed the dominant religion, Islam, but there is no positive evidence for cultural resources in Peru. The importance of social resources varied across both countries. Connection to government officials was important in both countries. Connection to government services was important in Bangladesh but not Peru, where connection to NGO services was more important for needs satisfaction. Bank accounts and participating in community activities were more important in Bangladesh and not important in Peru. These contrasts demonstrate that the same resources play different roles for wellbeing, depending on how they are used.

The Wellbeing Pathways research project draws on the WeD work. It shows that in India (Fernandez et al., 2014; and White et al., 2012), **people value economic status the most**, because of its material impacts but also because secure livelihoods contribute to people's confidence and quality of life. Social exchange, community action and personal relationships are also valued highly. Wellbeing is mediated by gender, marital status and other social factors. Single women do the worst, while married women have wellbeing slightly above average, and married men above average. Economic status and gender/marital status are therefore the best predictors of wellbeing, using this framework. The research also notes that a government food security programme is critical to wellbeing in this location, showing that politics and policies are key enablers.

4. What is the evidence on empowerment and wellbeing?

This section adopts a working definition of ‘empowerment’ based on DFID’s ongoing work in this area. It is a process enhancing individuals’ or organised groups’ capacity to increase their power and autonomy to achieve certain outcomes they need and desire (Combaz & Mcloughlin, 2014). Empowerment focuses on supporting disadvantaged people to gain agency and exercise choice and control over things they value.

Most of the literature on empowerment implicitly assumes that empowerment leads to ‘wellbeing’ in a broad sense. It is beyond the scope of this report to summarise such a large literature, which encompasses all findings on women’s empowerment and gender equality, as well as other types of empowerment. This section therefore focuses on finding well-evidenced examples of where explicit links are drawn between empowerment and the elements of wellbeing described above.

The literature is unclear on the relationship between empowerment and wellbeing. Some scholars see wellbeing, particularly psychological wellbeing, as a contributor to empowerment, while others see empowerment as leading to wellbeing. The WeD group emphasises both wellbeing and empowerment as processes rather than outcomes (expert comments).

The WeD work across four countries has provided empirical support to **autonomy** (“the experience of volition, ownership and initiative in one’s own behaviour”) and **competence** (“being able to effectively act on, and have an impact within, one’s environment”) as crucial aspects of wellbeing (Camfield, 2006). Wood (2006), in a WeD working paper, suggests that a key feature of poor people’s illbeing is fear of not being able to control or influence their environment for survival. This affects behaviour, such as having a heightened sense of risk.

Tiliouine (2012) confirms the importance of agency in a study of post-conflict Algeria. In common with other studies of wellbeing, Algerians registering high levels of autonomy lead a psychologically rewarding life. The WeD empirical fieldwork in Peru briefly reviews the conditional cash transfer *Juntos* programme, and concludes that receiving cash contributes to increased security of agency, and ‘freedom to’ make decisions (Wood & Copestake, 2007). The authors suggest that the programme contributes to agency, and therefore to wellbeing.

There is a body of literature which suggests that **women’s empowerment after conflict** leads to more rapid individual recovery, and community-level poverty reduction (e.g. Petesch, 2011). This is not usually documented as empowerment contributing to wellbeing, but there is a strong theoretical base for assuming this is the case. Empirically, women’s empowerment is proven to contribute to economic growth, peace, and social cohesion, among other outcomes.

CARE’s work in Burundi, Nepal and northern Uganda shows that women in post-conflict environments value voice at home, in the community, and beyond as part of their psychosocial wellbeing (Bragin et al., 2014). This contributes to wellbeing through increased dignity, self-worth and public participation (Bragin et al., 2014).

Fielding (2013) provides an in-depth case study of rural women in northern Senegal. The study uses 2009 household survey data from 39 villages (990 men, 1158 women, 504 households) to examine what effect empowerment has on married women’s subjective wellbeing. Most households are polygamous, with up to three wives. In this study, empowerment is measured as ‘freedom within the home’, such as going out without the husband’s permission; decisions within the home; and the husband’s behaviour during the time of the interview. Subjective wellbeing is measured through answers to the questions ‘Do you feel

anxious or depressed? Do you suffer from bodily pains?'; rating their general health on a scale; and their designated health-score. The results show that empowerment has a significant positive effect on women's wellbeing (specifically, their psychological and physical health). Empowerment has more effect on wellbeing than does consumption, education and good health. There is also strong evidence that domestic violence leads to poor wellbeing outcomes for women.

5. What is the evidence on enabling environment and wellbeing?

This section adopts a working definition of 'enabling environment' based on DFID's ongoing work in this area. It includes the formal legal and policy arena; formal and informal institutions and power relations; society, community, family; and norms.

Relationships

Throughout the WeD research in the four case study countries, people continuously pointed to the importance of relationships and connectivity as a facet of wellbeing (White, 2009b). This could be family, marriage, community, or political connections, among others (White, 2009b). Social connectedness is acknowledged as part of a high quality of life. CARE's work in Burundi, Nepal and northern Uganda corroborates this by showing that women in post-conflict environments value love within the family, and friendship and support outside the family, as part of their psychosocial wellbeing (Bragin et al., 2014). These relational aspects contribute to wellbeing because they mean getting along well with family and neighbours, emotional support, joy, and solidarity with others (Bragin et al., 2014).

Abas et al. (2009) reviewed wellbeing through a survey of 1147 parents aged 60 and over in rural Thailand. They found that low wellbeing was highly associated with health problems, particularly paralysis. However, social aspects improved wellbeing. Receiving support from children and others, and perceived good support to and from children all improved wellbeing, even with health problems. The authors suggest this is because social support reduces stress, provides a buffer for negative events, decreases social restriction and enhances self-esteem. The presence of others may help older people to carry out daily tasks, increase physical activity, and encourage medication compliance.

A study in China empirically examines how social capital contributes to wellbeing, as measured by physical health, psychological health, and subjective wellbeing (Yip et al., 2007). The results show that the trust, reciprocity and mutual help aspects of social capital contribute to wellbeing at the individual level. Social capital contributes to psychological health and subjective wellbeing at the village level as well. However, there is little link between organisational membership (structural social capital) and wellbeing outcomes, or between collective action and wellbeing. The research on social capital and wellbeing mostly conceptualises health as a pathway to wellbeing, and social capital as contributing to health.

However, in Ethiopia, the WeD research found that primary relationships were considered to be relatively unimportant (Lavers, 2007). This includes marriage, friends, and family. These were rated less important than material needs.

Violence and security

Wood (2006) argues in the WeD group that basic security should be given more prominence as a facet of wellbeing. He suggests seven principles to improve poor people's wellbeing in regard to security:

- **Altering time preference behaviour:** helping people to commit resources to the avoidance of risk and hazard, preparing for the future.
- **Enhancing capacities to prepare for hazards:** insurance, saving and planning.
- **Formalising rights.**
- **'De-clientelisation':** de-linking clients from patronage power relations. This may increase insecurity in the short-term.
- **Enlarging choice via pooling risks:** diversification, reducing dependence on one patron/income, spreading resources.
- **Improving the predictability of institutional performance:** systematising rights in formal institutions, and increasing individual agency to hold this accountable.
- **Strengthening well-functioning collective institutions:** community and collective action to offer services and benefits that contribute to security.

These factors have a focus on the social and informal conditions for security and wellbeing, rather than the law and order and rights aspects (Wood, 2006). There is an emphasis on predictability (countering risk, vulnerability, uncertainty, and hazard), and how poor people's agency is a route to predictability. For many poor people, the reality is that their security depends on other power-holders, either clientelistically or through the state (Wood, 2006). Improving agency and autonomy might improve the possibility of security.

In Somaliland, a post-conflict environment, an impact evaluation shows that improvements in safety and security lead to improved socio-economic wellbeing (Hammond, 2013). The Danish Demining Group ran a Community Safety Programme in Somaliland, which promotes peace and development through: community safety planning; firearm safety and mine risk education; safe storage devices; ordnance disposal; and community-police partnerships. Respondents said that their socio-economic wellbeing has improved since the programme began, as they experience:

- Higher incomes
- More market activity, including more women
- Better (though still limited) levels of social services
- More services provided by non-governmental organisations
- More people involved in savings associations, indicating more community trust
- Reduction in *diya* payments (conflict compensation between clans)

Improved wellbeing is not solely attributed to the development intervention, as weather, inflation and government capacity also had effects. However, 90 per cent of the respondents believed that there was a correlation between security and economic development.

Empirical evidence from Colombia shows that subjective insecurity is significantly negatively correlated with subjective wellbeing (Wills-Herrera et al., 2011). The authors surveyed 742 rural producers in five conflict-affected areas, and found that perceptions of political, economic and communitarian insecurity had significant negative impacts on respondents' assessments of their own wellbeing. Using a measure of

perceptions rather than objective measures of security helps to capture the agency and capacity the individual has to respond to a threat, as well as their coping strategies. Importantly, the perception of insecurity is separate and sometimes different from the objective facts of conflict. The research shows that individuals perceiving insecurity have lower levels of subjective wellbeing.

The authors also show that the relationship of insecurity and wellbeing is moderated by social capital, defined as interpersonal trust and participation in voluntary associations. It shows that participation in community networks helps people construct protection against violence. Social capital therefore decreases perceptions of insecurity, and increases wellbeing.

The authors suggest several possibilities for policymakers: strengthening communitarian networks as buffer mechanisms against violent events; strengthening trust in associations through more education and training; and strengthening networks for production.

Work

A case study from India explores the relationship between work and wellbeing (Harriss-White, 2010). In India, as in many developing countries, a large proportion of poor people work in the informal economy. The relationship between work and wellbeing is characterised by four features:

- **Insecurity:** lacking rights to property ownership, finance, public goods, services, trade unions, and conditions of work. Social norms may regulate access to markets and resources.
- **Poverty:** a higher proportion of people in self-employed informal work are poor, than those who are completely unemployed.
- **Risk and vulnerability:** hazard and uncertainty is pervasive, including sickness of people, animals and plants, economic shock, and dangerous work conditions.
- **Coercion:** bonded labour and expectations of unremunerated work, and/or (sexual) harassment.

Gender, language, caste, ethnicity, religion, age, location and other social factors, as well as the above, have an impact on whether work contributes to or detracts from wellbeing (Harriss-White, 2010).

6. What is the evidence on assets and wellbeing?

This section adopts a working definition of 'assets' based on DFID's ongoing work in this area. It includes the material resources of health, education, water and cash; and the intangible resources of training, advice, information and facilitation, among others. The literature on resources and assets in development and poverty reduction is vast. This report only identifies examples where a specific link is made to wellbeing as defined above.

Resources, material, cultural and social, are recognised as central to wellbeing (Wood, 2006). They are central to wellbeing in themselves, and as a means towards wellbeing (Wood, 2006). It is noted that in poor countries (but not in rich countries), **income level is highly correlated to subjective wellbeing** (Tiliouine, 2009). The WeD work across four countries has provided empirical support to viewing health, education and economic security as crucial aspects of wellbeing (Camfield, 2006). These resources are important in themselves, but also have a major effect on how people think about themselves and their lives and how

they participate in society (expert comments). The follow-up Wellbeing Pathways project has also confirmed, through fieldwork in Zambia and India, that economic status makes the most difference to wellbeing.

The WeD framework regards resources as not having a fixed meaning, but important to people because of how they are used (White & Ellison, 2006). This describes resources as having material, relational and symbolic dimensions, rather than concrete definitions like 'capital' or 'assets' (White & Ellison, 2006). Resources are subject to human agency and power relations, and the character of resources varies according to how they are perceived and used (White & Ellison, 2006). What constitutes a resource depends on the purposes of the people involved (White & Ellison, 2006). Resources contribute to wellbeing by meeting the needs people have identified as crucial to their wellbeing (McGregor et al., 2007). People must therefore not only have access to resources but also control over them (McGregor et al., 2007).

CARE's work in Burundi, Nepal and northern Uganda shows that women in post-conflict environments value education and access to resources as part of their psychosocial wellbeing (Bragin et al., 2014). Education was seen as having a transformative potential for children, and as important for improving livelihoods. Access to resources was seen as the ability to get what one needs when one needs it, and the right to have one's needs met. Other issues were highlighted but not shared consistently across countries, including: land ownership or independent income; higher education; a nice home; and nice clothes.

Using Sen's capability approach to wellbeing, Batana (2010) shows that wellbeing in Sub-Saharan Africa has improved over time. He uses the Demographic Health Survey to estimate how much assets and health have increased over time in ten countries, and considers these the main two dimensions of wellbeing. The review shows that **assets and health have contributed to improved welfare** in most countries. The report highlights that there is no strong causative link between aid and wellbeing, and that foreign aid may not have directly contributed to improvements in welfare.

A comprehensive review of literature on **assets and child wellbeing** in developing countries shows that household asset ownership has a strong impact on health, education and child labour (Chowa et al., 2009). Overall, increased assets improve these outcomes. Assets are the gateway to accessing services, which can provide for children's basic needs and investments for the future. More assets mean that households have less need for child labour, and more resources to pay for the costs of schooling. Sometimes larger or time-intensive assets mean children are more needed to work for the household, and this has a negative impact on their schooling. Assets intrinsically contribute to health, as they include food and safe drinking water, and enable paying for healthcare. The authors caution that in some cases of positive outcomes, these may be better explained by factors other than household assets.

A systematic review of 58 papers provides robust evidence on what impact **microfinance** has had on wellbeing (Duvendack et al., 2011). It finds no robust evidence of positive impacts on women's status or girls' enrolments, due mainly to weak research designs in the original studies. Significant and well-cited papers are shown to have weak research design and therefore results which may not be reliable. Some economic impacts were found as a result of microfinance, but these have little direct effect on wellbeing outcomes. Very few direct effects on indicators of wellbeing were found. The authors conclude that microfinance benefits may be based on unreliable data and that wellbeing impacts may be exaggerated.

Habibov and Afandi (2009) examine subjective wellbeing in the low-income transitional contexts of Armenia, Azerbaijan and Georgia. The authors use a cross-country comparable household survey conducted in 2006, which asked the question 'How would you describe the current economic condition of

your household?' It had 2065 respondents in Armenia, 2400 in Azerbaijan and 2400 in Georgia. The results show that economic factors have a significant impact on wellbeing. The most important are:

- Household total income
- University education of the household head: Higher education experienced an increase on return following the collapse of centralised planned economies, allowing allocation of wages based on expertise
- Having a salary as the main source of income in a household
- Household size: This may contribute to wellbeing if members are able to contribute cash, remittances, or free services
- Ownership of a car, mobile phone or satellite dish
- Having a perception that economic conditions have improved over the last three years

The study concludes that economic factors have a strong impact on subjective wellbeing in these countries, perhaps stronger than in middle-income countries. Outside of economic factors, the study suggests that marital and migration status may have an important role.

Another paper using the capability approach in DRC shows that **place and location are important mediators** which translate income into wellbeing (De Herdt & Marivoet, 2011). The study combines household survey data and the 2004 1-2-3 survey to review households in Kinshasa. It shows that, over time, differences in income and expenditures between neighbourhoods have flattened, and that wellbeing appears to be more equitable across the city. This suggests that differences between rich and poor attributable to place are a result of how people are able to use the resources at their disposal: their capabilities. For example, poor people in the city centre spend less on transport than do poor people in the city periphery, suggesting that people in the centre enjoy higher wellbeing. Those in the centre also have better access to education, and to better education than those in the outskirts. The authors conclude that, when income levels are equal, the location of a household makes a significant difference to poverty and wellbeing.

Research from Ethiopia builds on similar work in Tanzania to show that migrants' perceptions of wellbeing do not necessarily improve, compared to people who stayed in the village (de Brauw et al., 2013). This suggests the importance of place and perception. The research shows that objective measures of welfare are much higher among migrants than non-migrants, but subjective measures show little difference between migrants and non-migrants. Consumption increased 110 per cent among migrants, including richer and more diverse diet, which suggests a large gain in standard of living. However, migrants do not appear any more satisfied with their lives than people who did not migrate.

7. Other determinants of wellbeing

This section details results from wellbeing research which do not fit clearly into the categories of empowerment, enabling environment or assets. Much of the literature expresses that wellbeing is made up of closely intertwined factors, not easily separated out into categories.

Combined data from all four WeD case study countries suggests that the following are universally considered important to wellbeing (Camfield, 2006):

- Good family relationships
- Being economically secure
- Being educated or knowledgeable
- Being respected or worthy of respect

In a review of fishery policies' impact on wellbeing, Coulthard et al. (2011) add that globally common answers to questions about living well usually include:

- Money/wealth
- Aspirations for children and family
- Having good neighbours
- A peaceful community

Levels of life satisfaction and wellbeing are subject to **changing national dynamics**, such as political instability or change from one regime to another, macro-economic trends, and outbreaks of conflict (Tiliouine, 2009). There are plenty of other factors listed in the literature as having an effect on the wellbeing of nations: human rights, democracy, rule of law, corruption, political stability, and so on (Tiliouine, 2009).

Veenhoven (2009) reviews data from 92 countries in the early 2000s. The data shows that citizens experience higher wellbeing in nations which have favourable external conditions: biological capacity (natural resources); economic competitiveness; military power; integration in the world system. The data also shows that citizens experience higher wellbeing in nations which have well-functioning public institutions: government effectiveness; regulatory quality; control of corruption; voice and accountability. The data shows that citizens experience higher wellbeing in nations which are politically stable, and lower where there is civil war and ethnic conflict.

In Ethiopia, the WeD research found that what people consider to be important differs from the basic needs and human development approach to include elements of **psychological, spiritual and moral wellbeing** (Lavers, 2007). In two rural research sites, respondents rated highly items such as being of good character, peace of mind, and communication with God. These things are rated as highly as basic needs. Health was broadly considered to be the most important goal. Both sites prioritised material goals, but included social, collective and cultural goals as of high importance (Lavers, 2007: 14).

Habibov and Afandi (2009) examine subjective wellbeing in the low-income transitional contexts of Armenia, Azerbaijan and Georgia. They show that there is a strong association between low subjective wellbeing, and having a negative perception about the past and future wider economic situation. There is also a strong association between low subjective wellbeing and withdrawal from discussing politics. The authors suggest that this implies social exclusion of the poor, low upward mobility, and a disenfranchised underclass.

Other wellbeing frameworks

There are some other groups working on various aspects of wellbeing. These are briefly detailed here:

- 3D wellbeing: material, relational and subjective wellbeing².
- Wellbeing and Poverty Pathways Project³: economic resources, agency and participation, social connections, close relationships, competence and self-worth, physical and mental health, values and meaning.
- OPHI Multidimensional poverty⁴.
- Quality of Life measures.
- OECD Better Life Index⁵.
- UN research on wellbeing and happiness⁶.
- United Nations Sustainable Development Solutions Network's World Happiness Report 2013⁷.
- Voices of the Poor: this World Bank study adopted some elements of a wellbeing approach.
- Millennium Ecosystem Assessment: how ecosystem services contribute to security; basic material for a good life; health; good social relations; freedoms and choice.

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³ <http://www.wellbeingpathways.org/>

⁴ <http://www.ophi.org.uk/policy/multidimensional-poverty-index/>

⁵ <http://www.oecdbetterlifeindex.org/>

⁶ <http://research.un.org/en/happiness>

⁷ <http://unsdsn.org/resources/publications/world-happiness-report-2013/>

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Key websites

- University of Bath – Wellbeing and human development research theme: <http://www.bath.ac.uk/cds/research/wellbeing-human-development/>
- University of Bath – Wellbeing in Developing Countries Research Group archived website: <http://www.welldev.org.uk/>
- Wellbeing and Poverty Pathways: <http://www.wellbeingpathways.org/>
- Indices of Social Development: <http://www.indsocdev.org/home.html>

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