While social scientists have long-standing interests in economics as determinants of population health (Karas Montez, Hummer, Hayward, Woo, and Rogers 2011; Kawachi and Kennedy 1997; Marmot and Wilkinson 2001; Preston 1975, 1985; Wilkinson, 1992), there is increased call for attention to the social and political factors that shape the economic conditions that affect populations and thus have significant demographic and health consequences (Coburn 2004; Lynch 2000; Mackenbach 2014; Oakes and Kaufman 2006; Navarro and Shi 2001; Shaw, Dorling, and Davey Smith 2002; Terris 1999). Such calls exist alongside persuasive arguments that efforts to identify causal relationships can usefully look to the macro-level and consider "social rules, policies, and choice sets" as the background drivers of demographic phenomena (Smith 2003). A crucial aspect of this is the need to understand the policy backdrop of demographic phenomenon both in relation to the large scale political economic context of societies and in relation to the meso-level character of governmental institutions that are the vector by which policy is both formally articulated and implemented. To date, demographic research has focused little attention on the role of such institutions.

Against this backdrop, this paper focuses on the role of female representation in national political institutions and its impact on population health. Building upon research in political science, we argue that female politicians are particularly likely to push for policies embodying maternal health and child well-being, even when such policies are orthogonal to party doctrine. We test these ideas with a multifaceted strategy. First, we compile a cross-national panel data set that includes 144 countries and 22 years of data that incorporate indicators of female representation in national government (www.ipu.org), social policy implementation in education, health, and employment (personally constructed), and high quality measures of infant and child mortality (data.worldbank.org). Second, we estimate cross-sectional models, often seen in political science, that examine the strength of the

relationship between female political empowerment and indicators of social policies indicative of expanded educational opportunity, improved maternal health, and enhanced child well-being. Third, we show with rigorous fixed effects models that increased female representation in government reduced infant and child mortality. Importantly, such associations are robust to the inclusion of traditional indicators of social and economic development. Finally, we explore the policy mechanisms that link female political representation to child survival with specific examination of policy innovation in education, medical interventions, and economic capacity. In general, the findings indicate that greater female representation in government is associated with better population health with the proximal effects manifesting in reduced infant and child mortality and the more the distal effects being myriad and manifesting in a complex nexus of policies and practices targeting the health and well-being of women and children. Implications for broad ideas about human development goals, political process, and policy formation in the pursuit of improving infant and child survival are discussed.