

Appendix

Contents

A	PICO framework	2
B	Search strings	3
C	Data extraction form	6
D	Excluded studies	7
E	Limitations	13

A PICO framework

Summary of the PICO-framework criteria

Population	Families with children under 5-years of age
Intervention	Income support interventions not directly targeting health
Comparator	Families with children under 5-years of age who did not receive the intervention (experimental or quasi-experimental studies)
Outcome	Any measurable health outcome, self-reported scales of general-health status excluded

B Search strings

This document contains the strings that were lastly launched on the 15th January 2024 on the three databases: PubMed, EconLit and PsycInfo

PubMed

```
("Social Welfare"[Mesh] OR "Financing, Government"[Mesh]  
OR "Public Assistance"[Mesh] OR "Financial Support"[Mesh]  
OR "Income"[Mesh] OR income*[ti] OR cash[ti] OR tax[ti]  
OR taxes[ti] OR taxat*[ti] OR subsid*[ti] OR fiscal*[ti]  
OR benefit*[ti] OR voucher*[ti] OR monetary[ti] OR welfare[ti]  
OR financ*[ti] OR food-stamp*[ti] OR minimum-wage*[ti])
```

AND

```
("Child, preschool"[Mesh] OR "Infant"[Mesh] OR "Adolescent"[Mesh]  
OR child[tiab] OR children[tiab] OR pediatric*[tiab]  
OR preschool*[tiab] OR childhood*[tiab] OR paediatric*[tiab]  
OR infant*[tiab] OR newborn*[tiab] OR baby[tiab] OR babies[tiab]  
OR toddler*[tiab] OR adolescen*[tiab] OR teen*[tiab]  
OR teen-ager*[tiab] OR teenager*[tiab])
```

AND

```
("Respiratory Tract Infections"[Mesh] OR "Mental Health"[Mesh]  
OR "Mental Disorders"[Mesh] OR "Psychological Distress"[Mesh]  
OR "Cardiovascular Diseases"[Mesh] OR "Metabolic Diseases"[Mesh]  
OR "Body Weight"[Mesh] OR "Birth Weight"[Mesh]  
OR "Nutrition Disorders"[Mesh] OR "Nutritional Status"[Mesh]  
OR Mental-disorder*[tiab] OR mental-disease*[tiab]  
OR Psychiatric-disease*[tiab] OR psychiatric-disorder*[tiab]  
OR Cardiovascular-disease*[tiab] OR Weight[tiab] OR Obesity[tiab]  
OR Respiratory-infection*[tiab] OR respiratory-disease*[tiab]  
OR metabolic-disease*[tiab] OR stress*[tiab] OR malnutrition*[tiab]  
OR nutritional-status[tiab] OR undernutrition*[tiab] OR health[ti])
```

AND

```
("Time"[Mesh] OR longterm[tiab] OR long-term*[tiab]  
OR long-run[tiab] OR later-life[tiab] OR years-after[tiab]  
OR years-later[tiab] OR lifetime[tiab] OR life-time[tiab]  
OR follow-up[ti] OR longitudinal[ti])
```

EconLit

```
(((((ZU "welfare economics: general")  
or (ZU "welfare economics: other")  
or (ZU "welfare, well-being, and poverty: general")  
or (ZU "welfare, well-being, and poverty: government programs;  
provision and effects of welfare programs")  
or (ZU "welfare, well-being, and poverty: other"))))  
OR (((ZU "fiscal and monetary policy in development")  
or (ZU "fiscal policy for economic stabilization and growth: general")  
or (ZU "fiscal policy for economic stabilization and growth:  
underdeveloped countries")  
or (ZU "fiscal theory and fiscal policy; public finance: general")  
or (ZU "fiscal theory and policy; public finance"))  
OR (ZE "food subsidies")) OR ((ZE "income distribution"))  
OR (((ZU "taxation and subsidies: efficiency; optimal taxation")  
OR (ZU "taxation and subsidies: externalities; redistributive effects;  
environmental taxes and subsidies")  
or (ZU "taxation and subsidies: incidence"))
```

or (ZU "taxation and subsidies: other")
 or (ZU "taxation, subsidies, and revenue: general")
 or (ZU "taxation, subsidies, and revenues: other sources of revenue"))))
 OR TI income* OR TI cash OR TI tax OR TI taxes OR TI taxat*
 OR TI subsid* OR TI fiscal* OR TI benefit* OR TI voucher*
 OR TI monetary OR TI welfare OR TI financ* OR TI "food stamp*"
 OR TI "minimum wage*"

AND

TI pediatric* OR TI preschool* OR TI childhood* OR TI paediatric*
 OR TI infant* OR TI newborn* OR TI baby OR TI babies OR TI toddler*
 OR TI adolescen* OR TI teen* OR TI teen-ager* OR TI teenager*
 OR AB pediatric* OR AB preschool* OR AB childhood* OR AB paediatric*
 OR AB infant* OR AB newborn* OR AB baby OR AB babies OR AB toddler*
 OR AB adolescen* OR AB teen* OR AB teen-ager* OR AB teenager*

AND

TI "Mental disorder*" OR AB "Mental disorder*" OR TI "mental disease*"
 OR AB "mental disease*" OR TI "Psychiatric disease*"
 OR AB "Psychiatric disease*" OR TI "psychiatric disorder*"
 OR AB "psychiatric disorder*" OR TI "Cardiovascular disease*"
 OR AB "Cardiovascular disease*" OR TI Obesity OR AB Obesity
 OR TI weight* OR AB weight* OR TI "Respiratory infection*"
 OR AB "Respiratory infection*" OR TI "respiratory disease*"
 OR AB "respiratory disease*" OR TI "metabolic disease*"
 OR AB "metabolic disease*" OR TI stress* OR AB stress*
 OR TI malnutrition* OR AB malnutrition* OR TI "nutritional status"
 OR AB "nutritional status" OR TI undernutrition* OR AB undernutrition*
 OR TI health

AND

TI time* OR AB time* OR TI longterm OR AB longterm OR TI long-term*
 OR AB long-term OR TI long-run OR AB long-run OR TI later-life
 OR AB later-life OR TI years-after OR AB years-after OR TI years-later
 OR AB years-later OR TI lifetime OR AB lifetime OR TI life-time
 OR AB life-time OR TI longitudinal OR TI follow-up

PsycInfo

(DE "Welfare Services (Government)" OR DE "Community Welfare Services"
 OR DE "Economic Disadvantage")
 OR (DE "Income (Economic)" OR DE "Salaries")
 OR income*[ti] OR TI cash OR TI tax OR TI taxes OR TI taxat*
 OR TI subsid* OR TI fiscal* OR TI benefit* OR TI voucher*
 OR TI monetary OR TI welfare OR TI financ* OR TI food-stamp*
 OR TI minimum-wage* OR TI "Social welfare" OR TI "financing government"
 OR TI "Public assistance" OR TI "financial support*"

AND

TI pediatric* OR TI preschool* OR TI childhood* OR TI paediatric*
 OR TI infant* OR TI newborn* OR TI baby OR TI babies OR TI toddler*
 OR TI adolescen* OR TI teen* OR TI teen-ager* OR TI teenager*
 OR AB pediatric* OR AB preschool* OR AB childhood* OR AB paediatric*
 OR AB infant* OR AB newborn* OR AB baby OR AB babies OR AB toddler*
 OR AB adolescen* OR AB teen* OR AB teen-ager* OR AB teenager* à
 OR AE Childhood (birth-12 yrs) OR AE "Neonatal (birth-1 mo)"
 OR AE "Infancy (2-23 mo)" OR AE "Preschool Age (2-5 yrs)"
 OR AE "School Age (6-12 yrs)" OR AE "Adolescence (13-17 yrs)"

AND

(((((DE "Respiratory Tract Disorders" OR DE "Apnea"
OR DE "Bronchial Disorders" OR DE "Dyspnea" OR DE "Hay Fever"
OR DE "Hyperventilation" OR DE "Laryngeal Disorders"
OR DE "Lung Disorders" OR DE "Pharyngeal Disorders"
OR DE "Severe Acute Respiratory Syndrome"
OR TI "respiratory infection*"
OR TI "respiratory disease*" OR AB "respiratory infection*"
OR AB "respiratory disease*")
OR (DE "Mental Health" OR DE "Athlete Mental Health"
OR DE "Youth Mental Health") OR TI "mental health"
OR AB "mental health")
OR (DE "Mental Disorders" OR DE "Affective Disorders"
OR DE "Anxiety Disorders" OR DE "Behavior Disorders"
OR DE "Bipolar Disorder" OR DE "Borderline States"
OR DE "Chronic Mental Illness" OR DE "Dissociative Disorders"
OR DE "Eating Disorders" OR DE "Gender Dysphoria"
OR DE "Mental Disorders due to General Medical Conditions"
OR DE "Neurocognitive Disorders"
OR DE "Neurodevelopmental Disorders" OR DE "Neurosis"
OR DE "Obsessive Compulsive Disorder" OR DE "Paraphilias"
OR DE "Personality Disorders" OR DE "Psychosis"
OR DE "Serious Mental Illness" OR DE "Sleep Wake Disorders"
OR DE "Somatoform Disorders"
OR DE "Stress and Trauma Related Disorders"
OR DE "Substance Related and Addictive Disorders"
OR DE "Thought Disorders")
OR TI "mental disorder*" OR AB "mental disorder*"
OR TI "mental disease*" OR AB "mental disorder*"
OR TI "psychiatric disorder*" OR AB "psychiatric disease*")
OR (DE "Psychological Stress") OR TI stress OR AB stress)
OR (DE "Cardiovascular Disorders" OR DE "Aneurysms"
OR DE "Arteriosclerosis" OR DE "Blood Pressure Disorders"
OR DE "Cerebrovascular Disorders" OR DE "Embolisms"
OR DE "Heart Disorders" OR DE "Hemorrhage" OR DE "Hypertension"
OR DE "Ischemia" OR DE "Thromboses") OR TI "cardiovascular disease*"
OR AB "cardiovascular disease*") OR (DE "Metabolism Disorders"
OR DE "Cushings Syndrome" OR DE "Cystic Fibrosis" OR DE "Diabetes"
OR DE "Hyperglycemia" OR DE "Hypoglycemia" OR DE "Hyponatremia"
OR DE "Lipid Metabolism Disorders" OR DE "Phenylketonuria"
OR DE "Porphyria") OR TI "metabolic disease*"
OR AB "metabolic disease*") OR (DE "Body Weight" OR DE "Birth Weight"
OR DE "Body Weight Cycling" OR DE "Overweight" OR DE "Underweight"
OR DE "Weight Control" OR DE "Weight Gain" OR DE "Weight Loss"))
OR (DE "Nutritional Deficiencies"
OR DE "Protein Deficiency Disorders" OR DE "Starvation"
OR DE "Vitamin Deficiency Disorders")
OR TI weight OR AB weight OR TI obesity OR AB obesity
OR TI malnutrition* OR AB malnutrition*
OR TI "nutritional status" OR AB "nutritional status"
OR TI undernutrition* OR AB undernutrition* OR TI health)
OR (DE "Obesity")

AND

DE "Time" OR TI time* OR AB time* OR TI longterm OR AB longterm
OR TI long-term* OR AB long-term OR TI long-run OR AB long-run
OR TI later-life OR AB later-life OR TI years-after OR AB years-after
OR TI years-later OR AB years-later OR TI lifetime OR AB lifetime
OR TI life-time OR AB life-time OR TI longitudinal OR TI follow-up

C Data extraction form

Here the list of information retrieved during the data extraction.

General information

Study ID, title, lead author contact details, country in which the study was conducted, level of income of the country (high, middle, low).

Characteristics of studies

Methods

Aim of study, study design, start date of the study, end date of the study, study funding sources, possible conflicts of interest for the authors.

Population

Intervention group age, intervention group inclusion criteria, intervention group exclusion criteria, total number of intervention group, control group inclusion criteria, total number of control group.

Intervention

Period of intervention (pre-natal, peri-natal, post-natal, preschool), start date of intervention, end date of intervention, intervention type, intervention description.

Outcome

Years of follow-up, type of outcome.

Results

Intervention and comparisons

Type of intervention, type of benefits (food/cash/etc.), size of benefit, time and frequency of intervention, duration of intervention, beneficiary (mother/family/household), provider.

Impact

For each model provided in the study:

Measure of effect of the model, quantitative finding, model characteristics, direction of effect, significance.

Limitations

Limitations, as in the paper, fidelity, acceptability, feasibility, sustainability, other.

Quality assessment

Missing values (yes/no), inadequate sample size (yes/no), generalizeability/transferability (yes/no), spillover (yes/no), misclassification bias, omitted variable bias, reporting bias, other source of bias.

D Excluded studies

List of the excluded studies at full-text screening stage

Number	Reference	Summary content for exclusion
1	Adato M and Bassett L. Social protection to support vulnerable children and families: the potential of cash transfers to protect education, health and nutrition. <i>AIDS Care</i> 2009; 21 :60–75	Wrong study design: intervention specific for HIV/AIDS
2	Aguilera Vasquez N and Daher J. Do nutrition and cash-based interventions and policies aimed at reducing stunting have an impact on economic development of low-and-middle-income countries? A systematic review. <i>BMC Public Health</i> 2019; 19 :1419	Wrong outcome: Economic outcomes
3	Alderman H. Safety nets can help address the risks to nutrition from increasing climate variability. <i>J Nutr</i> 2010; 140 :148s–52s	Wrong study design: narrative article, no studies
4	Anderson I, Axelson H, and Tan BK. The other crisis: the economics and financing of maternal, newborn and child health in Asia. <i>Health Policy and Planning</i> 2010; 26 :288–97	Wrong study design: book, not a study
5	Andres E et al. Maternity Leave Access and Health: A Systematic Narrative Review and Conceptual Framework Development. <i>Maternal and Child Health Journal</i> 2016; 20 :1178–92	Wrong study design: systematic review
6	Attanasio O. How effective are conditional cash transfers? Evidence from Colombia. 2005	Wrong FU length: short-term effects
7	Axford N and Berry V. Money Matters: Time for Prevention and Early Intervention to Address Family Economic Circumstances. <i>Journal of Prevention</i> 2023; 44 :267–76	Wrong study design: narrative article
8	Baltagi BH and Yen YF. Welfare Reform and Children's Health. <i>Health Econ</i> 2016; 25 :277–91	Wrong outcome: rating of medical health care utilization
9	Bartel A et al. The Impacts of Paid Family and Medical Leave on Worker Health, Family Well-Being, and Employer Outcomes. <i>Annual Review of Public Health</i> 2023; 44 :429–43	Wrong study design: systematic review
10	Beidelman ET et al. Impact of the South African Child Support Grant on memory decline and dementia probability in rural and low-income mothers, 2014–2021. <i>Social Science and Medicine</i> 2024; 358 :117217. doi: https://doi.org/10.1016/j.socscimed.2024.117217	Wrong population: mothers
11	Berger LM, Hill J, and Waldfogel J. Maternity Leave, Early Maternal Employment and Child Health and Development in the US. <i>The Economic Journal</i> 2005; 115 :F29–F47	Wrong FU length: short-term effects
12	Bernal R and Fernández C. Subsidized childcare and child development in Colombia: effects of Hogares Comunitarios de Bienestar as a function of timing and length of exposure. <i>Soc Sci Med</i> 2013; 97 :241–9	Wrong FU length: short-term effects
13	Black AP et al. Health outcomes of a subsidised fruit and vegetable program for Aboriginal children in northern New South Wales. <i>Med J Aust</i> 2013; 199 :46–50	Wrong FU length: short-term effect
14	Brännström L, Vinnerljung B, and Hjern A. Long-term outcomes of Sweden's Contact Family Program for children. <i>Child Abuse and Neglect</i> 2013; 37 :404–14	Wrong intervention: not income support
15	Bullinger LR. The Effect of Paid Family Leave on Infant and Parental Health in the United States. <i>Journal of Health Economics</i> 2019; 66 :101–16	Wrong FU length: short-term effects

Number	Reference	Summary content for exclusion
16	Cahyadi N et al. Cumulative impacts of conditional cash transfer programs: Experimental evidence from Indonesia. <i>American Economic Journal: Economic Policy</i> 2020; 12 :88–110	Wrong FU length: short-term effects
17	Catalano RF et al. Positive Youth Development Programs in Low- and Middle-Income Countries: A Conceptual Framework and Systematic Review of Efficacy. <i>Journal of Adolescent Health</i> 2019; 65 :15–31	Wrong study design: systematic review
18	Chilenski SM et al. Public Health Benefits 16 Years After a Statewide Policy Change: Communities That Care in Pennsylvania. <i>Prevention Science</i> 2019; 20 :947–58	Wrong intervention: not income support
19	Chock LR, Hayes DK, and Tomiyasu DW. Insights in public health: The Special Supplemental Nutrition Program for Women, Infants and Children: strengthening families for 40 years. <i>Hawaii J Med Public Health</i> 2014; 73 :295–300	Wrong study design: review
20	Chyi H. The Effects Of Single Mothers' Welfare Use And Employment Decisions On Children'S Cognitive Development. <i>Economic Inquiry</i> 2013; 51 (1)	Wrong FU length: short-term effects
21	Coley RL et al. Timing, extent, and type of child care and children's behavioral functioning in kindergarten. <i>Dev Psychol</i> 2013; 49 :1859–73	Wrong intervention: not income support
22	Copeland WE et al. Long-term Outcomes of Childhood Family Income Supplements on Adult Functioning. <i>JAMA Pediatrics</i> 2022; 176 :1020	Wrong patient population: children aged more than 9
23	Copeland WE et al. Intergenerational Effects of a Family Cash Transfer on the Home Environment. <i>Journal of the American Academy of Child and Adolescent Psychiatry</i> 2024; 63 :336–44	Wrong FU length: short-term effects
24	Cruzado de la Vega V. [Payment by performance to improve the nutritional status of children: impact of budget support agreements in three peruvian regions with a high prevalence of chronic malnutrition in children in 2010-2014]. <i>Rev Peru Med Exp Salud Publica</i> 2017; 34 :365–76	Wrong FU length: short-term effects
25	Groot R de, Yablonski J, and Valli E. The impact of cash and health insurance on child nutrition during the first 1000 days: Evidence from Ghana. <i>Food Policy</i> 2022; 107 :102217	Wrong FU length: short-term effects
26	De PK and Timilsina L. Cash-based maternal health interventions can improve childhood vaccination-Evidence from India. <i>Health Econ</i> 2020; 29 :1202–19	Wrong outcome: vaccination
27	Eyal K and Burns J. The parent trap: Cash transfers and the intergenerational transmission of depressive symptoms in South Africa. <i>World Development</i> 2019; 117 :211–29	Wrong patient population: adolescents
28	Fan M and Jin Y. The Supplemental Nutrition Assistance Program and Childhood Obesity in the United States: Evidence from the National Longitudinal Survey of Youth 1997. <i>American Journal of Health Economics</i> 2015; 1 :432–60	Wrong FU length: short-term effects
29	Ferre C and Sharif I. Can conditional cash transfers improve education and nutrition outcomes for poor children in Bangladesh ? evidence from a pilot project. Report. Policy Research Working Paper Series. The World Bank, 2014 Oct	Wrong FU length: short-term effects
30	Frank DA et al. Heat or eat: the Low Income Home Energy Assistance Program and nutritional and health risks among children less than 3 years of age. <i>Pediatrics</i> 2006; 118 :e1293–302	Wrong FU length: short-term effects
31	Gelli A et al. Lean-Season Food Transfers Affect Children's Diets and Household Food Security: Evidence from a Quasi-Experiment in Malawi1234. <i>The Journal of Nutrition</i> 2017; 147 :869–78	Wrong FU length: short-term effects

Number	Reference	Summary content for exclusion
32	Gertler P. Do Conditional Cash Transfers Improve Child Health? Evidence from PROGRESA's Control Randomized Experiment. <i>American Economic Review</i> 2004; 94 :336–41	Wrong FU length: short-term effects
33	Gertler PJ, Martinez SW, and Rubio-Codina M. Investing Cash Transfers to Raise Long-Term Living Standards. <i>American Economic Journal: Applied Economics</i> 2012; 4 :164–92	Wrong outcome: economic outcomes
34	Gibson D. Long-term food stamp program participation is differentially related to overweight in young girls and boys. <i>J Nutr</i> 2004; 134 :372–9	Wrong FU length: variable follow up length
35	Gibson D. Long-term Food Stamp Program participation is positively related to simultaneous overweight in young daughters and obesity in mothers. <i>J Nutr</i> 2006; 136 :1081–5	Wrong patient population: people aged 14–22
36	Gibson M et al. Welfare-to-work interventions and their effects on the mental and physical health of lone parents and their children. <i>Cochrane Database of Systematic Reviews</i> 2018; 2018	Wrong outcome: health on a 5 points scale
37	Guanais FC. [The combined effects of the expansion of primary health care and conditional cash transfers on infant mortality in Brazil, 1998–2010]. <i>Rev Panam Salud Publica</i> 2014; 36 :65–72	Wrong outcome: infant mortality
38	Hamad R, Collin DF, and Rehkopf DH. Estimating the Short-Term Effects of the Earned Income Tax Credit on Child Health. <i>Am J Epidemiol</i> 2018; 187 :2633–41	Wrong FU length: short-term effects
39	Hamad R and Rehkopf DH. Poverty and Child Development: A Longitudinal Study of the Impact of the Earned Income Tax Credit. <i>Am J Epidemiol</i> 2016; 183 :775–84	Wrong FU length: short-term effects
40	Hinrichs P. The effects of the National School Lunch Program on education and health. <i>Journal of Policy Analysis and Management</i> 2010; 29 :479–505	Wrong patient population: children aged 5–17
41	Hofferth SL and Curtin S. Poverty, food programs, and childhood obesity. <i>J Policy Anal Manage</i> 2005; 24 :703–26	Wrong FU length: short-term effects
42	Houngbe F et al. Unconditional Cash Transfers Do Not Prevent Children's Undernutrition in the Moderate Acute Malnutrition Out (MAM'Out) Cluster-Randomized Controlled Trial in Rural Burkina Faso. <i>J Nutr</i> 2017; 147 :1410–7	Wrong FU length: short-term effects
43	Hudak KM and Racine EF. The Supplemental Nutrition Assistance Program and Child Weight Status: A Review. <i>American Journal of Preventive Medicine</i> 2019; 56 :882–93	Wrong study design: review
44	Huston AC et al. Impacts on children of a policy to promote employment and reduce poverty for low-income parents: new hope after 5 years. <i>Dev Psychol</i> 2005; 41 :902–18	Wrong patient population: children aged 0–11
45	Jackisch J, Ploubidis GB, and Gondek D. Does time heal all wounds? Life course associations between child welfare involvement and mortality in prospective cohorts from Sweden and Britain. <i>SSM Popul Health</i> 2021; 14 :100772	Wrong intervention: not income support
46	Jain M. Evaluating the benefits of integrated child development program in rural India. University of California, Riverside, 2012	Wrong FU length: short-term effects
47	Jelle M et al. The REFANI-S study protocol: a non-randomised cluster controlled trial to assess the role of an unconditional cash transfer, a non-food item kit, and free piped water in reducing the risk of acute malnutrition among children aged 6–59 months living in cam. <i>BMC Public Health</i> 2017; 17	Wrong FU length: short-term effects

Number	Reference	Summary content for exclusion
48	Jo Y. Does the earned income tax credit increase children's weight? The impact of policy-driven income on childhood obesity. <i>Health Econ</i> 2018; 27 :1089–102	Wrong patient population: people aged 14–21
49	Kavanagh NM, McConnell M, and Slopen N. State Minimum Wage and Mental Health Among Children and Adolescents. <i>JAMA Network Open</i> 2024; 7 :e2440810–e2440810	Wrong study design: cross-sectional
50	Kilburn K et al. Effects of a Large-Scale Unconditional Cash Transfer Program on Mental Health Outcomes of Young People in Kenya. <i>Journal of Adolescent Health</i> 2016; 58 :223–9	Wrong FU length: short-term effects
51	Klevens J et al. Effect of the Earned Income Tax Credit on Hospital Admissions for Pediatric Abusive Head Trauma, 1995–2013. <i>Public Health Reports</i> 2017; 132 :505–11	Wrong FU length: short-term effects
52	Kuklinski MR et al. Long-term Impacts and Benefit–Cost Analysis of the Communities That Care Prevention System at Age 23, 12 Years After Baseline. <i>Prevention Science</i> 2021; 22 :452–63	Wrong intervention: not income support
53	Lee MM, Kinsey EW, and Kenney EL. U.S. Nutrition Assistance Program Participation and Childhood Obesity: The Early Childhood Longitudinal Study 2011. <i>American Journal of Preventive Medicine</i> 2022; 63 :242–50	Wrong FU length: short-term effects
54	Lentz EC and Barrett CB. The economics and nutritional impacts of food assistance policies and programs. <i>Food Policy</i> 2013; 42 :151–63	Wrong study design: review
55	Lucas ADP et al. The intergenerational relationship between conditional cash transfers and newborn health. <i>BMC Public Health</i> 2022; 22	Wrong FU length: short-term effects
56	Ludwig DS, Blumenthal SJ, and Willett WC. Opportunities to Reduce Childhood Hunger and Obesity: Restructuring the Supplemental Nutrition Assistance Program (the Food Stamp Program). <i>JAMA</i> 2012; 308 :2567–8	Wrong study design: narrative article
57	Majid MF et al. Do minimum wages improve early life health? Evidence from developing countries. <i>Social Science and Medicine</i> 2016; 158 :105–13	Wrong FU length: short-term effects
58	Martorell R et al. The Nutrition Intervention Improved Adult Human Capital and Economic Productivity ¹² . <i>The Journal of Nutrition</i> 2010; 140 :411–4	Wrong intervention: not income support
59	Mckenna S et al. Experience of child welfare services and long-term adult mental health outcomes: a scoping review. <i>Social Psychiatry and Psychiatric Epidemiology</i> 2021; 56 :1115–45	Wrong study design: scoping review
60	Meyers JC and Marcenko MO. Impact of a cash subsidy program for families of children with severe developmental disabilities. <i>Ment Retard</i> 1989; 27 :383–7	Wrong intervention: specific for children with disabilities
61	Miller WD, Sadegh-Nobari T, and Lillie-Blanton M. Healthy Starts for All: Policy Prescriptions. <i>American Journal of Preventive Medicine</i> 2011; 40 :S19–S37	Wrong study design: review
62	Milligan K and Stabile M. Child Benefits, Maternal Employment, and Children's Health: Evidence from Canadian Child Benefit Expansions. <i>American Economic Review</i> 2009; 99 :128–32	Wrong FU length: short-term effects
63	Mori AT et al. Impact of cash transfer programs on healthcare utilization and catastrophic health expenditures in rural Zambia: a cluster randomized controlled trial. <i>Frontiers in Health Services</i> 2024; 4 :1254195	Wrong FU length: short-term effects
64	Morris PA et al. Impacts of Family Rewards on Adolescents' Mental Health and Problem Behavior: Understanding the Full Range of Effects of a Conditional Cash Transfer Program. <i>Prevention Science</i> 2017; 18 :326–36	Wrong FU length: short-term effects

Number	Reference	Summary content for exclusion
65	Morris PA and Hendra R. Losing the safety net: How a time-limited welfare policy affects families at risk of reaching time limits. <i>Developmental Psychology</i> 2009; 45 :383–400	Wrong outcome: health on a 5 points scale
66	Morris SS et al. Monetary incentives in primary health care and effects on use and coverage of preventive health care interventions in rural Honduras: cluster randomised trial. <i>Lancet</i> 2004; 364 :2030–7	Wrong FU length: short-term effects
67	Mwale M, Smith A, and Fintel D von. Child nutrition and farm input subsidies: The complementary role of early healthcare and nutrition programs in Malawi. <i>Food Policy</i> 2022; 113 :102340	Wrong FU length: short-term effects
68	Nandi A et al. The Human Capital and Productivity Benefits of Early Childhood Nutritional Interventions. <i>Child and Adolescent Health and Development</i> . Ed. by Bundy DAP et al. Washington (DC): The International Bank for Reconstruction, Development / The World Bank 2017 International Bank for Reconstruction, and Development / The World Bank., 2017	Wrong study design: review
69	Nishimura HM et al. Guaranteed income and health in the United States and Canada: a scoping review. <i>Epidemiologic reviews</i> 2025; 47 :mxaf003	Wrong study design: review
70	Ojha S et al. Feasibility and pilot study of the effects of microfinance on mortality and nutrition in children under five amongst the very poor in India: study protocol for a cluster randomized controlled trial. <i>Trials</i> 2014; 15 :298	Wrong study design: pilot study
71	Pan L. Changes in High Weight-for-Length among Infants Enrolled in Special Supplemental Nutrition Program for Women, Infants, and Children during 2010–2018. <i>Childhood Obesity</i> 2021; 17 :408–19	Wrong FU length: short-term effects
72	Paxson C and Schady N. Does money matter? The effects of cash transfers on child development in rural Ecuador. <i>Econ Dev Cult Change</i> 2010; 59 :187–229	Wrong FU length: short-term effects
73	Peterson C. Investigating the historic long-term population health impact of the US National School Lunch Program. <i>Public Health Nutrition</i> 2014; 17 :2783–9	Wrong patient population: school children
74	Pilkuskas NV. Child Poverty and Health: The Role of Income Support Policies. <i>The Milbank Quarterly</i> 2023; 101 :379–95	Wrong study design: review
75	Ponce N et al. The association of minimum wage change on child nutritional status in LMICs: A quasi-experimental multi-country study. <i>Global Public Health</i> 2018; 13 . doi: 10.1080/17441692.2017.1359327:1307–21	Wrong FU length: variable follow up time
76	Provence S. On the efficacy of early intervention programs. <i>J Dev Behav Pediatr</i> 1985; 6 :363–6	Wrong study design: review
77	Raza WA, Van de Poel E, and Van Ourti T. Impact and spill-over effects of an asset transfer program on child undernutrition: Evidence from a randomized control trial in Bangladesh. <i>J Health Econ</i> 2018; 62 :105–20	Wrong FU length: short-term effects
78	Reynolds MM et al. Is less more? Examining the relationship between food assistance benefit levels and childhood weight. <i>SSM Popul Health</i> 2020; 11 :100573	Wrong population: children aged 0-12 years
79	Robertson L et al. Effects of unconditional and conditional cash transfers on child health and development in Zimbabwe: a cluster-randomised trial. <i>The Lancet</i> 2013; 381 :1283–92	Wrong FU length: short-term effects

Number	Reference	Summary content for exclusion
80	Sánchez A, Meléndez G, and Behrman Jr. Impact of the juntos conditional cash transfer program on nutritional and cognitive outcomes in Peru: comparison between younger and older initial exposure. <i>Economic Development and Cultural Change</i> 2020; 68 :865–97	Wrong study design: observational
81	Sherman A, Debot B, and Huang CC. Boosting Low-Income Children’s Opportunities to Succeed Through Direct Income Support. <i>Academic Pediatrics</i> 2016; 16 :S90–S97	Wrong study design: review
82	Smock L et al. Recovery From Malnutrition Among Refugee Children Following Participation in the Special Supplemental Nutrition for Women, Infants, and Children (WIC) Program in Massachusetts, 1998-2010. <i>Journal of Public Health Management and Practice</i> 2020; 26	Wrong FU length: variable follow up time
83	Tonguet-Papucci A et al. The MAM’Out project: a randomized controlled trial to assess multiannual and seasonal cash transfers for the prevention of acute malnutrition in children under 36 months in Burkina Faso. <i>BMC Public Health</i> 2015; 15	Wrong FU length: short-term effects
84	Turner L and Calvert HG. The Academic, Behavioral, and Health Influence of Summer Child Nutrition Programs: A Narrative Review and Proposed Research and Policy Agenda. <i>Journal of the Academy of Nutrition and Dietetics</i> 2019; 119 :972–83	Wrong study design: narrative review
85	Vartanian TP and Houser L. The effects of childhood SNAP use and neighborhood conditions on adult body mass index. <i>Demography</i> 2012; 49 :1127–54	Wrong FU length: variable follow up time
86	Ver Ploeg M et al. US Food assistance programs and trends in children’s weight. <i>International Journal of Pediatric Obesity</i> 2008; 3 :22–30	Wrong FU length: not a longitudinal study
87	Walker SP et al. Early childhood supplementation does not benefit the long-term growth of stunted children in Jamaica. <i>J Nutr</i> 1996; 126 :3017–24	Wrong FU length: short-term effects
88	Weitoft GR et al. Health and social outcomes among children in low-income families and families receiving social assistance—A Swedish national cohort study. <i>Social Science and Medicine</i> 2008; 66 :14–30	Wrong intervention: not income support
89	Whaley SE et al. A WIC-Based Intervention to Prevent Early Childhood Overweight. <i>Journal of Nutrition Education and Behavior</i> 2010; 42 :S47–S51	Wrong FU length: short-term effects
90	Wollburg C et al. Do cash transfers alleviate common mental disorders in low- and middle-income countries? A systematic review and meta-analysis. <i>PLOS ONE</i> 2023; 18 :e0281283	Wrong study design: review
91	Yoshino CA et al. Experiences of conditional and unconditional cash transfers intended for improving health outcomes and health service use: a qualitative evidence synthesis. <i>Cochrane Database Syst Rev</i> 2023	Wrong study design: review
92	Zimmerman A et al. The long-term effects of cash transfer programmes on young adults’ mental health: a quasi-experimental study of Colombia, Mexico, and South Africa. <i>Health policy and planning</i> 2025; 40 :206–17	Wrong population: children aged 0-17

E Limitations

Limitations and bias as reported by the authors.

Study	Misclassification Bias ^a	Omitted Variable Bias ^b	Reporting Bias ^c	Selection Bias ^d	Other
Ahhammer et al. (2021)					• ^e
Aizer et al. (2016)	•				• ^f
Bailey et al. (2020)	•	•			
Dore et al. (2025)	•		•		• ^g
Fabel (2021)	•	•			
Fernald et al. (2009)		•			• ^h
Hoynes et al. (2016)			•	•	
Litman-Sadot et al. (2017)		•		•	• ⁱ
Proshin (2023)	•				

- a. Incorrect classification of participants into categories.
- b. The statistical model leaves out one or more relevant variables.
- c. Selective disclosure or withholding of information by parties involved in the design, conduct, analysis, or dissemination.
- d. Individuals or groups in a study differ systematically from the population of interest.
- e. Two-thirds of children could not be uniquely matched to their mothers in the intervention dataset because the link in the administrative data was not comprehensively available for early cohorts.
- f. The sample contains data only about men because women tend to change their surname upon marriage, so it was impossible to link data of female children to the registry database. African Americans were not studied either because they were not well represented. Lastly, the database suffered from strong attrition, but some sensitivity analysis showed that this attrition did not affect the results.
- g. Lack of generalizability to children of immigrant people, as eligibility for the TANF was assessed through educational level of the parents, but information was available only for degrees obtained in the US.
- h. They limited the sample to non-missing values without assessing whether they were missing at random.
- i. High annualised attrition rate (19.2%).