

Enabling and Equipping Women to Improve Nutrition

by Noreen Mucha, M.P.A.

Bread for the World Institute provides policy analysis on hunger and strategies to end it. The Institute educates its network, opinion leaders, policy makers and the public about hunger in the United States and abroad.

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Jim Stipe

Key Points

- Gender inequality is linked to higher rates of child mortality and malnutrition.
- Improvements in women's access to resources, ability to make independent decisions, and level of education are critical to better nutrition, both for young children and the whole family.
- In some societies, girls are far more likely than boys to be stunted by malnutrition. A combination of efforts to improve agriculture, programs focused on better nutrition for pregnant women and children younger than 2, and initiatives to empower women as agents of change will help reduce gender disparities in household food consumption.
- Using a gender perspective—including tools such as gender analysis, gender-sensitive strategies and activities, and gender audits—will make programs aimed at improving nutrition, agriculture, and health more effective.

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Abstract

Gender¹: the socially constructed roles, behaviors, activities, and attributes that a given society considers appropriate for men and women

Malnutrition during the 1,000 days between pregnancy and a child's second birthday has irreversible physical, cognitive, and health consequences, reducing a person's lifetime earning potential. For many countries with high rates of hunger and malnutrition, the low status of women² is a primary cause. Women often have less education, lower economic status, and limited decision-making power in the household and community—all of which contribute to poorer nutrition. The status of women is a key determinant of maternal and child feeding practices as well as decisions about how food is distributed and consumed within the household. The end result is higher levels of malnutrition among women and girls than among males. Gender roles and inequities are a critical consideration in planning and implementing programs to improve nutrition among pregnant and lactating women and children younger than 2.

Why Women and Children Are Disproportionately Affected by Malnutrition

Gender roles are socially constructed: the behaviors, activities, and attributes considered appropriate for men and women are specific to a given society. Answering the question of why women are more likely than men to be malnourished requires a gender analysis—a systematic look at the differences between women and men in material welfare and in status. In most countries, gender inequality is embedded in laws, rules, and social norms.

The nutritional status of women and children is a good indicator of the overall well-being of a society. It reflects not only maternal and child care practices, but also household food security, health, and environmental conditions.³ The three most frequently used indicators of child nutritional status are stunting (the child has low height for her age), underweight (low weight for her age), and wasting (low weight for her height).



Virginia Lamprecht/Photoshare

Women who have been to school and have a way to earn income are far less likely to be malnourished or have malnourished children.

Females—particularly women of reproductive age, pregnant women, and new mothers along with their babies—are disproportionately affected by malnutrition. The nutritional status of newborns and infants is closely linked to the health status of their mothers before, during, and after pregnancy. In communities where women have weaker health and nutritional status than men, babies are

often born at low birth weights to mothers less able to care for them. Gender inequality is also associated with high rates of stunting and wasting, high child and maternal mortality, and overall worse general health in a population. A study of undernutrition and gender in 56 African countries reveals a strong connection between high levels of undernutrition in adult women and high levels of undernutrition in children.⁴

Analysis by the international relief and development organization Save the Children⁵ has shown that the lower a country's gender inequality, the lower its rate of under-5 mortality. This suggests that the benefits of women's empowerment extend to their children. Malnutrition is the single largest cause of child mortality—responsible for an estimated 35 percent^{6,7} of child deaths—and a major contributor to high rates of maternal anemia (a blood condition that can result from iron deficiency) and maternal mortality.⁸ In Figure 1 on page 3, a comparison between country data collected from the Human Development Index⁹ on the population under age 5 suffering from stunting, and the countries' scores on an index of gender inequality,¹⁰ demonstrates that greater gender inequality (higher numbers on the index) tracks closely with higher stunting rates.

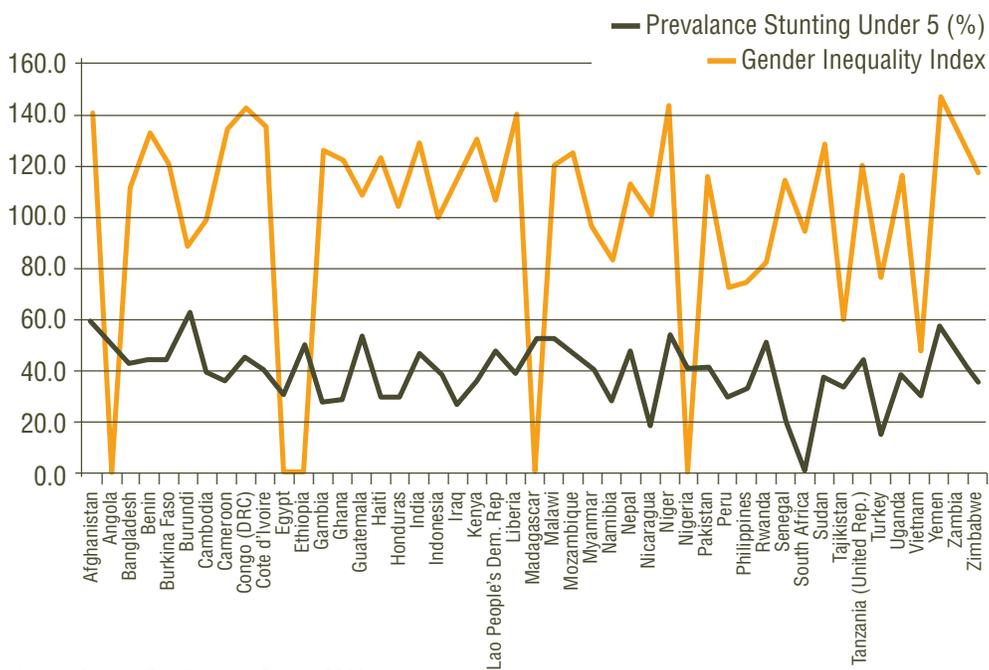
Women in developing countries face additional challenges—including frequent illness, lack of access to health care, low education levels, and high poverty levels. Poor female nutrition early in life reduces learning potential, increases reproductive and maternal health risks, and lowers productivity. All of this limits accumulation of assets (e.g., money, land, animals). There is significant evidence^{11,12,13} that a mother's educational status directly influences her children's nutritional and health status.

Undernutrition impairs a woman's potential to contribute to economic growth since it lowers her productivity and ability to engage in income-generating activities. It also increases the risk of disease. Especially vulnerable populations include female-headed households, widows, female farmers, and female pastoralists.

Women often lack access to sufficient healthy food and eat smaller portion sizes due to cultural practices within the household. Women's heavy workloads and domestic responsibilities also make them vulnerable to malnutrition. When food is in short supply, one coping strategy may be for women and girls to eat less so there is more for men and boys. Not only do women and girls have less access to food, but they also often eat poorer quality, unhealthy, and even unsafe foods. In addition, inadequate access to safe drinking water and poor sanitation put women and their children at increased risk of illness, malnutrition, and death.¹⁴

Thus, in many developing countries, there are gender-related household nutrition disparities. For example, among children living in an urban slum in Pakistan,¹⁵ girls were nearly three times more likely to be stunted than boys. Power

Figure 1 High Burden Stunting Countries and Gender Inequality Index



Source: Human Development Report 2011.

women had the same access to productive resources as men, they could increase yields on their farms by 20-30 percent and reduce the number of hungry people in the world by 12-17 percent.

Figure 2 (on page 5) describes some of the challenges women face because of their lower status and constrained roles within households and communities. For each, there are examples of potential gender-sensitive nutrition programs—meaning programs that consider the sociocultural factors underlying sex discrimination and use specific methods and tools to improve the opportunities available to women and girls.

relations and social norms that perpetuate discrimination against females often mean that in countries with high malnutrition rates, feeding practices for girls are poorer than those for boys.¹⁶

Women and girls¹⁷ in complex emergency and post-conflict settings face constraints in accessing food as a result of insecurity, cultural discrimination, limited mobility, forced displacement, and, in some cases, misuse of food supplies by members of military or paramilitary forces.¹⁸ Pregnant or lactating women in conflict settings may also be disproportionately affected by undernutrition due to increased physiological needs and emotional stress.

Strengthening Women’s Ability to Improve Nutrition

Strengthening women’s power, influence, and decision-making roles within the family and community can be an effective strategy to improve their consumption of nutritious foods and their health. In many parts of the world, women¹⁹ are more likely than men to spend the income they control on food, health care, and education for their children. Thus, increasing women’s access to land, ability to make decisions about land use, and control of physical and financial assets will not only increase agricultural production, but also improve child health and nutrition. Empowering women to promote healthy, diverse diets through the production and consumption of nutrient-rich crops using local food systems is critical for ensuring food and nutrition security.²⁰ The U.N. Food and Agriculture Organization²¹ estimates that if

Gender-Sensitive Nutrition Programs

Incorporating gender-sensitive nutrition components into policies and programs can avoid unintended gender impacts that undercut the effectiveness of these initiatives. In addition to providing women and girls with more opportunities to participate, gender-sensitive nutrition programs measure the impact of planned activities on women and men. Efforts to improve women’s nutritional status will be most effective if conducted in conjunction with programs that aim to improve the status of women and reduce gender inequalities. Table 1 on page 4 offers further details on developing gender-sensitive nutrition programs.

When planning or evaluating nutrition interventions, it is important to understand the social and gender dynamics that could help or hinder their effectiveness. A gender analysis will help answer questions such as: What are the demographics of the affected group, disaggregated by sex and age? What decisions do women and men make that affect family nutrition? Who makes the decisions about breastfeeding—whether or not to breastfeed, when to start, how long to continue? This could be a mother herself, but might be her mother-in-law or husband.

For programs already under way, what is the “baseline,” or who is benefiting from the program as currently designed? For example, many nutrition interventions seek to improve maternal nutrition by simply providing fortified food and supplements to local communities. But this is not enough: if women cannot access these nutritional supplements because

of family and social barriers, maternal undernutrition will persist.

One way to organize nutrition interventions during the 1,000-day “window of opportunity” from pregnancy until a child’s second birthday is to provide an “integrated nutrition package.” Pregnant women are given iron and folic acid supplements, medications for malaria and conditions such as tapeworm, and extra food. Support for exclusive breastfeeding is a critical postpartum component of the package. Universal salt iodization and vitamin A fortification—meaning that iodine and vitamin A are provided to the entire community by adding them to commonly-used foods such as salt and cooking oil—are also important components. Education campaigns and the development of nutrition messages designed to motivate people to eat a healthy diet and feed their babies and children foods that meet their special nutritional needs are additional activities that benefit everyone. Another “whole-community” benefit is agriculture/nutrition programs that make available more nutrient-dense, affordable foods that can be produced locally. Integrated nutrition packages can significantly reduce maternal and child malnutrition and mortality.

Helen Keller International, a U.S.-based development organization, has evaluated the results of four of its integrated nutrition programs—in Bangladesh, the Philippines, Cambodia, and Nepal.²² These projects combined agricultural training with targeted nutrition education. The primary goal was to improve nutrition among women and young children. Women who had opportunities to improve their skills in homestead garden farming became empowered to increase the amount of healthy food their families ate (and, of course, their intake of micronutrients). The programs improved the health and nutritional status of the most vulnerable members of the household. In turn, women’s increased control over household resources also promoted gender equality. The success of these programs demonstrated that women’s equal status and control over income are critical to improvements in nutrition.

A similar understanding of these connections underlies Save the Children’s new two-year program in Mali, Agricultural Financing for Women Farmers.²³ Women’s ability to earn an income and grow more food leads to both increased economic independence and better nutrition and health outcomes for themselves and their children. By

Table 1 Linking Gender and Nutrition through the Program Cycle

Policy and Strategy Formulation

Support equal representation and active engagement of both women and men in nutrition policymaking processes so that their varying needs and priorities are appropriately targeted. **Advocate for policy changes that promote gender equality** (e.g., in land ownership and tenure security, access to financial services) as well as impact evaluation to address the inequitable status of women in nutrition and food security policies.

Program Design, Planning, and Implementation

It is important to develop gender-sensitive criteria and integrate gender principles from the beginning of the program design process. A participatory **gender analysis** within the country context assesses and prioritizes age-specific gender roles, power differences, and cultural norms that affect nutritional needs and access to and control over resources—among and between women, girls, and males. This includes analysis of the reasons for inequalities in malnutrition rates; cultural, practical, and security-related obstacles to accessing nutritional support; and the dynamics of men’s and women’s decision making for nutrition. This analysis informs the design of projects and activities and identifies existing gender gaps. **Gender planning**²⁴ should be participatory, take into account the needs and perspectives of both women and men in the development process, and identify appropriate strategies to address the power imbalance that prevents many women from becoming full partners and beneficiaries of development.

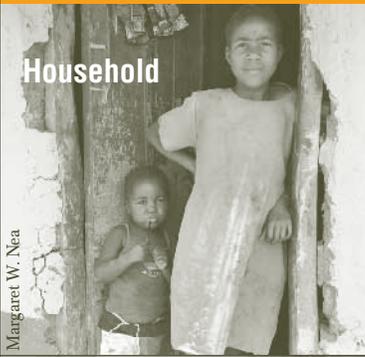
Human Resources Planning

Addressing gender discrimination and inequality in human resources policy and planning, workforce development, and workplace support is essential in tackling the complex challenges of improving access to nutrition services.²⁵ Develop gender policies, plans, and strategies to create a supportive, fair, and safe work environment; protocols for recruitment, retention, training, and pay equity should be included.²⁶

Monitoring, Evaluation, and Reporting

Use **gender- and nutrition-sensitive indicators** and collect sex- and age-disaggregated data on nutrition program coverage²⁷ to help inform program design and improve accountability mechanisms for action on gender equality. Conduct qualitative analyses of behavior adaptation for gender norms related to key areas of change—for example, optimal feeding and care practices for infants and young children. Conduct routine **gender audits** (through spot checks and discussions with communities) to monitor whether gender mainstreaming is being accomplished within the nutrition program and the degree of women’s, girls,’ boys,’ and men’s access to services. Promptly address obstacles to equal access.

Figure 2 Women’s Roles and Challenges, and Illustrative Actions to Improve Nutritional Outcomes

	Challenges	Illustrative Gender-Sensitive Solutions
 <p>Household</p> <p>Margaret W. Nea</p>	<p>Socioeconomic status, traditions, and cultural norms lower a woman’s status²⁸ within her household, weakening the nutritional status of women and their young children. Women are responsible for the production and preparation of food in most homes. A mother’s limited decision-making ability affects nutritional outcomes since it reduces her ability to provide care and nutrition for her children.</p>	<ul style="list-style-type: none"> • Increase household production of, access to, and utilization of a variety of nutrient-dense foods²⁹—while ensuring fair distribution within the family. • Improve knowledge of locally available, affordable nutrient-rich foods and increase consumption by women and young children. • Take steps to enable women to exercise control over income and resources.
 <p>Community</p> <p>Jim Stippe</p>	<p>Gender disparity in communities is a key cause of maternal malnutrition. Differences in access to resources—whether natural, physical, human, financial, social, or political capital^{30,31,32, 33, 34, 35}—contribute significantly to maternal undernutrition. Lower social status means a sharply reduced ability to obtain nutritious food and nutritional supplements such as iron and folic acid.</p>	<ul style="list-style-type: none"> • To help ease malnutrition, increase women’s access to resources, such as land, land rights,³⁶ livestock, labor, education, extension and financial services, and technology. • Improve maternal access to vitamin A and iron supplements. • Improve women’s skills in managing finances and provide more opportunities to participate in livelihood and income generation activities. Increase access to credit and lending. • Combine agriculture and nutrition programs to help reduce gender disparities in household food consumption and distribution. Equip women and men to identify and think through the various sociocultural reasons behind specific childcare and feeding practices.

facilitating the linkages between agriculture and health/nutrition, the new program seeks to empower women as income earners, food producers, and informed mothers. The program will provide agricultural lending, specifically to women, in 200 villages throughout Mali. About 7,500 women are expected to benefit. At the end of the initiative in 2014, Save the Children plans to formulate best practices in agricultural financing for women so that it can expand its women-focused agricultural programs.

Conclusion

Gender discrimination and malnutrition are closely linked. Inequalities and disparities between males and females within households and communities lower the health and nutritional status of women, girls, and young children.

As a 2009 UNICEF study puts it, “an improvement in the status of women³⁷—including access to education and health care, increased decision-making power, and gender equality—will contribute to marked and sustained improvements in child nutrition.” The nutrition interventions with the greatest impact are those focused on the 1,000-day period from pregnancy until age 2.

Gender considerations need to be identified and integrated from the outset of nutrition programs—while programs are being designed and planned, and throughout the period when they are being implemented. Gender integration in nutrition programs can be accomplished using tools already shown to be effective: gender analysis, gender-sensitive strategies and activities, and monitoring the impact of gender mainstreaming efforts.



When women gain additional resources, they are more likely to use them for their children’s needs.

Endnotes

- ¹ World Health Organization.
- ² Autonomy to make decisions, access to resources, and other empowerment measures such as employment and legal equality.
- ³ United Nations, http://reliefweb.int/sites/reliefweb.int/files/resources/6CD47CD5B0F1801AC12574F9004C5529_UN_Oct2008.pdf
- ⁴ European Journal of Clinical Nutrition (2005) 59, 1112–1120. Relationships between undernutrition prevalence among children and adult women at national and subnational level. 2005. <http://www.nature.com/ejcn/journal/v59/n10/pdf/1602220a.pdf>
- ⁵ Save the Children (2011). An Equal Start: Why Gender Equality Matters for Child Survival and Maternal Health.
- ⁶ Bejon, Philip, Shebe Mohammed, Isaiah Mwangi, et al., 2008, “Fraction of all hospital admissions and deaths attributable to malnutrition among children in rural Kenya,” *The American Journal of Clinical Nutrition*, 88:1626 –1631.
- ⁷ Laura E. Caulfield, de Onis Mercedes, Blössner Monika, Black Robert E. (2004), “Undernutrition as an underlying cause of child deaths associated with diarrhea, pneumonia, malaria, and measles,” *The American Journal of Clinical Nutrition*, 80: 193–198.
- ⁸ R. Klemm, Sommerfelt A.E., Boyo A., et al. Are We Making Progress on Reducing Anemia in Women? Cross-country Comparison of Anemia Prevalence, Reach, and Use of Antenatal Care and Anemia Reduction Interventions. *AED*, June 2011.
- ⁹ Human Development Report 2011 - Sustainability and Equity: A Better Future for All.
- ¹⁰ A composite measure reflecting inequality in achievements between women and men in three dimensions: reproductive health, empowerment, and the labor market.
- ¹¹ Jane E. Miller, Rodgers Yana V. Mother’s Education and Children’s Nutritional Status: New Evidence from Cambodia. 2005. <http://www.adb.org/Documents/Periodicals/ADR/pdf/ADR-Vol26-1-Miller.pdf>.
- ¹² Michelle Bellessa Frosta, Forsteb Renata, Haasc David W. Maternal education and child nutritional status in Bolivia: Finding the Links. http://www.hawaii.edu/hivandaids/Maternal_Education_and_Child_Nutritional_Status_in_Bolivia_Finding_the_Links.pdf
- ¹³ Nutritional Status of Pre-School Children in Sri Lanka. <http://www.statistics.gov.lk/social/nutrition%20status.pdf>
- ¹⁴ UNICEF. The State of the World’s Children 2012. http://www.unicef.org/sowc/files/SOWC_2012-Main_Report_EN_21Dec2011.pdf
- ¹⁵ N. Baig-Ansari, Rahbar M.H., Bhutta Z.A., Badruddin S.H. Child’s Gender and Household Food Insecurity are Associated with Stunting among young Pakistani Children Residing in Urban Squatter Settlements. *Food Nutrition Bulletin*. 2006 Jun; 27(2):114-27. Program in International Nutrition, University of California, Davis, California 95616, USA. nbansari@ucdavis.edu. <http://www.ncbi.nlm.nih.gov/pubmed/16786978>
- ¹⁶ UNICEF. Tracking Progress on Child and Maternal Nutrition. A Survival and Development Priority. 2009.
- ¹⁷ IASC Gender Handbook. Gender and Nutrition in Emergencies.
- ¹⁸ <http://siteresources.worldbank.org/INTCPR/Resources/ImprovingChildHealthInPost-ConflictCountries.pdf>
- ¹⁹ Gender: A Key Dimension Linking Agricultural Programs to Improved Nutrition and Health. February 2012. <http://www.ifpri.org/sites/default/files/publications/2020anhconfbr09.pdf>
- ²⁰ Enhancing Women’s Leadership to Address the Challenges of Climate Change on Nutrition Security and Health. Center for Public Health and Climate Change at the Public Health Institute (PHI) of the World Food Programme (WFP), the U.N. Standing Committee on Nutrition (UNSCN), and Action Against Hunger (ACF).
- ²¹ The State of Food and Agriculture. Women In Agriculture. Closing the Gender Gap for Development. FAO, 2010-2011. <http://www.fao.org/docrep/013/i2050e/i2050e.pdf>
- ²² Field Actions Science Reports. Special Issue 1 (2010).Urban Agriculture. A.Talukder, N.J. Haselow, A.K. Osei, E. Villate, D. Reario, H. Kroeun, L., SokHoing, A. Uddin, S. Dhunge and V. Quinn. Homestead Food Production Model Contributes to Improved Household Food Security and Nutrition Status of Young Children and Women in Poor Populations Lessons Learned from Scaling-up Programs in Asia (Bangladesh, Cambodia, Nepal and Philippines).
- ²³ Save the Children. <http://www.savethechildren.org/site/c.8rKLIXMGIpI4E/b.6150453/#.T144FmAhQno>
- ²⁴ Through a Gender Lens: Resources for Population, Health and Nutrition Projects. FHI360. <http://www.fhi360.org/en/RH/Pubs/wsp/GenderLens.htm#Introduction>
- ²⁵ Addressing Gender Inequality in Human Resources for Health. Constance Newman, IntraHealth International. September 2009.
- ²⁶ Intrahealth International. Gender Equality in Human Resources for Health: What Does This Mean and What Can We Do?. 2011.
- ²⁷ http://www.k4health.org/system/files/IASC_Gender_Nutrition-Checklist.pdf
- ²⁸ Women’s relative power to men in society. Women’s status is defined in terms of autonomy to make decisions, access to resources, and other empowerment measures such as employment and legal equality.
- ²⁹ Nutrition, Gender, and Poverty in the Caribbean Subregion. December 2006. <http://www.eclac.cl/publicaciones/xml/2/27672/L.105.pdf>
- ³⁰ Land, water, trees, genetic resources, soil fertility. Meinzen-Dick, R., N. Johnson, A. Quisumbing, J. Njuki, J. Behrman, D. Rubin, A. Peterman, and E. Waitanji. Gender, Assets, and Agricultural Development Programs: A Conceptual Framework. CAPRI Working Paper No. 99. International Food Policy Research Institute: Washington, DC. <http://dx.doi.org/10.2499/CAPRIWP99>.
- ³¹ Agricultural and business equipment, houses, consumer durables, vehicles and transportation, water supply and sanitation facilities, and communications infrastructure. Source et al. Meinzen
- ³² Education, skills, knowledge, health, nutrition; these are embodied in the labor of individuals. Source et al. Meinzen
- ³³ Savings, credit, and inflows (state transfers and remittances). Source et al. Meinzen
- ³⁴ Membership in organizations and groups, social and professional networks. Source et al. Meinzen
- ³⁵ Citizenship, enfranchisement, and effective participation in governance. Source et al. Meinzen
- ³⁶ <http://www.guardian.co.uk/global-development/poverty-matters/2012/jan/20/land-rights-india-women-ease-malnutrition>
- ³⁷ UNICEF. Tracking Progress on Child and Maternal Nutrition. A Survival and Development Priority. 2009.



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