



Nutrition and Gender

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GENDER

The socially constructed gender roles of men and women interact with their biological roles to affect the nutrition status of the entire family and of each gender. Because of women's cyclical loss of iron and their childbearing, their nutrition status is particularly vulnerable to deficiencies in diet, care, and health or sanitation services. Moreover, the nutrition status of newborns and infants is intimately linked with the nutrition status of the mother before, during, and after pregnancy.

Women typically have limited access to land, education, information, credit, technology, and decisionmaking forums. They have the primary responsibility for child rearing and rely on developed social networks that act as an informal safety net for the family in times of crisis. When involved in formal employment, they typically command lower remuneration rates than their male colleagues, even when they hold the same skills. Because of their triple burden of productive, reproductive, and social roles, women also tend to have less time to attend to their own needs, leisure related or otherwise.

Poor female nutrition early in life reduces learning potential, increases reproductive and maternal health risks, and lowers productivity. This situation contributes to women's diminished ability to gain access to other assets later in life and undermines attempts to eliminate gender inequalities. In essence, women with poor nutrition are caught in a vicious circle of poverty and undernutrition.

Gender Inequality Is Bad for All

Inequities in access to and control of assets have severe consequences for women's ability to provide food, care, and health and sanitation services to themselves, their husbands, and their children, especially their female children. Women with less influence or power within the household and community will be unable to guarantee fair food distribution within the household. These women will also have less ability to visit health clinics when their infants and children are sick and to spend time interacting with their infants and other children.

Any reduction in gender asymmetries benefits the entire family. Substantial evidence demonstrates that more equal access to and control over assets raises agricultural output, increases investment in child education, improves visits to health facilities for infants, raises household food security, and accelerates child growth and development. It also offers important economic payoffs for the entire society. Women's contribution to food production, food preparation, and child care are critical underpinnings for the social and economic development of communities, yet efforts in this direction are hampered by malnutrition.

Furthermore, malnutrition in women contributes significantly to growing rates of maternal deaths and is directly related to faltering nutritional status and growth retardation in children. Maternal malnutrition has been linked to low birth weight, which in turn results in high infant morbidity and

mortality rates, adding to health care costs and undermining the human resource potential for an economy. It is also now clear that fetal malnutrition harms health status in later life, and in fact predisposes one to increased incidence of noncommunicable diseases. In addition, malnutrition in mothers jeopardizes the quality of care giving they can offer their children by reducing the meaningful mother-child interaction that is necessary for proper growth.

Women's socioeconomic and nutritional status is critical for protecting themselves, their children, and the entire society from HIV/AIDS and other infectious diseases. The magnitude of the impact of the HIV/AIDS pandemic in Sub-Saharan Africa is beyond comprehension. A 1998 estimate put the world prevalence of HIV/AIDS at 32.2 million adults and 1.2 million children. HIV/AIDS has huge implications for the performance of the female labor pool. Proper nutrition would improve the quality of life of those infected with the virus by boosting their immunity, given the low serum micronutrient levels established in HIV/AIDS victims. Proper nutrition will also decrease women's susceptibility to opportunistic infections such as tuberculosis—the number one killer of women in their prime of life—whose prevalence has been accentuated by HIV/AIDS. Finally, improved women's status via improved nutrition status in childhood and during adolescence will enable women to stem the spread of HIV/AIDS through more productive choices facilitated by better life opportunities.

Improving Female Status by Improving Nutrition

Improvements in the nutrition status of girls, adolescent females, and women make it more likely that the cultural constraints facing women will be relaxed as the advantages of investing in their human capital become apparent. Better-nourished girls are more likely to stay in school and to learn more.

They will miss fewer days to illness and be more attentive when in class. They will grow up to become more productive economically and more aware of the various livelihood options. They will become more empowered to make decisions in all spheres of activity, including parenting. They will have greater control over their sexuality-related choices—crucial for controlling family size and preventing HIV/AIDS. In addition, future generations—male and female—will benefit from such a human capital investment via improvements in nutrition status transmitted throughout the life cycle.

Good nutrition in infancy is a necessary condition for the development of human capital. The possession of human capital facilitates access to other types of capital—physical (such as farm equipment), natural (such as land and water rights), financial (such as microfinance services), and social (such as access to community associations). The possession of human capital is crucial for economic development and sustained human development. Incorporating nutrition components into policies and programs to improve women's status will increase the likelihood that such efforts will reap benefits not only in the medium term, but also for the next generation. Increasing the gender-sensitive nutrition content of public policy that seeks to improve the status of women will make such improvements more sustainable.

Interventions to Improve Nutrition Status of Females

The nutrition community has learned a great deal about what works in an operational sense to improve the nutrition status of newborns, infants, and children. Until recently, less attention has been devoted to finding operationally effective interventions to improve the nutrition status of adolescent girls and pregnant women. Improving the nutritional status of girls and women hinges on applying the success stories seen so far and improving on existing programs to strengthen their potential for success.

Micronutrient deficiencies afflicting girls and women can be addressed through balanced and long-term supplementation to build up stores for meeting acute deficiency needs. Gender-sensitive nutrition education is also needed to sustain good dietary practices. It is within the mandate of the nutrition community to develop a better nutrition intervention toolkit to address the special needs of girls, adolescent females, and pregnant women. These programs need not be expensive; iron supplementation programs for expectant

mothers and iodine fortification of salt have worked well in a number of situations. Iron supplementation could also be used for girls and women of reproductive age as a preventative approach before pregnancy. To accelerate this development, the community needs to build on the experiences of the network of experts and practitioners who work with adolescents in all dimensions of welfare—not necessarily in nutrition—to develop not only effective nutrition interventions, but also feasible delivery mechanisms.

Among more indirect efforts to improve the nutrition status of females, ensuring food security at household level is an important first step. Access to food of good nutritional quality at all times should be the primary focus in programming. Measures to ensure equal access to food for males and females, especially for those facing chronic or transitory food insecurity, should focus on the more sustainable options as well. Such options include the development and promotion of fast-maturing crop species and more drought-resistant varieties.

An example of a community-based food security intervention that has yielded positive nutrition results for women is the Helen Keller home garden program, first applied in Bangladesh. This program has contributed to increased food availability and enhanced nutritional status, especially micronutrient status, of women and girls in participating households. By enhancing incomes, this food security program has also helped empower women economically.



Another important indirect investment to improve the nutrition status of girls and boys is improving female access to education. Not only does education improve literacy rates, but it also lowers fertility rates and enhances the chances that girls will participate in the economy at a higher level. It also ensures that girls have good caregiving skills and will help them achieve better nutrition for themselves and their future children.

Partnership between the Gender Community and the Nutrition Community: A Win-Win Proposition

The efforts to improve women’s nutrition status will be most powerful if undertaken in conjunction with public policies and

TABLE 1—STRENGTHENING PUBLIC POLICY ON WOMEN’S STATUS BY INCREASED ATTENTION TO NUTRITION

| Determinant of nutrition | Policy to improve status of women and example of nutrition component | |
|--|---|--|
| | Create a level playing field | Promote catch-up in women’s status |
| Basic (such as incomes, legislation) | Reform legislation to equalize rights: civil, political, economic, social, and cultural (for example, monitor male-female differences in infant nutrition status) | Target access to new resources to women (for example, include a nutrition component in credit programs directed to poor women to ensure that current improvements in women’s status do not come at the expense of the nutrition of infant females) |
| Underlying (such as food security, health systems, child care) | Reform service delivery (for example, equalize access to water and sanitation services and agricultural extension services) | Use cash transfers to promote the entry of girls into nutrition and health care systems |
| Immediate (such as diet, infection) | Reform health service delivery (for example, equalize immunization rates and access to preventative and curative health care; introduce flexible working hours and crèches for working mothers) | Use subsidies to promote child-care crèches to allow working women to provide their children with a good child-care substitute |

Source: Adapted from UNICEF, *The state of the world’s children 1998* (New York: Oxford University Press, 1998), p. 25.

programs that aim to improve the status of women and to address gender inequalities. How can these policies incorporate nutrition components? As outlined in Table 1, public policies that aim to improve women's status can promote gender neutrality either by creating a level playing field in hopes that women will catch up or by actively seeking to promote catch-up. Table 1 also outlines examples of how to incorporate nutrition components into these policies (organized by the immediacy of the intervention for nutrition status).

Conclusion

Gender inequality in access to and control of resources not only is unfair to women and their children, but also constitutes bad economics. It results in the misallocation of scarce resources, increased health care costs, lowered productivity, and poor human development trends. Investment in the nutrition of women is an important short-term barometer in assessing expected returns to improving household nutrition and overall human development capacity for a country.

Targeting to improve the nutrition status of girls and adolescents will help to ensure that women's status improves throughout the life cycle. Given the already susceptible situation of women and girls in developing countries, attempts to improve the overall status of women should work hand in hand with

attempts to improve the nutrition status of female girls, adolescents, and adults. Incorporating gender-sensitive nutrition components into policies and programs that aim to improve women's status will enhance both the expected short-term and long-term results of the programming efforts. Improvements in nutrition status of female infants and children will translate into the improved human capital of their adolescence, the empowerment of their adulthood, and the development of their communities.

Suggested Reading

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