Gender and nutrition – A Perspective

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BACKGROUND

• Gender and nutrition are increasingly acknowledged by the development community as a key cross-cutting issue.
• Gender and nutrition are inextricable parts of the vicious cycle of poverty.
• Gender inequality is recognized as a ‘cause’ as well as an ‘effect’ of hunger and malnutrition.
Evidences to delineate-

- Higher levels of gender inequality are associated with higher levels of undernutrition, both acute and chronic undernutrition.

- Gender and nutrition are not stand-alone issues.
  - Agriculture, Nutrition, Health and Gender are interlinked and are mutually reinforcing, which impacts significantly.

- Women are a nexus between these sectors, & the synergy between these can have a beneficial influence on the outcome of Nutrition.
Gender – Some insights

- A general perception, that women and men should have **equal rights and opportunities**
- Nutrition is not exception to this phenomenon
- Women continue to get discriminated & no/less access to power and resources
- Rights-based approach to gender programming
- Nutrition principles such as the **Right to Food** needs emphasis
Social customs restricts autonomy

- barrier for access and therefore entitlement is a challenge
- roles, priorities, needs use of resources - differ between men & women
- affects the nutrition outcome, as women have disadvantages at all stages of life cycle.
- Gender dimensions - rarely addressed in the context of Nutrition and food security

- Gender-sensitive actions are beneficial & empowering ways to tackle malnutrition
- addressing nutrition or gender in isolation may have limited impact
- to accelerate progress, a holistic approach is inevitable
- This information gap needs to be recognized and addressed
GENDER-NUTRITION LINKAGES & OPPORTUNITIES FOR SYNERGY

- Gender nutrition persists in various areas—different pathways offer multiple opportunities for synergy.

- Nutrition—an entry point for addressing sensitive gender issues through nutrition education, school-based and youth programmes, and agriculture extension.

What works in one area or region, may not work as well, or even be counterproductive, in another location.

- Combined provision of health services, nutrition education, and women’s empowerment interventions has heightened impact.

- Logistics of childcare services for working mothers can also have real implications on gender and nutrition outcomes.

- Deserve special consideration.
Nutrition - a key determinant in life cycle

- Gender differentials are established at all stages of life cycle, from birth to different stages of life.
- Implications are innumerable at different stages
  - The depletion in nutrition perpetuates to the next level, impacting negatively on the health and productivity.
- Physiological factors augment nutritional vulnerability among adolescent girls and women.
  - The overall prevalence of CED (BMI<18.5) among women is 36% as compared to men (33%). - NNMB
- Calories deficits at all stages – reflects poor access.
  - Average consumption of cereals and millets of women is less (90%) RDI, their access to micro nutrients, continues to be a big challenge.
- The iron requirements are higher among women of child-bearing age, which are grossly deficient.
The requirements are higher than their male counterparts in order to sustain/compensate biological processes including their reproductive roles.

- iron deficiency anemia, continues to abate women (75%) and gender disparities are observed with respect to iron deficiency (55% males).

- Regular blood loss during menstruation in girls, post-menarche and premenopausal women is a cause of concern, as all of which have implications for their productivity & their well being.
Gender differentials—a barrier to nutrition attainment

| Maternal nutrition during early stages of pregnancy contribute more to pregnancy outcomes than later stages of pregnancy, -the social customs often is an obstruction | the gender differentials in breast feeding practices – preferential treatment exclusive breastfeeding for the first six months &complementary-till two years | Infant and young child feeding is a hardship this places an extra time and physical burden, women often do not receive support or time compensation to facilitate breastfeed their children | – is a denial to access, thereby, a basic violation of rights of children - sets a platform for early intervention, as under nutrition persists in early infancy often due to such negligence. |
### Social Norms-

| Intra household food distribution is a cause of concern | The association between excessive physical activity during pregnancy and poor birth outcomes are also due to inequalities | Suboptimal maternal nutrition and poor infant and young child nutrition, situation intensifies with males receiving preferential access to quality foods-Dairy products, fruits, meat and other nutritious foods | The risk of preterm deliveries, small-for-gestational age & low birth weight, are the results of poor access and inequalities at all areas | Pregnancy through the first two years of life, can lead to largely irreversible effects on growth & development, both physical and cognitive-

| Position further aggravates if the mother is overburdened with heavy or strenuous tasks, with no intermittent rests and poor health | Maternal nutrition thus play a predominant role for her health and wellbeing and also for subsequent generation | Poor decision making skills is counterproductive. The gender is a predominant factor |
contd

• when pregnancy and lactation concur with adolescence, nutritional needs in this phase of the life-cycle compete with the nutritional needs of the foetus and for the lactation performance.

• Empirical evidence suggests that adolescent pregnancies increase the likelihood of giving birth to infants of low birth weight (<2.5 kg),& perpetuate the intergenerational cycle of malnutrition.

• These considerations are particularly relevant, as early pregnancies remain common in India

• A major opportunity is missed if nutrition activities addressing women are only initiated during pregnancy
Reproductive rights?

- Periconceptional (pre maternal) nutrition is critical - as a substantial proportion of pregnancies are unplanned, birth defects/abnormalities occur in the first weeks of gestation.

- Underweight / obesity and micronutrient status in particular folate, vitamin A, iodine, iron and B12 are the four key factors that drive periconceptional nutritional status in women.

- Underweight during this period impedes weight gain during pregnancy (the main predictor of pregnancy outcomes), increasing the likelihood of preterm delivery and giving birth to small babies.

- Often attributed to food insecurity, extremely high physical activity including manual labour, and in some countries, HIV/AIDS.

- As a result, increased attention to gender can help identify opportunities to reach women earlier, during influential stages of the life-cycle.
Eating habits and, food culture..

- Social customs often lead women to forego what is rightfully their entitlement.
- Food taboos, preferences and consumption patterns have an impact on the nutritional status and frequently have a gender dimension.
- These factors should be addressed if they hinder healthy dietary practices.
- The gender dimension to the roles and responsibilities of food collection, preservation, preparation and distribution are the determinants to nutritional attainments.
- Their role in food preparation goes well beyond knowledge of recipes and cooking techniques; it also encompasses access to water, fuel/wood and cooking utensils.
- Women tend to be knowledgeable about food that was grown locally and consumed in the past, even if this knowledge is not always appreciated.
Gender & Nutrition in agriculture extension

• The role of agriculture in addressing malnutrition has triggered a number of efforts to maximise the nutritional impact of agriculture policies, programmes and interventions

• agricultural training combined with nutrition education empowers women in their ability to offer healthy diets to their families through Homestead gardening,

• the pivotal role women in local food culture,

• engagement in food production and rural economies, accounting for 43 percent of the agricultural employment in developing countries
Income-generating activities and spending income on nutrition

- Agriculture provides a source of income to 70-80% of rural Indians, who suffer from hunger.
- Enhancing agricultural production is a way to address malnutrition, it does not automatically improve nutrition.
- Improving nutrition empowers people and helps them generate income and consequently impacts, cognitive development, educational attainment and productivity of any given community given their inter-linkages.
- Income-generating activities are targeted to women, recognising that women tend to spend a larger portion of additional income and other resources on household nutrition, health and education.
- Thus the entire household may benefit from improved nutritional status. Empowerment & income-generating activities does not confer equal benefits to all when gender considerations are overlooked.
Rights-based perspectives related to gender and nutrition

• Legal frameworks and/or specific rights-based principles related to nutrition enable and enhance the gender/nutrition linkages.

• Investment in girl child and maternal nutrition will contribute significantly to the progressive realization of the rights of the girl child and of the adolescent mother in the context of the Convention on the Rights of the Child and Convention on the Elimination of All Forms of Discrimination against Women.

• The Right to Food also addresses gender and nutrition issues by fostering participation and accountability and empowering right-holders (women and men alike) to actively engage in their own development.

• Awareness-raising activities and/or campaigns should target both right-holders and duty-bearers, and thereby cultivating a culture where gender- and nutrition-related rights are demanded by right-holders.

• Gender-based violence and access disparities/discrimination should be carefully monitored with claim mechanisms in place to facilitate recourse.
To sum up -

• Gender and nutrition have multiple dimensions and are highly context-specific.

• the pathway towards improved food and nutrition security - for all - should be a gender-equitable process.

• prioritizing gender and nutrition in policies, programmes and projects, are commendable, but these efforts have largely considered gender and nutrition as two distinct themes.

• Greater attention is needed for operationalising opportunities to combine the two.

• an attempt to bridge these two areas in support of gender-sensitive nutrition policies, programming, would go a long way in enhancing the nutritional impact.
• Nutrition can offer opportunities to address otherwise sensitive issues regarding gender roles.

• Mainstreaming gender in nutrition within the field of agriculture is a critical aspect of strengthening gender and nutrition linkages in recognition of their substantial contribution to agriculture production.

• The inclusion of gender-sensitive approaches in primary health care, water and sanitation, social protection and education are equally paramount, and may be achieved through multiple entry points.

• This will require increased collaboration and coordination between and within organizations working in the field of gender and nutrition so as to develop existing complementarities and comparative advantages, and to apply a holistic approach.
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• Mainstreaming gender in nutrition offers opportunities to integrate agriculture and health approaches. This will require increased collaboration and coordination between and within organizations working in the field of gender and nutrition so as to develop existing complementarities and comparative advantages, and to apply a holistic approach.
Mainstreaming gender in nutrition can be accomplished if accountability is taken at all levels.

Not only should higher management in relevant organisations regularly update and ensure implementation of gender and nutrition policy, but also staff members should be made accountable for gender and nutrition priorities in their respective areas.

Governments and other implementing partners should also be encouraged to incorporate gender and nutrition into their regular work, programmes and projects.

Most needed support goes beyond formal, sophisticated organizational structures and results-based frameworks.

Facilitating household logistics such as making childcare services available at household and/or community levels is critical, with increased accountability between household members to achieve a more balanced distribution of reproductive tasks among men and women.
Thank you