



# A Gender-Transformative Framework for Nutrition

---

Advancing Nutrition and Gender Equality Together



# ACKNOWLEDGEMENTS



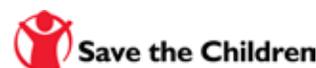
This document is the result of a collective effort of a coalition of Canadian agencies who are passionate about advancing nutrition and gender equality for women and girls across the globe.

Lead Author: Melani O'Leary (World Vision Canada)

Contributors: Amal Ben Ameer, Sarah Anderson (Save the Children Canada ); Merydth Holte-McKenzie, Sophia Papastavrou, Carmen Tse (World Vision Canada); Alison Riddle (Bruyère Research Institute); Sarah Pentlow (Nutrition International); Dominic Schofield (MotherFood International); Geneviève Némouthé (CARE); Hassan Ali Ahmed (Action Against Hunger Canada).

In addition to the individuals highlighted above, the document has benefited from reviewers across different thematic areas within World Vision, Save the Children, Nutrition International, Global Nutrition Cluster Technical Alliance, Global Affairs Canada, and UNICEF.

[gendernutritionframework.org](http://gendernutritionframework.org)  
First published 2020  
© World Vision Canada 2020  
Creative design: Paul Bettings



# CONTENTS

Introduction	01
What is a Gender-Transformative Framework for Nutrition?	03
Why a Gender-Transformative Framework for Nutrition?	05
The Framework	06
Theoretical foundations and guiding principles	07
Understanding Agency, Resources and Opportunity Structure	08
Domains of the Gender-Transformative Framework for Nutrition	10
Linking nutrition and gender within the domains	12
Equitable Food Systems	12
Gender- and adolescent-responsive health and nutrition systems	13
Equitable education	15
Economic inclusion	16
Safe and equitable water, sanitation and hygiene	17
Social protection	18
Environmental and political resilience	19
Conclusion	20
References	22



# INTRODUCTION



Good nutrition is critical for health and wellbeing, and the foundation for education, economic prosperity and equality. Without it, individuals of all ages are robbed of the ability to reach their full potential and break intergenerational cycles of poverty and inequality. Malnutrition currently impacts 1 in 3 people globally and disproportionately affects women and girls. It is responsible for 11.3 million deaths and 241.4 million disability-adjusted life years (DALYs).<sup>1</sup> Of the 11 top risk factors driving the global burden of disease, six are related to diet and poor nutrition.<sup>2</sup> This reality is significantly exacerbated in fragile and conflict-affected contexts.

**Nutrition and gender are intimately interconnected.** The biology of nutrition comes wrapped in the sociology and politics of how food is produced and consumed and how nutrition services are provided and used. Energy and nutrient requirements are informed both by sex and biology on the one hand, and gender roles and responsibilities on the other. In this way, gender inequality is both a cause and a consequence of malnutrition. Understanding the multi-sectoral nature of malnutrition, it is important to recognize that gender inequalities limit livelihood, education, and growth opportunities for women and girls globally. Limiting access to nutritious foods and nutrition education, among other issues, have debilitating impacts on women and girls' nutritional status and contribute to poorer health. This threatens the overall wellbeing of and opportunities for women, girls and people of diverse gender identities across their lifetimes, and for the generations that follow.

Investments in the nutrition of women and girls prior to when/if they choose to enter pregnancy builds a positive intergenerational cycle. Women who are malnourished during pregnancy face greater risks of maternal death, adverse birth outcomes and malnourished infants. These babies are more at risk of dying before the age of five and suffering from stunted physical and cognitive development. Building on this, adolescent girls are more likely to be malnourished than other members of the household. By contrast, children who are adequately nourished in the first 1,000 days between conception and the age of two do better in school, earn 20% more in the labour market,<sup>3</sup> and are 33% less likely to live in poverty as adults.<sup>4</sup>

While recognizing the importance of this intergenerational cycle, most nutrition initiatives fail to recognize women and girls as right holders themselves, thus unintentionally focusing on them as a means to see better outcomes in children. Not only does this perspective reinforce the gender stereotype that womanhood equals motherhood, it also suggests a false dichotomy, when in fact women's and children's rights to health and good nutrition are equally important and can both be met.

**Malnutrition currently impacts 1 in 3 people globally and disproportionately affects women and girls.**

COVID-19 has also underscored the gender-based dimensions of malnutrition and overall health and wellbeing. The pandemic has unleashed a global malnutrition crisis whose primary victims are women and girls. Within a few months, COVID-19 has undone decades of progress towards improved nutrition. Women and girls are facing deteriorating quality of diets and disruptions in nutrition and other essential services. In humanitarian contexts, the already dire situation has declined even further. Globally, child wasting is predicted to increase by as much as 14.3%<sup>5</sup> and maternal mortality by up to 38%<sup>6</sup>. Women and girls are also seeing alarming increases in Sexual and Gender-Based Violence (SGBV), especially in the form of Child, Early and Forced Marriage (CEFM).<sup>7</sup> These assaults on the rights of women and girls change the trajectories of their lives forever, including often unplanned pregnancies that wreak havoc on young bodies and perpetuate cycles of malnutrition, poverty and inequality. To build forward better and to leave no one behind, the depth and breadth of women and girls' needs must be recognized, and collective responses strengthened accordingly.

**The pandemic has unleashed a global malnutrition crisis whose primary victims are women and girls.**

Progress on improving the nutritional status of women and girls requires that they can safely and effectively advocate for, and have control over, their own health and nutrition rights. This entails real decision-making power in the hands of women and girls and increased access to a diverse and healthy diet and the quality nutrition services they need at critical times in their lives. It requires that nutrition services and interventions respect and value women and girls' rights and give them decision-making power over their diet and care choices. It also involves access to key determinants of nutrition and agency, including livelihoods, savings, good hygiene, education and improved literacy. Lastly, deliberate action and support must include engagement from various powerholders who influence the circumstances for decision-making and control, such as peers, boys, men, extended family and community leaders.



To date, some efforts have been made to “integrate” or “mainstream” gender into nutrition programs, but wide gender disparities persist because these efforts have not focused on transforming the root causes of the problem. It is insufficient, and many times harmful, to seek to improve individual women and girls' situations without addressing the discriminatory gender norms and unequal power imbalances between women and men that contribute to gender inequality and malnutrition. **An effective response requires that gender equality and the empowerment of women and girls becomes the central foundation upon which multi-sectoral responses to nutrition are built.** Localized, transformational change that is profound and resilient is vital to deep and lasting impact. This demands radical breakthroughs in paradigms, beliefs and behaviour at various levels. We need to *think* differently so that we can *do* differently.

# WHAT IS A GENDER-TRANSFORMATIVE FRAMEWORK FOR NUTRITION?



The Gender-Transformative Framework for Nutrition (GTFN) is a conceptual model supported by research and practice that enables improved gender analysis, solutions design, and monitoring and evaluation of nutrition approaches, as well as interventions promoting women and girls' empowerment. The GTFN applies systems thinking that enables users to critically examine the multi-sectoral drivers of malnutrition using a gender equality and empowerment lens. By exploring the complexity of factors across systems that interact and foster or limit empowerment, it helps to identify areas for action that not only improve nutrition outcomes but also transform gender relations, empower women and girls, and create more equitable systems. Gender equality is the state or condition that realizes the equal enjoyment of human rights, socially valued goods, opportunities, and resources for women and girls,

men and boys, and individuals of diverse gender identities. Its pursuit promotes a rights-based approach which seeks to develop the capacity of duty-bearers to meet their obligations while encouraging rights holders to claim their rights. It includes expanding freedoms and voice, improving power dynamics and relations, transforming gender roles and enhancing overall quality of life so that everyone achieves their full potential.

A gender-transformative approach requires an understanding of how power dynamics limit or enhance the participation of women and girls and their ability to claim their rights. Gender-transformative actions "actively" seek to build equitable social norms, structures, and policies, in addition to individual gender-equitable behaviour, while also transforming harmful root causes of inequality.

# *Empowerment comes from within and cannot be done to or for anyone by others.*

A key driver of this transformation is the empowerment of individuals and groups. Empowerment is the ability to make strategic life decisions where such ability was previously denied.<sup>8</sup> It is manifest, for example, when women can decide where and when they will access health care, or if/how many children they will have. Empowered girls can decide how long they will study, and if/who they will marry. Empowered women and girls have power over their labour, resources, time, mobility and bodily integrity. But empowerment also requires structural change that addresses discriminatory formal and informal systems that perpetuate gendered power imbalances.

Empowerment comes from within and cannot be done to or for anyone by others. Rather, cultures, societies and institutions create conditions that facilitate or undermine possibilities for empowerment and the pathways to nutrition security. Traditional power holders and influencers, including men, boys, parents, grandmothers, community and religious leaders, as well as service

providers and government personnel, must be engaged in this change process. They are important gender champions. Mobilized as agents of change, working together with women and girls and people of diverse gender identities, they can then use their positions of power and influence to shape systems that create a more equitable world for all.

The GTFN therefore presents a conceptual approach to transform discriminatory gender norms, establish or strengthen equitable gender relations, bring about structural and systemic change, and to create an enabling environment that nurtures greater equality and inclusion in achieving the right to good nutrition. What truly distinguishes the GTFN from existing approaches is the extent to which it recognizes the complex relationships between individuals, households, communities and the systemic structures of the broader societies in which they exist. Taking such a holistic view provides an opportunity to address a much larger range of factors that impact gender equality and equitable nutrition security.

# WHY A GENDER-TRANSFORMATIVE FRAMEWORK FOR NUTRITION?



While there is growing recognition that gender equality is essential for attaining optimal nutrition, and achieving the Sustainable Development Goals (SDGs), it is not always evident how to move forward in practice. The GTFN seeks to address this gap. The nutrition sector already recognizes the important role that women and girls play in the nutritional status of their communities, and that women and girls bear the brunt of the malnutrition burden, but it continues to struggle to address the variability and dynamics of how nutrition, sex, gender equality and empowerment interact and affect diverse communities across multiple societal domains and their impact pathways.

An effective response requires that nutrition programming focuses on changing conditions so that women and girls can recognize and act on their own power to take the lead as transformational change agents, for both improving their nutrition, and as a right in and of itself. This entails women and girls, in partnership with male allies and other power holders, to actively engage in identifying and addressing barriers in the underlying socio-cultural, economic and political environments that limit their decision-making power and resource control that are necessary for achieving optimal nutrition for themselves and their dependents. It also demands changing current systems and structures in order to become more equitable and responsive to the needs of women and girls.

# THE FRAMEWORK



The GTFN expands the potential of nutrition programs to tackle gender inequalities by facilitating the analysis of gender power dynamics at different levels. It strives to support practitioners and policymakers to take a more person-centric approach to identify evidenced-based interventions, tools and approaches for the design, implementation, monitoring and evaluation of gender-transformative nutrition programming.

**When the position and condition of women and girls improves, everyone benefits.**

# 1

## Theoretical foundations and guiding principles

The GTFN builds on the strengths of several complementary theoretical frameworks. Central to the innovation of the GTFN is the application of women's empowerment theory to frameworks and evidence underpinning global nutrition programming. This presents an opportunity to better understand the underlying causes which have created gender disparities, as well as to identify various entry points to address them. When considering these underlying causes, the UNICEF Conceptual Framework for Malnutrition<sup>9</sup> adopts a systems approach and serves as a foundation from which to unpack the relationships between physical, mental and social well-being and societal norms/structures and systems that perpetuate gender inequality, and which have a significant and varied impact on nutrition outcomes.

A systems approach can help describe the dynamics of multiple factors that interact to limit or advance development outcomes. While the GTFN leverages

the strengths of systems approaches to recognize, explore and describe the interactions across distinct systems and stakeholders, it is also designed to carry these strengths through to action. Where systems thinking sets goals for target outcomes and designs intersecting pathways to those goals, the GTFN proposes an iterative process that evaluates each next step along multiple pathways to the goal. The GTFN builds on this process with an understanding that the motivations, ambitions and limitations that drive how individuals interact within multiple systems, a person-centric approach to understanding systems, is a key requirement for addressing the complex nature of malnutrition and gender inequality. In this way, *the GTFN presents an innovative approach to navigate complex systems and to drive pathways for synchronous action on gender equality and nutrition.*

***Good nutrition advances gender equality and gender equality enables better nutrition. It's iterative and adaptive, not linear.***

# 2

## Understanding Agency, Resources and Opportunity Structure

The GTFN has at its core an understanding that agency, resources, and opportunity structure are fundamentally linked and interact to influence the degree to which women and girls are empowered across the domains of their lives.<sup>10</sup> Within the GTFN, these are expressed as the empowerment circles.

**Agency** is the capacity to define one's own goals and act on them; where women are not seen as passive recipients of "welfare-enhancing help," but rather active agents within their own lives and influencing the systems within which they interact.<sup>11</sup>

Agency can be reflected in four types of power: power within – a personal or group sense of self-worth, self-awareness and self-knowledge; power to – act and realize one's aspirations; power with – collaborative and collective power with others; and power over – people, resources and other's lives.<sup>12</sup> Agency is most often conceptualized as decision-making power but also the ability to negotiate, influence or exert control over one's life or others.

To be able to act, women and girls must also have the necessary **resources** to do so. This can include everything from financial assets and material wealth, to essential infrastructure, information, time and labour, mobility, bodily integrity, and access to social support.

Within nutrition and health programming, access to nutritious foods, clean water, essential supplements and menstrual hygiene management products, as well as money to acquire these, are examples of material and financial resources required by women and girls, which in turn can impact the degree to which they are able to express their agency over their health and nutrition.





The final component to complete this understanding of empowerment relates to the institutional and socio-cultural contexts in which women and girls live. It is possible that women have the capacities above, yet find themselves constrained by the opportunity structure around them and are unable to act towards their intended goals.<sup>13</sup> **Opportunity structure** refers to the presence and operation of formal and informal institutions, including the laws, regulatory frameworks, and norms governing behaviour that affect women and girls' agency and access to resources.

Women's empowerment occurs when each of these elements are activated and mutually reinforcing so that women and girls are able to achieve their intended goals or aspirations. A key element of applying women's empowerment theory within nutrition programming is to understand that power imbalances and resulting gender inequalities have a direct impact on the nutritional status of women and girls, and that poor nutrition is fundamentally disempowering.

# 3

## Domains of the Gender-Transformative Framework for Nutrition

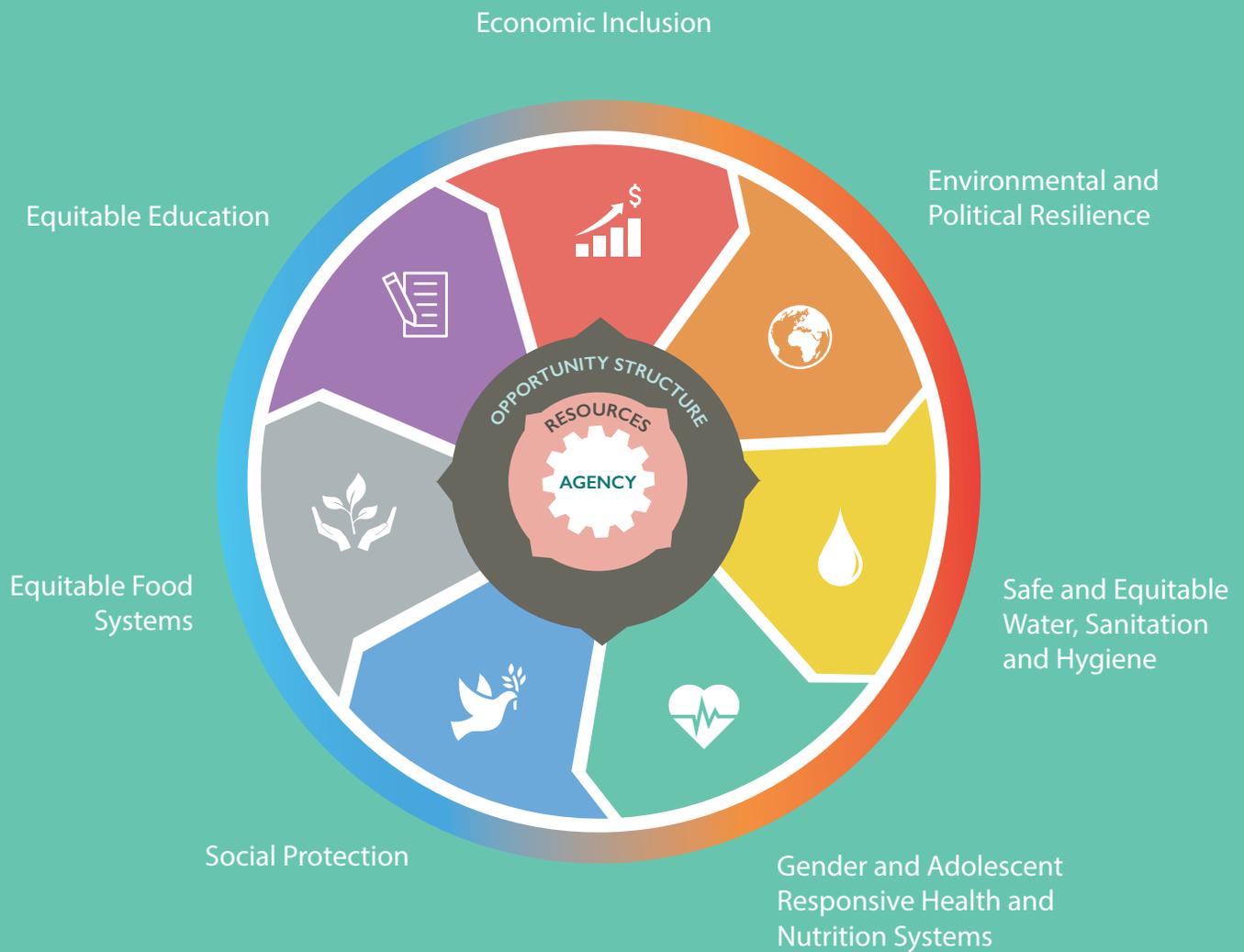
The GTFN modularizes the multisectoral dimensions of malnutrition captured in the UNICEF Framework and provides an analysis of each domain using the three empowerment components: agency, resources, and opportunity structure. The seven domains that outline the relationship between diet and disease, as it relates to nutrition, include:

- Equitable Food Systems
- Gender and Adolescent Responsive Health and Nutrition Systems
- Equitable Education
- Economic Inclusion
- Safe and Equitable Water, Sanitation and Hygiene
- Social Protection
- Environmental and Political Resilience

These domains are not presented in order of importance, nor in the order they should be implemented. As the diagram demonstrates, they are all pieces of the puzzle, all critical for achieving the realized right to good nutrition and gender equality. The central placement of the empowerment circles enables users to understand the systemic impacts of gender inequality within each of these domains.

It is therefore important to understand that focusing on single domains or individual delivery channels in isolation will limit achievements towards improved nutrition and gender equality. An opportunity exists to improve access to good nutrition on an equitable basis through greater collaboration and sharing of assets across domains – shifting the visual analogy of delivery from linear silos to a puzzle piece, all fitting into the broader picture of gender equality and empowerment.





The GTFN also uses systems thinking to explore and describe the interactions of different domains and stakeholders that drive pathways to impact and shape the context for synchronous action on gender equality and nutrition. It provides the perspective and tools to recognize that actions and interventions within one domain of the GTFN will have ripple effects across the other domains. **As women and girls increase their agency, have greater access to and control over resources and experience opportunity structures which enable the enjoyment of their rights, they will experience gains in each of the domains in the outer circle in different ways.** However, gender equality gains or enjoyment of rights in one domain may not necessarily spill

over into others and can have the opposite effect if not considered and addressed synchronously. For this reason, the GTFN is an essential tool for navigating the interplay between gender and nutrition and its effects on women and girls within a complex ecosystem.

The relationship between each empowerment circle and the domains in the outer circle are further summarized in the following section. These concepts build on an extensive multi-disciplinary literature review exploring gendered experiences of, and responses to, malnutrition, causal determinants of health, and their impacts on gender inequality, nutrition, and wellbeing.

# 4

## Linking Nutrition and Gender within the Domains

A summary of how agency, resources and opportunity structure are relevant in each domain is highlighted below. However, it is beyond the scope of this summary document to outline all the GTFN findings in detail. \*

### EQUITABLE FOOD SYSTEMS



Food systems, encompassing production, processing, marketing, and purchase of food and the related consumer behaviours, are critical to ensuring optimal nutrition. Gender power dynamics and socio-cultural and gender norms are significant drivers of equitable nutrition security within food systems. Globally, women's roles within food systems vary significantly, often disproportionately, touching all aspects of the value chain – spanning agricultural production, food processing and storage, retail, and consumption. And yet, women and girls continue to face discrimination resulting in limited decision-making power, access to and/or control over productive resources, information, finance, services, markets, and technological and entrepreneurial skills. Within the agriculture sector of many

countries, the labour burden of women significantly exceeds that of men. These heavy workloads, combined with their role as primary caretakers, undermines their productive capacity and exacerbates challenges in meeting their health and nutrition needs. Furthermore, unequal power relations between women and men, particularly at later points in the value chain, put women at a significant disadvantage and increase the likelihood of exploitation. Within the formal sphere, policies, laws and institutional structures in some cases include legislation that specifically discriminates against women. The GTFN unpacks the understanding that improving agency, ensuring equitable access to and control over resources, challenging power relationships, and promoting equitable legal frameworks are key to improving nutrition through food systems.

\* The full literature review will be released in an upcoming publication.

## GENDER AND ADOLESCENT -RESPONSIVE HEALTH AND NUTRITION SYSTEMS



Health systems remain important delivery channels for nutrition interventions. **The goal of universal health coverage is to ensure that all people have access to good quality health and nutrition services.** However, women and girls face multiple gender-based barriers to high quality and acceptable health care. This includes autonomy in healthcare-related decisions (i.e., the ability to make decisions about one's own healthcare and that of one's children) and access to and control over economic resources needed to cover costs for transport, treatment, medication and other medical supplies. The opportunity cost where women have to choose between going to health centres versus income generating activities presents an additional barrier. **Discriminatory socio-cultural norms are also seen in stereotypes and gender-related stigma, and the gender-based roles within the health workforce that do not respond positively or adequately to the demands and needs of women and girls.** Other barriers may include restrictive laws and policies preventing provision of health services to some groups (i.e. the provision of contraceptives to unmarried adolescents, access to safe abortion, specific health services for people of diverse gender identities).

Good nutrition during adolescence supports girls' rights to good health, educational attainment and future productivity. However, most health systems target the needs of children under five and adults, leaving a gap in service provision for adolescents. **Adolescents, particularly girls, frequently face specific challenges related to their age and limited economic independence, including the belief that they are not old enough or sufficiently mature to understand health information and make informed decisions.**

In the case of sexual and reproductive health services, unmarried adolescents, particularly adolescent girls and young women, experience judgement, disapproval and even refusal of treatment. In addition, even where services are free, adolescents may face both cost and mobility concerns, particularly when they may need their parent's consent to access medical care and services. The GTFN highlights that implementing health and nutrition services that truly respect women and girls' rights must include women and girls' voices at the centre and respect their decisions, while ensuring access to the necessary resources and a positive opportunity structure to act.

# *Within the food system, having agency has a direct impact on a woman's ability to make food choices.*

## **The Intersection of Food Systems and Health Services: Individual Diet and Care Practices**

The GTFN demonstrates that even when sectoral responses to address the underlying causes of malnutrition are delivered in silos, these still interact. This can be seen in the overlap between Food and Health Systems. The interaction between these two domains culminate in either enabling or frustrating a woman or girl's overall effort to engage with these delivery systems to meet their own dietary or care needs.

Within the food system, having agency has a direct impact on a woman or a girl's ability to make food choices. Women and girl's require access to and control over resources to support optimal dietary practices, including education, knowledge, and control of intrahousehold resource allocation. Gender norms related to food consumption determine what is considered safe, acceptable, affordable and adequate for various gender and age groups. The power dynamics that govern the social norms for food consumption impose restrictions for people with less power, most often women and girls, who eat last and least.

When it comes to uptake of health services, having agency over health practices, including power to choose whether, when and with whom to use contraception, and when to become pregnant, is central to one's own health and nutrition. Women and girls require access to and control over

resources to support health-seeking practices, such as mobility, reasonable workloads, time availability, including the recognition and redistribution of traditionally unpaid care work, and social support. Gender norms in many contexts result in differential and discriminatory care practices throughout the life course of women and girls, including biased health-seeking for preventative and curative services for a child.

This intersection of the food and health system can be clearly seen, for example, as adolescent girls navigate both systems to satisfy their needs. Challenges around dietary and health-seeking practices are particularly acute for adolescent girls who biologically have increased nutritional needs, yet are often the most marginalized, with least power to make decisions regarding access to health services, diet and their own bodies. For adolescent girls, having agency over what they consume and their Sexual and Reproductive Health and Rights (SRHR), has a direct impact on their ability to participate in formal and informal education. Girls who have control over their diet, including the consumption of iron rich foods and supplementation, are less likely to suffer from anemia, miss less days of school, have better school performance, and overall, more energy. Control over diet, coupled with increased agency over SRHR, means these girls will avoid unintended pregnancies, stay in school longer and succeed in higher levels of education. This has a significant impact on their transition into adulthood, both for their health and economic well-being.

## EQUITABLE EDUCATION



The education of women and girls consistently correlates with reductions in malnutrition.<sup>14</sup> Education, particularly secondary education and beyond, is a key resource in the empowerment process, consistently leading to agency and progress toward gender equality.<sup>15</sup> **Women's education is associated with better home healthcare, hygiene practices, and care seeking practices during illness, as well as reduced rates of stunting in general for every additional year a woman has spent in school.**<sup>16</sup> Not only does education improve literacy rates, but it also provides a protective space for girls by keeping them in learning opportunities and away from CEFM and related early pregnancy. Education of girls lowers fertility rates and enhances the chances that girls will complete more years of school and participate in the economy at a higher level.<sup>17</sup> Subsequently, CEFM, early withdrawal from education, and early pregnancy are critical drivers of malnutrition across the lifecycle.

Success in education is a proven path out of poverty that is being denied to malnourished girls. Many children in low-income contexts start school already suffering from growth faltering and/or from multiple micronutrient deficiencies.<sup>18</sup> This has a particularly negative impact for girls who are anemic, resulting in lower test scores and achievement in reading and spelling.<sup>19</sup> Girls face additional barriers to education due to poor/gender-insensitive infrastructure, particularly regarding menstrual hygiene management and related private and secure sanitation facilities. In humanitarian contexts, girls are more likely than boys to lose out on education with lower enrollment and higher dropout rates.<sup>20</sup>

**Women and girls' access to education plays an important role in increasing their agency, access to information, services, and increased opportunities.** Specifically, education programs that teach numeracy, literacy, and communication can equip women and girls for future livelihoods and more equitable relationships. Similarly, investments in improving girls' decision-making power through school enrollment have ripple effects on positive dietary practices and interactions with the health system. The education system can also provide a critical opportunity for influencing socio-cultural norms. Most significantly, access to education is critical for developing gender-egalitarian attitudes among girls and boys.<sup>21</sup>

Formal, and informal education for out-of-school adolescents, can offer an important opportunity for delivering nutrition interventions to age groups who might be otherwise hard to reach through health system channels, such as adolescents. **Schools and informal education offer an opportunity to prevent, manage and provide information about various forms of malnutrition while also offering a supportive environment to promote optimal health and nutrition behaviours.**

The GTFN points to the essential role that schools play in promoting critical thinking and life skills that are necessary so that adolescents girls are prepared to make decisions, seek support and adequate nutrition and health care, are aware of their rights, and have a space to challenge gender norms.

## ECONOMIC INCLUSION



Women's economic empowerment is essential to realize the right to good nutrition and gender equality. Multiple studies have linked women's economic empowerment with positive impacts on nutrition, family planning, and maternal and child mortality.<sup>22</sup> **The impact of economic empowerment for women has ripple effects on delayed marriage and reduced SGBV, while also improving their children's education.**<sup>23</sup> However, **women's participation in paid economies is limited in many low-to-middle-income countries relative to men's participation.** Globally, women earn less than men and, unfortunately, the gender pay gap is still widening in many emerging and developing countries and only slightly narrowing in high-income countries.<sup>24</sup> In fact, no country in the world has closed the gender pay gap, a system that systemically favours men, with lifelong negative economic impact for women and their financial security.

Women's heavy workload, along with household power dynamics, gender norms and expectations are critical factors limiting their participation in economic activities. In many contexts, women and girls are responsible for the bulk of unpaid labour

and domestic care work, thus restricting their availability to participate in monetized economic activities. Women's increased voice, agency and meaningful participation in economic decision-making is central to their ability to decide how to spend their income. At the same time, women's ability to participate equally in the formal economy requires access to employability skills, including vocational and life skills, and access to and control over assets and property. Women entrepreneurs in particular face multiple disadvantages, including lower mobility and less access to training, credit, market information, and productive resources.<sup>25</sup> **Discrimination may also be expressed in gender norms that hinder access to financial services through women's seclusion, prohibit women from working at night, or require a woman to obtain her husband's consent before starting a business or employment.** Other factors influencing economic inclusion include whether childcare is provided and its cost, legal rights for women to work, and paid maternity leave. It is also important to recognize that in places where norms of male dominance are strong, women and girls' economic empowerment can lead men to perpetrating violence as a means of re-establishing patriarchal hierarchies.

## SAFE AND EQUITABLE WATER, SANITATION AND HYGIENE



Access to water, sanitation, and hygiene (WASH) remains a global concern that has a significant impact on nutrition through at least three direct pathways: via diarrheal diseases, intestinal parasite infections and environmental enteropathy.\* Diarrhea, parasite infection, and environmental enteropathy have all been linked with micronutrient deficiencies, poor growth, and poor maternal and birth outcomes. The GTFN highlights that women and girls face multiple gender-based barriers to WASH services.

In many resource poor settings, women and girls are disproportionately responsible for the collection of water, which means the lack of access to improved water sources has a direct impact on their health, nutrition and well-being. Similarly, lack of household toileting facilities forces many women and girls to travel long distances from their homes

to find private open places to defecate or manage menstruation, which makes them vulnerable to varying forms of SGBV.<sup>26</sup> In many societies, women and girls' limited voice in decision-making processes in the household and barriers to active participation in decision-making bodies in their communities often mean that WASH solutions do not meet the unique needs of women and girls.

In addition to dictating age, the gender-specific roles for WASH-related tasks, stigma and norms around menstruation and often male-dominated WASH decision-making, leaves menstrual hygiene needs largely unmet. Reaching all women and girls also requires understanding how different individual inequality factors, such as age, disability and social status, intersect to limit control over WASH resources and access to WASH services.

\* A disorder of chronic intestinal inflammation.

## SOCIAL PROTECTION



Social protection policies and programs are important drivers for positive nutrition outcomes.<sup>27</sup> Social protection approaches have a direct link to food consumption, but are also powerful levers to reduce poverty, promote inclusion, and address gendered risks over the lifecycle, helping women and girls to manage violence and stress, and recover from shocks.<sup>28</sup>

Psychosocial stressors, particularly those that induce feelings of lack of control and threats to social status, produce negative biological responses, and are generally associated with morbidity and poor mental health.<sup>29</sup> These stressors can hinder the ability to care for one's self and for others, increase the risk of mental health disorders and exacerbate postnatal depression among mothers, thereby reinforcing barriers to their right to good health. Combined, women's and children's experience of violence is associated with an increased risk of wasting, stunting and morbidity.<sup>30</sup> Importantly, **extreme adverse events and trauma are associated with epigenetic modifications (changes that affect gene expression for multiple generations) related to inflammation, management of stress and etiology of disease and nutrition outcomes.**<sup>31</sup> This indicates that **gender inequalities compromise the well-being of individuals right down to the DNA level.**

The trauma faced as a result of SGBV has a serious impact on physical, emotional and mental well-being,<sup>32</sup> ultimately robbing women and girls of

the right to autonomy over their own bodies while diminishing their agency in the process. Experiences of violence can also have an impact on control over resources. For example, women who experience Intimate Partner Violence have higher work absenteeism, lower productivity, and lower earnings.<sup>33</sup> Discriminatory gender norms that reinforce inequality place women's and girls' decision making about their bodies outside their realm of control. In many cases, attitudes about SGBV reflect social and gender norms, which are both reflected in and determined by the legal sanctions against violence towards women and girls.

**Social inclusion strategies are critical for improved outcomes and resilience because they ensure everyone can exercise their voice equally, promote equal respect and protection of rights and dignity and increase social capital for the most marginalized.** Interestingly, social inclusion supports health directly by diminishing the negative biological responses induced by stress.<sup>34</sup> Given the persistent and pervasive experiences of stress and trauma due to gender inequalities, the GTFN emphasizes the importance of incorporating strategies for managing stress, building resilience, positive mental health, and social inclusion to support gender equality and achieve positive nutrition outcomes. Institutions and governments play a key role in improving social protection policies and programs to respond effectively to these needs.

## ENVIRONMENTAL AND POLITICAL RESILIENCE



Disaster risk reduction and humanitarian interventions play critical roles in promoting and protecting the rights of women and girls to good nutrition and gender equality, alongside ensuring better resilience to shocks. Fragile and conflict-affected contexts have some of the highest rates of malnutrition. **Fragility is increasingly driven by climate change. Women and girls are particularly vulnerable to shocks and in the context of climate-related disasters, women and children are up to 14 times more likely to be killed than men.**<sup>35</sup>

Women and girls often have limited decision-making power on matters related to disaster risk reduction, displacement and humanitarian response. **Vulnerability during instability and climate shocks reflects pre-existing gender inequalities. These power dynamics limit women and girls' access to basic services and inhibit their ability to recover from climate and political-related disasters.** The combined impact of limited control of household resources, increased domestic care responsibilities, declining food and water access,

and increased conflict/disaster exposure severely undermines the ability of women and girls to maintain their health and wellbeing amidst fragility and crises.

Women and girls are also less likely to receive critical information for emergency preparedness and have limited savings or assets to ensure food security in the face of external shocks. **As a result of social and gender norms, women are often excluded from climate change adaptation, mitigation, and planning processes and their related implementation.** Moreover, adopted coping strategies often put women and girls at high risk of SGBV and exploitation, including forced labour, CEFM, and transactional sex.

The GTFN encourages humanitarian response and nexus programming that strengthens women, girls and vulnerable communities' resiliency- building practices to respond to shocks. Women and girls must also be equipped with the knowledge, resources, and power to realize their rights in the midst of external shocks.

# CONCLUSION



Enabling women and girls to achieve their full potential is essential for building the productive, resilient and sustainable systems that nations need to flourish. Building on the right to access and participation, is the right to equal treatment and opportunity for women and girls within systems where they have been typically disadvantaged. Rights within systems foster equal participation and benefits for women and girls and ensure they are equally heard, equally hired and promoted, and equally responsible for oversight and accountability as decision-makers within systems.

**The GTFN makes gender equality the central lynchpin upon which multi-sectoral responses to nutrition can build.**

Development approaches and humanitarian response are typically designed with the aim of controlling delivery of interventions through pre-designed channels or structures. However, a person-centric approach aligns interventions with revealed pathways as individuals navigate the many evolving factors that influence their power to make, and act on, decisions for their own nutritional wellbeing. Systems approaches can help to reveal these pathways and avoid the unintended negative consequences of fragmented approaches to intervention delivery. **Using gender-transformative approaches, programs can ground these plans in a reality that is increasingly dynamic and uncertain, by being better aligned to the knowledge and actions of people that these plans seek to benefit.**

Fulfilling women and girls' rights to equal opportunity and treatment includes supporting women and girls' roles in leadership and decision-making, gender-equitable policy and legal environments, and gender-equitable human resources and workforce development. Those who have traditionally held power, such as community and faith leaders, play a vital role in establishing and reinforcing normative systems and structures that negatively impact women's and girls' agency and decision-making power. Engaging them in reforming formal and informal systems towards gender equality is critical.

**The GTFN is a conceptual model that reframes nutrition programming to understand how gender norms, institutions, and power relations are causing unequal access to food, health and nutrition services, education, agricultural resources, markets, and technologies.** In doing so, the Framework uncovers entry-points and facilitates solutions that can address the full complexity of malnutrition. The approaches that flow from this starting point can synchronously build resilience to unanticipated shocks that undermine pathways to improved nutrition and gender equality. What truly distinguishes the GTFN from existing approaches is the extent to which it simultaneously addresses the power interplays across domains and between individuals, households and the broader societies in which they exist.



The GTFN is a collaborative, growing partnership, informing the ever-evolving framework and its applications. Plans to operationalize the Framework include a roll out of tools to support gender-transformative approaches across the program lifecycle, research and validation, knowledge translation, and advocacy. We invite practitioners to apply the GTFN in their programs and policies and contribute to improving the framework and application of tools.

# REFERENCES

1. WHO. **Essential nutrition actions: mainstreaming nutrition through the life-course**, 2019.
2. IFPRI. **Food systems and diets: Facing the challenges of the 21st century**, 2016.
3. Hoddinott J et. al. **Effect of a nutrition intervention during early childhood on economic productivity in Guatemalan adults**, 2008.
4. Hoddinott J et. al. **The Consequences of Early Childhood Growth Failure over the Life Course**, 2011.
5. Lancet. **Impacts of COVID-19 on childhood malnutrition and nutrition-related mortality**, 2020.
6. Lancet. **Early Estimates of the Indirect Effects of the Coronavirus Pandemic on Maternal and Child Mortality in Low- and Middle-Income Countries**, 2020.
7. OHCHR. **COVID-19 and increase in gender based violence and discrimination against women**, 2020.
8. Kabeer N. **Resources, Agency, Achievements: Reflections on the Measurement of Women's Empowerment**, 1999.
9. UNICEF. **A UNICEF Policy Review: Strategy for improved nutrition of children and women in developing countries**, 1990.
10. Batliwala S, Pittman A. **Capturing Change in Women's Realities: A Critical Overview of Current Monitoring & Evaluation Frameworks and Approaches**, 2010.
11. Kabeer N. **Resources, Agency, Achievements: Reflections on the Measurement of Women's Empowerment**, 1999.
12. Hillenbrand E, Karim N, Mohanraj P, Wu D. **Measuring gender-transformative change: A review of literature and promising practices**, 2015.
13. Alsop R, Heinsohn N. **Measuring empowerment in practice: Structuring analysis and framing indicators**, 2005.
14. Ruel M, Alderman H. **Nutrition-sensitive interventions and programmes: How can they help to accelerate progress in improving maternal and child nutrition?**, 2013.
15. Mensch, B. S., Chuang, E. K., Melnikas, A. J. & Psaki, S. R. **Evidence for causal links between education and maternal and child health: systematic review**, 2019.
16. Mucha, N. **Enabling and Equipping Women to Improve Nutrition**, 2012.
17. UNESCO. **Girls' Education - The Facts**, 2013.
18. UNSCN. **Schools as a System to Improve Nutrition**, 2017.
19. Roche M et. al. **Adolescent girls' nutrition and anaemia prevention: a school-based multi-sectoral collaboration in Indonesia**, 2018.
20. UNHCR. **The Struggle for Equality – Why Girls Lose Out**.
21. Marcus R, Page E. **Girls Learning and Empowerment – The Role of School Environments**, 2016
22. Gates Foundation. **Equal is Greater**.
23. Gates Foundation. **Equal is Greater**.
24. World Economic Forum. **Global Gender Gap Report 2020**, 2019.
25. The World Bank. **Gender in Agriculture Sourcebook**, 2009.
26. Saleem M, Burdett T, Heaslip V. **Health and social impacts of open defecation on women: a systematic review**, 2019.
27. FAO. **Nutrition and Social Protection**, 2015.
28. ILO. **Social Protection to Promote Gender Equality and Women's and Girls' Empowerment**.
29. Dickerson S, Kemeny M. **Acute Stressors and Cortisol Responses: A Theoretical Integration and Synthesis of Laboratory Research**, 2004.
30. WHO. **Association between intimate partner violence and poor child growth: results from 42 demographic and health surveys**, 2016.
31. Kaati G, Bygren L, Pembrey M, Sjöström M. **Transgenerational response to nutrition, early life circumstances and longevity**, 2007.
32. WHO, LSHTM & SAMRC. **Global and regional estimates for violence against women: prevalence and health burden of intimate partner violence and non-partner sexual violence**, 2013.
33. Reeves C and O'Leary-Kelly A. **A Study of the Effects of Intimate partner Violence on the Workplace**, 2007.
34. Ozbay F et. al. **Social Support and Resilience to Stress**, 2007.
35. CARE. **Evicted by Climate Change**, 2020.