

MALNUTRITION IS SEXIST

JUNE 2021

THE DETERMINANTS
OF NUTRITION
FOR WOMEN AND GIRLS

A photograph of a woman in a hospital gown, looking off to the side with a concerned expression. She is holding a baby wrapped in a blanket. The background is slightly blurred, showing what appears to be a hospital room.

RESULTS

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COVER PICTURE:

A woman breastfeeds her newborn. Cambodia 2015

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RESULTS

NUTRITION: A GENDER ISSUE

Malnutrition is the single largest cause of death among women, killing women more than any other risk factor, including alcohol and tobacco.ⁱ **More than 1 billion women experience at least one form of malnutrition**, with higher rates of anaemia, overweight and obesity than men. This is especially true for women with lower socio-economic status.^{ii,iii} Women and girls living with lower incomes face more barriers to accessing healthy food than men, and are more likely to eat last and least in their households.^{iv} As we have witnessed, the COVID-19 pandemic has exacerbated the existing burden of malnutrition in women and girls. It has resulted in the significant loss of wellbeing and opportunities in life for women and girls and demonstrates the need for nutrition to be treated as a human right and a gender equality issue. Women and girls have a fundamental right to health and good nutrition.^v

While a variety of interventions across development sectors are needed to achieve gender equality, nutrition is an essential tool to support women and girls to achieve equal health, education, and earning outcomes. To realise women and girls' rights, gender equality should be considered as a social determinant of nutrition. **Their right to good nutrition is affected by various structural issues**, which must be addressed in order to allow access to better nutrition. These structural issues cut across access to health, cultural practices around food and the socio-economic status of women. Therefore, it is vital that nutrition is embedded into governments' development strategies across sectors to help address and overcome barriers.

THIS BRIEFING AIMS TO EXPLAIN THE DISPROPORTIONATE IMPACT OF MALNUTRITION ON WOMEN AND GIRLS.

It argues that the most meaningful way to improve nutrition among women and girls is to address the various underlying structural issues that increase their risk of malnutrition. It calls for a multisectoral approach, i.e., a collaboration among various stakeholder groups and development sectors, to jointly achieve gender equality with nutrition interventions.



**MORE THAN
1 BILLION WOMEN
EXPERIENCE AT LEAST
ONE FORM OF
MALNUTRITION**

THE NUTRITION CHALLENGES FACING WOMEN AND GIRLS






A maternal and child health clinic in Tanzania, 2013.
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PHYSIOLOGICAL FACTORS

Achieving gender equality will not be possible as long as women and girls suffer from malnutrition at a much higher rate than men and boys. Women and adolescent girls are particularly vulnerable to nutritional deficiencies due to physiological factors. Menstruation and pregnancy mean that women have additional nutritional requirements to men. As such, it is paramount that efforts to tackle the burden of malnutrition do not ignore the specific nutrients that are needed by women and adolescent girls over the course of their lives.

The table below describes nutrients that are needed specifically by women and girls, and the risks if these nutrients are not available to them.

	NECESSARY NUTRIENTS	RISKS OF NUTRITIONAL DEFICIENCY
 <p>IRON</p>	<p>IRON IS PARTICULARLY IMPORTANT DURING PREGNANCY AND MENSTRUATION DUE TO BLOOD LOSS.</p>	<p>WOMEN WHO ARE NOT CONSUMING ENOUGH IRON-RICH FOODS OR ARE EATING FOODS THAT INHIBIT THE ABSORPTION OF IRON ARE AT RISK OF DEVELOPING ANAEMIA.</p>
 <p>IODINE</p>	<p>IODINE IS PARTICULARLY IMPORTANT DURING PRE-CONCEPTION AND THE FIRST SIXTEEN WEEKS OF PREGNANCY TO ENSURE THE HEALTHY DEVELOPMENT OF THE BABY'S BRAIN.</p>	<p>PREGNANT WOMEN WHO DO NOT CONSUME ENOUGH IODINE ARE MORE LIKELY TO MISCARRY OR HAVE A STILLBORN CHILD.</p>
 <p>VITAMIN A</p>	<p>THE REQUIREMENTS OF VITAMIN A ARE INCREASED DURING PREGNANCY, MAKING PREGNANT WOMEN ESPECIALLY VULNERABLE TO VITAMIN A DEFICIENCY (VAD).</p>	<p>PREGNANCY IS ASSOCIATED WITH INCREASED MATERNAL MORTALITY AND INCREASED INFANT MORTALITY RATES DURING THE FIRST YEAR OF LIFE.</p>

ANAEMIA

Anaemia is a nutritional deficiency caused by a lack of iron, resulting in the falling of the number and size of red blood cells (haemoglobin concentration). This reduces the capacity of blood to carry oxygen around the body and results in severe fatigue, poor concentration, pregnancy complications and increased risk of developing heart disease.

Women of reproductive age are more likely to be affected by anaemia than men, due to the loss of iron during their monthly periods and their increasing needs of iron during pregnancy and when breastfeeding.^{vi} It is estimated that 613.2 million (32.8% prevalence) adolescent girls and women aged 15 to 49 years worldwide are affected by anaemia.^{vii} The highest rate of anaemia is among adolescents, with a particularly high burden among pregnant adolescent girls.^{viii} Governments are not on course to meet the World Health Organization target to reduce anaemia by 50% in women of reproductive age by 2025.

The high prevalence of anaemia in women of reproductive age demonstrates a lack of sufficient access to iron-rich food and other nutrients that absorb iron, and, therefore, highlights the difficulties women have in accessing the food they need to be healthy. The inequalities in women and girls' health carry long-term consequences. Anaemia affects children and adolescents' cognitive processes, motor skills and ability to concentrate, decreasing learning capacities, productivity and school performance.^{ix}

In the long term, this prevents future economic opportunities and access to resources, limiting women's participation in community affairs and their human development.

Stronger action is needed from global governments, including the review of national policies, infrastructures and resources. Doing this will ensure implementation of efficient gender sensitive strategies for the prevention and treatment of malnutrition, with a specific focus on anaemia reduction.



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A MOTHER'S
NUTRIENT STORES ARE
THE **ONLY SOURCE OF**
NUTRITION FOR THE
DEVELOPING BABY.

THE GENERATIONAL IMPACT

Should a woman become pregnant, the chances of having a baby that has a low birthweight is increased by anaemia and other nutritional deficits. This can result in premature birth, child cognitive impairment, developmental problems, and early mortality.^x Good nutrition from the preconception until the child's second birthday, the first 1000 days, is critical to ensuring that pregnant women have enough nutrient stores to support both foetal and maternal nutrition throughout gestation.

The window of 1000 days offers a brief but crucial opportunity to shape a child's development and to avoid future health complications. A mother's nutrient stores are the only source of nutrition for the developing baby. Malnutrition in mothers affects the early development of the brain and spine of her child, which can cause child death or lifelong disabilities.^{xi} It means that ignoring the risks of malnutrition in women of reproductive age not only poses threats to women's chances of surviving child birth and illnesses, but it also increases the likelihood of child undernutrition and preventable mortality.

But as the pandemic almost doubled the number of people facing acute food insecurity, **COVID-19 could result in an additional 2.1 million maternal anaemia cases by 2022.**^{xii} These shocking numbers not only reveal the impact of the pandemic on women and children's lives, they also predict a generational impact on children's future educational and economic opportunities, which will perpetuate the circle of poverty, illness and inequality.

THE SOCIAL DETERMINANTS OF NUTRITION

A variety of societal factors make women more susceptible to malnutrition than men. Gaining access to better nutrition requires removing economic, social and cultural barriers that create the underlying and systemic causes of gender inequality and malnutrition. This means addressing the social determinants of nutrition, as key drivers to women and girls' health and development.

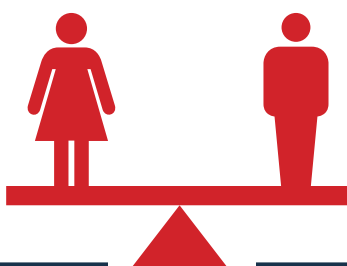
Studies have associated malnutrition with several social determinants, including maternal illiteracy, by showing that mothers with no or insufficient education were more likely to have severely malnourished children.^{xiii} For example, **stunting is higher among children with mothers that are less educated (39.2%) in comparison with mothers with higher levels of education (24.0%).**^{xiv}

Other social determinants and institutional structures also reinforce gender inequalities that impact women and girls' health and nutrition. These include barriers to women's rights to economic, social and political participation, and lack of access to decent work and equal pay, among others. This creates unequal and unfair situations leaving women and girls behind and preventing generations from fulfilling their potential.

This is the case within food systems, where women and girls are too often disadvantaged and face discrimination. Food systems encompass all the elements (environment, people, inputs, processes, infrastructure, institutions) and activities that relate to the production, processing, distribution, preparation and consumption of food, and the socioeconomic and environmental outcomes. Within food systems, women's roles vary disproportionately as they continue to face discrimination in decision making, in access to information, to land and resources, in all aspects of food chains. Conversely, women's labour burden within the agriculture sector and their domestic work is often significantly higher than men. This heavy workload and lack of equal treatment and opportunity result in difficulties for women to meet their health and nutrition needs, increase their likelihood of exploitation, and reinforce unequal power relations between women and men.

These institutional barriers are also found in health systems that do not respond adequately to the needs of women and girls and increase their risks of mortality. For example, while global governments try to prevent the spread of COVID-19 pandemic, nutrition health services, which deliver essential care for women and girls, are often still considered as non-essential services. Nutrition healthcare remains a vital delivery channels for nutrition interventions. It is essential to maintain access to good quality nutrition services and to designate nutrition healthcare as essential services at a national level.

To secure good nutrition outcomes in women and girls, achieving gender equality is paramount. A greater focus on fulfilling women and girls' rights would reverse this trend and tackle the underlying causes of malnutrition. For doing so, it is essential to address the underlying causes of malnutrition, to allow women and girls to secure good health and to end the generational burden of malnutrition, poverty and inequality. This requires treating gender equality as a social determinant of nutrition while also ensuring that policies and programmes work across sectors to foster a new environment, where women and girls have equal treatment and opportunity as men.



A MULTISECTORAL APPROACH TO NUTRITION

Ending all forms of malnutrition in women and girls demands a multisectoral approach, i.e., the collaboration among various stakeholder groups and development sectors, to address the underlying social causes of malnutrition. To enable this, a paradigm shift is needed to make the management of malnutrition a discipline in programmes across development sectors. This should involve both social workers and health professionals, including doctors, dietician and nutritionists. This would allow socio-economic and medical issues to be tackled simultaneously, and to prevent future relapse. This section presents examples of multisectoral nutrition interventions that are needed to address the social determinants of women and girls' nutrition.

THE CASE OF BREASTFEEDING: A MULTISECTORAL ISSUE



Breastfeeding has an important role in the prevention of different forms of childhood malnutrition. Additionally, breastfeeding boosts maternal health as it can prevent postpartum haemorrhage, a contributor to maternal mortality and morbidity, and protect against breast and ovarian cancers.¹ The World Health Organization recommends that all infants should be exclusively breastfed during their first six months or longer. However, this has not been achieved in many countries.

A mother's environment is key for successful breastfeeding. Unfortunately, many women around the world face many barriers that discourage them from exclusive breastfeeding, or make it inaccessible. These barriers may include lack of lactation support, insufficient time and space in the workplace for working mothers, misinformation and aggressive marketing presenting formula as the best or safer option for babies. Although some women cannot breastfeed for physical or medical reasons, research conducted has shown that many women could benefit from breastfeeding social support, as it would answer concerns about maternal or child health and about breastfeeding processes (i.e., lactation and milk-pumping problems)¹.

A Breastfeeding Support Programme, promoting prolonged duration and exclusivity of breastfeeding, found that a conjunction of educational and health support was effective at increasing breastfeeding duration and exclusivity¹. This involved education on breastfeeding delivered both at the prenatal and postnatal periods and practical advice on the elements contributing to an enhanced environment for mothers to breastfeeding, including the role of fathers in supporting breastfeeding mothers. This case study demonstrates that it is not enough to just promote breastfeeding: an enabling environment must be fostered to give mothers sufficient time, space, knowledge and support to breastfeed.

NUTRITION EDUCATION: FOSTERING NEW ENVIRONMENTS



Educating women and girls is a fundamental aspect for making gender equality a reality. Without access to school, many girls and adolescents are deprived of safe learning spaces. They also face an increased domestic task burden, making it very hard for them to keep learning from home. Like nutrition, education outcomes of women and girls have been disproportionately affected by COVID-19, due to widespread school closures. It is estimated that COVID-19 will prevent an additional 20 million girls from returning to school.^{xv} This shocking trend already exacerbated existing gender inequalities, which can be found in domestic burdens, healthcare demands, gender-based violence, and sexual and reproductive health.^{xvi}

As part of their human rights obligations, governments are accountable for the promotion, fulfilment and protection of women and girls' rights to education. The realisation of this right depends on other rights that condition women and girls' abilities to learn and develop, such as the right to adequate food.^{xvii} It means that access to education isn't sufficient on its own to allow women and girls to secure good education outcomes and a healthy future. Education programmes should also embed key nutrition interventions to mutually reinforce women and girls' educational and nutrition outcomes. This includes two fundamental components, that need to be implemented by global education programmes, in conjunction with the nutrition sector:



SCHOOL FEEDING:

TO ENSURE ALL PUPILS
HAVE ACCESS TO A FULL
NUTRITIOUS MEAL EVERY DAY



NUTRITION EDUCATION:

TO IMPROVE KNOWLEDGE
OF NUTRITION AND HEALTHY
AND SAFE EATING HABITS

Education about the basic principles of nutrition, health, hygiene and sanitation is a key component of the realisation of women and girls' right to good nutrition. Evidence shows that nutrition education has a positive impact on women and girls' nutrition outcomes, especially when disseminated at all stages of women's lives.^{xviii, xix} Should a woman have children, her education and knowledge of nutrition would make the greatest contribution to the reduction in child malnutrition over any other determinant^{xx}.^{xxi} For the greatest impact, these interventions should be delivered at the community level, alongside multiple nutrition interventions, including health interventions delivered in hospitals.

In order to maximise women and girls' nutrition and education outcomes, nutrition and education interventions should be implemented in conjunction and incorporate a wide-ranging spectrum of social, cultural and economic factors. They must actively involve women and girls in health promotion programmes as a support for improved health practices. In order to make gender equality a reality, nutrition and education interventions should ensure the participation of men and boys, with the aim of fostering new environments where men and women are equally engaged in the purchase and preparation of food for their families.

A MULTISECTORAL COLLABORATION FOR MAXIMISING IMPACT

Ending malnutrition in women and girls and addressing the social determinants of nutrition will not happen by simply promoting gender equality in nutrition interventions. To achieve this goal, a broader and stronger societal effort is needed, with clear actions. These include addressing the root causes of inequality and poverty and ensuring that nutrition and other development programmes mutually reinforce each other. Development partners, governments, donors, amongst other stakeholders, will need to adapt and scale up innovative and equity enhancing strategies. This would ensure that nutrition in women and girls is effectively integrated as a core objective in development programmes, including within agriculture, education, Water, Sanitation and Hygiene (WASH), climate change and economic development.

This can only be achieved through strong political commitment at the highest level of national governments, and increased financing to enable the implementation of nutrition enhancing strategies. This coming December, the Nutrition for Growth (N4G) Summit will be a crucial opportunity for governments, donors, development partners and stakeholders to renew their financial and political commitments to tackle malnutrition, and help achieve gender equality.

The UK Government in particular has a strong leadership role to play in the N4G Year of Action. The UK hosted the first N4G Summit in 2013, leading other governments, philanthropists and civil society to raise £17 billion to combat malnutrition.^{xxii} This year, the UK is also hosting key global events impacting the social determinants of nutrition, including the G7 Summit, COP-26, and the Global Partnership for Education replenishment Summit. As an owner of the N4G process and leader of several development issues impacting gender equality, the UK Government should play a central role in driving action on these goals. This includes a strong UK commitment and financial pledge at the N4G Summit in December 2021, to continue its ambitious, impactful and effective nutrition-specific and nutrition-sensitive programming between 2021 and 2025.



Foods on display at Sisnje nutrition clinic, Zambia, 2018
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RECOMMENDATIONS

TO MAKE PROGRESS ON GENDER EQUALITY AND ENHANCE WOMEN AND GIRLS' NUTRITION OUTCOMES, GOVERNMENTS, DONORS AND DEVELOPMENT PARTNERS SHOULD:

- Align objectives and implement greater coordination of social protection and health in policies and programmes, to ensure the integration of nutrition interventions in programmes affecting the social influence of nutrition for women and girls.
- Work across key sectors and disciplines to ensure that nutrition programming is undertaken in close collaboration with other sectors, including, but not limited to global education, economic development, WASH, immunisation, climate change, agriculture and early childhood development.
- Adopt a rights-based and multisectoral approach to nutrition in policies and programmes to secure sustainable nutrition outcomes for women and girls.
- Establish a coordination system between multilaterals and other donors to ensure that nutrition is effectively integrated across sectors' strategies and planning.
- Systematically collect nutrition data disaggregated by sex, and where possible, report differences by setting (e.g., rural, urban) and socioeconomic status.
- Invest in and develop large scale research programmes to provide a wider evidence base for the specific interventions needed to reduce the rate of anaemia and micro-nutrient deficiencies in women and girls and to reinforce their nutrition outcomes.

AS AMONG THE MOST RESPECTED DONORS TO NUTRITION AND AN OWNER OF THE NUTRITION FOR GROWTH PROCESS, THE UK GOVERNMENT SHOULD:

- Commit to engaging in the N4G Year of Action and continue its ambitious and effective nutrition-specific and nutrition-sensitive programming between 2021 and 2025, making strong political and financial pledge at the N4G Summit in December 2021.
- Recommit to reaching over 50 million children, women, and adolescent girls with nutrition-relevant programmes by 2025.
- Maximise the impact of the nutrition work of the Foreign, Commonwealth and Development Office (FCDO) across sectors, by implementing the policy marker of the Organisation for Economic Co-operation and Development (OECD) for nutrition into the FCDO portfolio at programme design phase.
- Invest in and develop large scale research programmes to provide a wider evidence base for the specific interventions needed to reduce the rate of anaemia and micro-nutrient deficiencies in women and girls and to reinforce their nutrition outcomes.

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