

Gender equality matters for nutrition

How EU development cooperation can improve both gender equality and nutritional outcomes in the rural sector

This Brief is designed to help EU staff apply a gender lens to nutrition-related programming in the rural sector. It is divided into three sections. The first section provides an overview of how gender relations influence pathways to nutrition in the rural sector. The second section describes different ways in which nutrition-sensitive programmes in the rural sector can be more effective if they consider gender equality and the empowerment of women. The third section provides guidelines for strengthening the gender dimensions of nutrition-sensitive programmes in the rural sector.

This Brief complements the EU guidance note *Because women matter: Designing interventions in food, nutrition and agriculture that allow women to change their lives.*¹

Core messages

1. Gender equality matters for nutritional outcomes and improved nutritional outcomes matter for gender equality.

Women play an important role in the agricultural labour force in low-income countries and their contribution to household food and nutrition security is significant. Neither women nor girls should be regarded as victims of malnutrition, but as key actors in its elimination. However, they are at a disadvantage when it comes to accessing assets and services to improve nutrition for themselves and their families. This disempowerment is rooted in discriminatory social norms that regard women and girls as inferior to men and boys.

2. International evidence clearly demonstrates that empowering women is central to tackling malnutrition, without which the effectiveness of nutrition-sensitive programming will be compromised.

This underlines the importance of a multi-disciplinary approach to tackling malnutrition. Such an approach needs to challenge those discriminatory norms that impede the potential of women and girls to achieve better nutritional outcomes. At the policy level, this can entail changing the attitudes of key decision makers. At the community level, it can entail encouraging dialogue between men and women for better nutrition and enhancing women's skills and knowledge. At the household level, it can entail encouraging men and women to collaborate over the use of resources for better nutrition. These are *gender transformative approaches* and they work more effectively if they are implemented alongside reform of infrastructure and services for health, nutrition, education, extension and social protection.



Ethiopia: Women's empowerment helps healthy babies grow into healthy adults.
Photo: European Commission

3. The EU is committed to improving gender equality and empowering women and girls in its nutrition-sensitive agricultural investments.

To do so, it is important to understand the complex dynamics between women's and girls' empowerment, nutrition outcomes and agriculture. There must be an examination of gendered divisions of labour, patterns of empowerment, and discriminatory attitudes and behaviour in the rural sector that prevent women and girls from fulfilling their role in nutrition. In order to track the EU's progress in this regard, indicators are needed that measure not only progress in the nutrition status of women and girls, but also progress in their empowerment for nutrition.

A. Gender equality matters for nutrition

Rural women and girls in low-income countries play an important role in maintaining household food and nutrition security through three key channels: agriculture and food; care practices; and health. With the skills and knowledge that they possess, they offer very real opportunities to lower levels of malnutrition. In order to maximise these opportunities, rural women and girls need to be able to make choices around accessing the assets and services required for improved nutrition – they need to be *empowered*. This process of empowerment depends on the underlying social norms that dictate societal attitudes towards the value of women and girls. There is plenty of evidence to suggest that levels of hunger are higher in countries with a lower degree of gender equality.²

“The man is the head of the family and controls all the family resources – land, goats, tree plantations and other household assets, such as a bicycle and crops. He makes decisions in everything and no one can stop him. I only decide on the household utensils – saucepans, plates, cups, my clothes.”

(18 year old married girl, Uganda).³

Rural men tend to control assets and make important decisions around the use of assets such as land, income or technology for food production. Rural women generally operate in the 'private' sphere as providers of meals and 'carers' of household wellbeing. Their productive and economic roles tend to be under-valued and unsupported, and they are restricted in the choices that they can make in accessing assets and services for food and nutrition security. This process of disempowerment can grow or diminish over time and will depend on a range of factors, such as location, wealth, age, religion, position in a household or marital status. It stems from discriminatory social norms that pervade all levels of society and that place a lesser value on a woman and girl than on a man and boy.

Gender equality and the empowerment of women and girls matter for nutrition because they have an important bearing on the three underlying determinants of nutrition: *food security; care practices; and health*. These are summarised in Figure 1.

Gender equality

Gender equality concerns the **power relations** between men and women. *Gender equality is at the very heart of human rights and United Nations values. A fundamental principle of the United Nations Charter adopted by world leaders in 1945 is, "equal rights of men and women".*

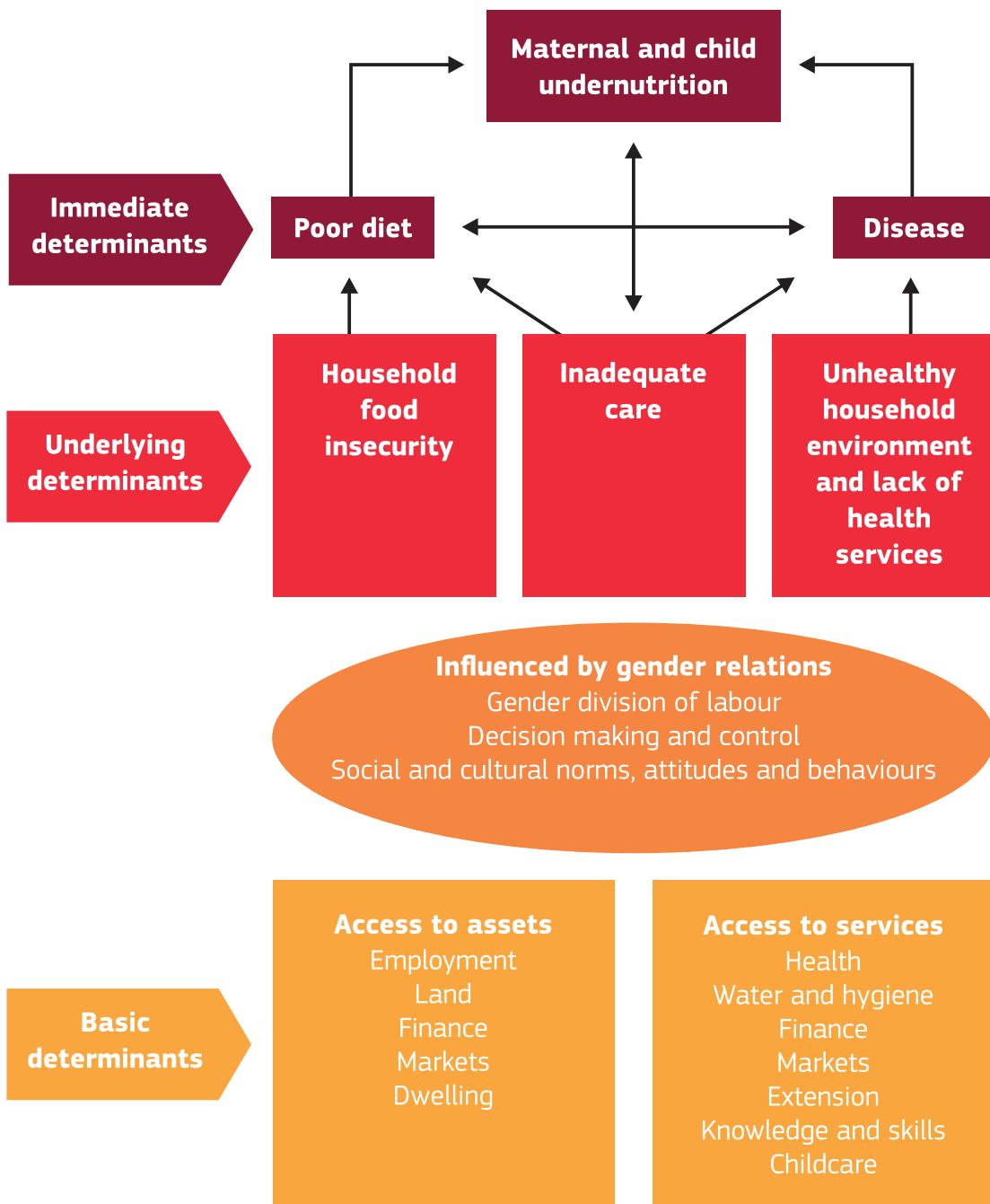
Empowerment

There are many definitions of empowerment, central to all of which is: *the process by which those who have previously been denied the ability to make strategic life choices* acquire such an ability.



Members of the Tubehoneza cooperative (Burundi), supported by the SFOAP programme which helps in the production and sale of cassava. Women's control over agricultural production and income can help improve household nutrition.

Photo: IFAD

Figure 1: The central role of gender in determining nutrition

A.1. What is malnutrition and who is malnourished?

Malnutrition encompasses all forms of nutrient imbalances, including undernutrition as well as being overweight or obese. Whilst recognising that being overweight and obese are an increasingly serious problem in low-income countries, this Brief is largely informed by experience of the linkages between gender and undernutrition.

Undernutrition is the physical outcome of insufficient dietary intake and/or infectious disease. Undernutrition can appear in several different forms, singly or in combination:

- low birth weight (and small for gestational age);
- stunting (low height compared to age);

- wasting (low weight compared to height);
- underweight (low weight for age);
- micro-nutrient deficiency (such as anaemia, goitre, night-blindness and lowered immunity, which result from inadequate iron, iodine, vitamin A and zinc, respectively).

Different forms of malnutrition can co-exist in the same area, household and even individual. The 2017 Global Nutrition Report shows that 88% of countries for which data were available still face a serious burden of either two or three forms of malnutrition (childhood stunting, anaemia in women of reproductive age and/or being overweight in adult women). Two billion people lack key micronutrients; 151 million children are stunted; 51 million children are wasted; and nearly 2 billion adults are overweight or obese.⁴

Global progress is not rapid enough to meet the sustainable Development Goal (SDG) target 2.2 to end all forms of malnutrition by 2030. No country is on track to meet the targets to reduce anaemia amongst women of reproductive age; the number and percentage of women with anaemia has actually increased since 2012. The achievement of global targets recedes further as famine cycles become more frequent, putting the nutrition security of millions of people in peril. In 2017, the north-east states of Nigeria, South Sudan, Somalia and Yemen experienced significant acute food insecurity and malnutrition.⁵

In low-income countries, national data show that marginally more boys than girls are under-nourished up to the age of five and there is some evidence that this pro-girl bias continues into adolescence.⁶ However, high and increasing levels of anaemia in women and girls of reproductive age is universally acknowledged as a serious concern because of their reproductive role.

Addressing malnutrition

Development programmes can contribute to nutrition security through nutrition-specific and nutrition-sensitive interventions.

Nutrition-specific interventions address the immediate causes of malnutrition and tend to be linked to health or humanitarian programmes. These commonly focus on the 1000 days that span pregnancy and the first two years of a child's life, a period that has been identified as critical for preventing long-term malnutrition.⁷ Examples include: optimising maternal nutrition, early and exclusive breastfeeding, micro-nutrient supplementation, and management of acute malnutrition.

Nutrition-sensitive interventions address the underlying and basic causes of malnutrition in a multi-disciplinary way, spanning the agriculture, health, WASH, education and social protection sectors.

A.2. Gender equality influences nutrition through food security

In rural communities, especially amongst the poor, agriculture determines dietary intake. Agriculture determines diets either



Ethiopia: Men often have better access to markets which can widen the income gap between men and women.

Photo: European Commission

directly or indirectly: directly – by providing food for household consumption; indirectly – through the income from the sale of agricultural produce or from rural employment, so a household can buy more nutritious food.

In low-income countries, women comprise on average 43% of the agricultural labour force and in some regions this is increasing.⁸ They work as unpaid family labourers, pastoralists, fishers, self-employed producers and processors, commercial farmers, on- and off-farm employees, traders and service providers.

If a rural woman is empowered, she can make choices about assets and services – such as land, rural credit, technology, irrigation, labour, knowledge and extension – that contribute towards nutrition. It is estimated that if women worldwide had the same access to productive resources as men, they could increase the yields from their farms by 20% to 30% and total agricultural output by 2.5% to 4%. This would lift between 100 and 150 million people out of hunger.⁹ This section describes how the empowerment of rural women and girls needs to be improved for this to happen.

A.2.1. Agricultural roles in a commercialised world

Rural women are responsible for a large share of dietary staples. They manage small kitchen gardens or homestead plots, producing fruit and vegetables that are rich in micronutrients for household consumption. They also play an important role in livestock husbandry, especially poultry and small ruminants, providing nutrition through meat, eggs and dairy products.

A disempowered woman may not be able to decide how her produce is used. Even when she is responsible for raising poultry, her husband may force her to sell the eggs rather than keep them for her children or herself. As agriculture becomes increasingly commercialised, women are displaced from their roles as producers of nutritious food for home consumption and men, with their better access to resources and markets, take control and reap the income benefits. This can widen the income gaps between men and women, reinforcing the cycle of women's disempowerment. In Africa, there is evidence that this widening of the gender gap in agrarian incomes is more pronounced between men and women *within* a household than between households.¹⁰

*“When Kenyan household milk production became more profitable, it was taken over by men to the detriment of household nutrition.”*¹¹

A.2.2. Control over income

Women and men often have different preferences for income expenditure. As principal caregivers, women prefer to spend their income on food, health and clothing, whereas men prefer to spend their income on production, household maintenance and their personal use. A woman's lack of bargaining power within the household means that even when she earns her own income from the sale of agricultural products, she cannot always decide on how this income is spent.

Prioritising income expenditure in Cambodia – women and men do it differently

Research in Cambodia found that according to men, money should not be used to buy food, which is something they produce, but on better housing and unexpected expenditures. Women preferred to save, although they also needed money to buy food for nutritious family meals.¹²

A.2.3. Control over land¹³

Women who enjoy some form of land tenure security, either through inheritance or marriage, do not necessarily have control over how the land is used, even if it is jointly owned. Customary traditions favour men and boys in land and property inheritance, and widows can find themselves ‘inherited’ by their late husband’s brother, along with their land and children. Even when statutory law is non-discriminatory, traditional practices may continue to disadvantage women who may not have the knowledge or the ability to fight for their legal rights.

This lack of control over land affects women’s ability to produce nutritious food or to earn sufficient income from the land to buy nutritious food. An OECD report has claimed that countries where women lack rights or opportunities over land have, on average, 60% more malnourished children than countries where women have some or equal access to land.¹⁴

A.2.4 Access to irrigation

Small-scale agricultural production relies on rainfall patterns that are becoming more variable with the acceleration of climate change, particularly in sub-Saharan Africa. If farmers have access to irrigation, they can increase their crop yield by cultivating during the dry season and by growing more diverse crops. This includes increased production of nutrient-rich fruit and vegetables, which women tend to be responsible for managing. Women may lack the capital, labour or knowledge required (including measures to protect against the increased risk of malaria that irrigation can bring), or they may lack control over the new irrigation technology to grow nutritious crops for household consumption.

A.2.5. Access to finance

Credit can be important not only as a means of expanding and increasing agricultural productivity, or establishing an agri-business, but also of maintaining household food consumption during hungry periods. Rural women do not commonly enjoy the same access to financial products as rural men. There are various reasons for this. Social norms may mean that they lack the autonomy or the mobility to travel to a financial institution. They may not have exposure to the range of financial products on offer, or they may not have the required literacy level or confidence to apply, or land or property to use as collateral.

A.2.6. Access to extension and rural advisory services

Rural extension services can teach farmers how to produce more nutritious food, but these tend to be targeted more towards male rather than female farmers. This is not only because



Ethiopia: Women's nutrition status affects the nutrition status of their families.
Photo: European Commission

extension officers are largely male, but also because women's roles as subsistence producers are not always recognised beyond being an 'add-on' to their domestic tasks, so they are denied opportunities, such as extension or training. The multiple roles that women fulfil as producers, carers and mothers leave them with little time to attend training. Social norms may also disallow them from interacting with male outsiders, considering this interaction to be a 'male' responsibility.

A.3. Gender equality influences nutrition through care

Nutrition is influenced by the quality of care provided within a household and community. Rural women are considered the principal care providers, not only because of their reproductive role, but also because they are primarily responsible for household food preparation, childcare, and the health and hygiene of the household. In reality they face multiple challenges in fulfilling their role as carers. This section describes some of those challenges.

A.3.1. Juggling labour, employment and care

Women's multiple roles as carers and income earners mean that they cannot always breastfeed if they are working long hours labouring in the field or in farm or non-farm employment. They are more likely to be employed in the informal agrarian sector, with low wages on insecure part-time or seasonal contracts. This may be because they do not have the time to take on a full-time contract; they have lower education and literacy levels than men; a traditional culture prevents women from straying beyond the confines of their homes; or their economic potential is undervalued. Insecure employment is unlikely to provide services and provisions, such as child care, maternity and paternity leave, or breastfeeding facilities that affect child nutrition.

Combining infant feeding with field labour in Lao People's Democratic Republic (Lao PDR)

Researchers in Lao PDR found that infants are often fed steamed rice when they are only 1.5 months old because mothers are unable to breastfeed them whilst labouring on farms. This has serious consequences: it is much earlier than the 6 months age recommended by WHO for the introduction of solid food; steamed rice lacks the essential nutrients that a 1.5 month old infant needs; and the rice is fed by hand, which can lead to contamination and disease. Women felt they had no choice because they work in fields far from their homes, so they leave their infants at home with caregivers – their parents or older children.¹⁵

may deprive them of the opportunity to seek such services. This disempowerment is aggravated in remote rural areas where travel is limited by poor infrastructure and women do not have the time or resources to make long journeys by foot.

A.4 Gender equality influences nutrition through health

The health status of women and girls of reproductive age affects not only their own nutritional status, but also that of their babies. Undernutrition in mothers (including iron and calcium deficiencies) increases the risk of poor foetal growth. This can lead to childhood stunting and can, in turn, persist into adulthood if not addressed during the first two years of life. Thus, the nutritional status of girls and women of reproductive age is important for inter-generational nutrition security and it is the reason why there is an international focus on lowering the increasing rates of anaemia in women and girls. This section describes some of the challenges that they face.

A.3.2. Accessing clean water for good nutrition

Clean water is an essential ingredient for healthy nutrition. When contaminated water is used for drinking, food preparation or hygiene, it can lead to diarrhoeal diseases, worm infections and stunted growth. The task of collecting water for domestic use falls disproportionately to women and girls, especially in rural areas, who may have to walk long distances to do so. In Asia and Africa, the average distance that women walk to collect water is 6 kilometres.¹⁶ In some instances, these daily distances walked are likely to compromise women's health and nutrition, as well as their ability to provide quality care for their households, or to spend time on more productive activities.

A.3.3. Accessing health services and information for good nutrition

Good quality care depends on access to health and information services about nutrition and then having the capacity (time, resources and skills) to change behaviour accordingly. As principal carers, women need to know about the nutritional value of the food they produce or buy and about the recommended care practices during the critical 1000 days between conception and the end of the first two years of the child's life. These practices include exclusive and early breastfeeding. They need to be able to act on that knowledge but all too often other priorities prevent this (as illustrated in Lao PDR above). In cases of wasting, caused by poverty, disease, drought or conflict, women need access to specific services and support. However, social norms around women's restricted mobility and autonomy

In Indonesia, decision-making power influences a mother's nutrition status

In Indonesia, many pregnant women are underweight because of poor nutrition and limited healthcare. As a result, 5.5% of babies are born with low birth weights. Repeated pregnancies, pregnancies at a young age, and high workloads during pregnancy all contribute to the problem and are influenced by the decisions that women are able to make.¹⁸

In Senegal, household dynamics impact on nutrition

Researchers in Senegal found that where grandmothers participated in nutrition education initiatives, they played a positive role in encouraging mothers to eat special foods, decrease their workloads and exclusively breastfeed their infants for the first six months.¹⁷



Auxiliary midwife providing a young mother and her newborn with essential health services in Myanmar. Women's ability to access health services is essential for good quality care.
Photo: 3MDG/UNOPS



Providing services and training to improve sexual and reproductive health in Bangladesh. Empowering women and adolescent girls with more choice around reproduction can positively affect their health and the health of their children.

Photo: Plan International

A.4.1. Access to healthcare and information about nutrition

Women's access to health services and information impacts on their health and nutrition. Learning about the causes and prevention of anaemia, for example, can help reduce the incidences of maternal deaths and undernutrition in infants born to anaemic mothers.

Rural women are often denied the freedom or the choice to seek these services, especially those living in remote rural areas with poor infrastructure. This may be because they are illiterate, or lack the confidence to seek a service. Maybe their culture prevents them from travelling far from home or from having contact with outsiders, especially men. In South Asia, 25-50% of women have no say in the decisions about their own healthcare. In West Africa, this figure ranges from 30 to 85%.¹⁹

A.4.2. Time use and employment

The multiple roles that rural women often have to perform leave them with little spare time. These roles may include labouring long hours in fields, walking long distances to fetch fuel wood and water, or informal employment at the lower levels of the rural value chains under poor working conditions. Such types of work can lead to over-exertion and exhaustion and compromise their health and nutrition status, especially when pregnant or breastfeeding.

A.4.3. Food consumption patterns

Even if a household has an adequate supply of nutritious food, this does not always lead to healthy nutrition levels for all its members. During periods of economic stress women are often the first to stop eating, despite the risks to their own health and pregnancy and to the long-term nutrition security of the family. Traditional customs and beliefs may influence eating habits and food taboos that deny women, especially when they are pregnant or breastfeeding, from accessing the nutrients they require. Women are likely to lack the power or the choice to overturn these traditions.

Food taboos can threaten the health of women and girls²⁰

- Amongst the Orang Asli people of Western Malaysia, pregnant women must restrict themselves to eating only certain small animals thought to possess 'weak' spirits.
- In Papua New Guinea, some tribes forbid menstruating women from eating fresh meat, juicy bananas and all red-coloured forest fruits.
- In the south-western and central parts of Ethiopia, pregnant women are forbidden to eat foods which are white in colour, such as milk, fatty meat, porridge and potatoes.
- In some parts of the Nusa Tenggara Timur of Indonesia, pregnant and lactating women are forbidden to eat certain nutritious foods, such as fish, to avoid the baby smelling 'bad', chilli to avoid the baby suffering from conjunctivitis and pineapple to prevent miscarriage.

A.4.4. Early pregnancy

Adolescent pregnancy can slow and stunt a girl's growth, as well as result in poor foetal growth and a greater risk of low birth weight. One key cause of adolescent pregnancy is early marriage, which in many societies – especially remote rural ones – is still considered the norm. Early marriages can be arranged by parents for a number of reasons – protection (especially in conflict and displacement), economic security for the girl and bride wealth for the parents, removing a mouth to feed, or the belief that girls do not need an education. Often, girls do not have the power or the support to refuse. Once married, as adolescents they may lack the knowledge, or the physical access to reproductive services so that they cannot control the age at which they first give birth.

Social norms push girls into early marriages and early pregnancies in Ethiopia and Uganda

Research in Amhara Regional State in **Ethiopia** found that the traditional value placed on a girl's sexual purity drives child marriage in order to keep their reputation clean. These child marriages lead to early pregnancies. The same research found that, with increasing land fragmentation, girls who have or will inherit land are at risk of being forced to leave school and enter into a marriage because they are more in-demand on the marriage market.²¹

Early pregnancies also happen outside marriage in situations where girls have even less access to contraception. Research in **Uganda** found adolescent girls had very little knowledge about sexual and reproductive health issues, including how to prevent pregnancy. Mothers were reluctant to tell them and schools do not provide such education because of continuing perceptions that doing so would encourage young girls to engage in sexual relations. There was also a lack of quality health services and an ambiguity around providing adolescents with sexual and reproductive services in a context where sexual relations amongst under-18 year olds is illegal.²²

B. Gender-sensitive programming for nutrition in a rural world

As Section A has highlighted, an emphasis on empowering women and girls by tackling underlying discriminatory social norms needs to be embedded in all nutrition programming. This is called a **Gender Transformative Approach (GTA)**. In the agriculture–gender–nutrition nexus, a GTA is best implemented through **nutrition-sensitive programming**, which moves beyond regarding women as victims of malnutrition and instead operates across sectors and at different levels of society, from national policy to household level.

This section describes some of the **GTAs** that can be embedded in nutrition-sensitive programming in the rural world.

B.1. Engendering laws and policies for better nutrition

In order to shift social norms that discriminate against women and girls, government investment is required. Donors' engagement in a dialogue around legal and policy reform can strengthen understanding and change attitudes amongst key decision makers about the importance of considering gender equality to improve a country's nutrition outcomes. Here are some of the changes that high-level dialogue can bring about.

- Policies to reduce the gender wage gap and improve conditions for female employees in the agrarian sector through secure contracts, maternity leave, child care and breastfeeding facilities.
- Family law that provides equal rights to marital property on divorce or death of spouse – including the land rights of widows.
- Extension and rural advisory services that ensure equal access for female farmers.
- Stronger links between national gender policies and national food and nutrition security policies that reflect a deeper understanding by decision makers of the important roles that women and girls play in nutrition.

Engendering policies through FIRST

The EU has developed a programme in partnership with FAO called FIRST (Food and Nutrition Security Impact, Resilience, Sustainability and Transformation). FIRST deploys officers who provide nutrition-focused support and expertise to Ministries of Agriculture. FIRST has produced a guide for facilitating greater coherence between food and nutrition security and gender policies.²³

B.2. Community dialogue for better nutrition

GTAs can improve nutrition outcomes through participatory methodologies (such as games, drawings, role play or drama) to bring women and men together in a reflective dialogue around harmful social norms. Engaging men in this process is key, so they understand the barriers that women face, such as accessing health and nutrition services, or the assets required for a more nutritious diet. By moving towards a collective understanding of



Positive behaviour, such as families eating together, and positive attitudes, such as parents taking a joint interest in their children's diet, can help improve household nutrition.

Photo: EUD Bangladesh



Nutritious infant feeding in Nepal. When women are empowered with knowledge and skills for a healthy diet, the health of their children improves.

Photo: Pallavi Dhakal / Suahara Program

negative social norms, these types of dialogues can encourage communities to challenge together the deep-rooted causes of discrimination, and trigger positive behaviour change. Inclusion of community leaders and service providers, such as teachers, local government officials, extension workers and nurses, can speed up the process.

Taking control: Community conversations in Ethiopia can improve food security

As part of the EU's resilience programme in Ethiopia (RESET), CARE and its partners are using a community-oriented approach called Social Analysis and Action. Through this, communities explore and challenge together the social norms, beliefs and practices that lead to gender inequality and collectively agree on what steps to take to catalyse social change. Amongst the norms identified are: early marriage; division of labour; power relations and decision making; and men's and women's involvements in household nutrition and access to resources. Community groups have imposed penalties on negative behaviour. For example if an individual spends too much money on a wedding ceremony, the other group members will boycott the ceremony. Savings accrued from decreased spending on ceremonies has led to increased investment in income generation activities and progression towards food security.

This type of community dialogue is unlikely to improve nutrition outcomes unless accompanied by an improvement in access to assets and services. Research in Uganda found that non-governmental organisations were able to bring about attitudinal change towards early marriages and pregnancies, but that this needed to be accompanied by investments to strengthen access to and the quality of health services for adolescent girls.²⁴

B.3. Knowledge and skills for better nutrition

Community dialogue can be accompanied by efforts to increase rural women's knowledge and skills to improve nutrition. Building up their capacity for homestead food production will help increase dietary diversity by allowing them to grow fruits and vegetables or tend to small livestock, whilst fulfilling their domestic and child care responsibilities. This may also provide them with additional income to accumulate assets. Knowledge and skills can be channelled through the arts (including radio soap operas, phone-in programmes or drama), or through community-level organisations, such as farmer organisations, credit groups, or cooperatives, which will also provide women with opportunities for pooling information, peer to peer learning and role models.

Homestead food production for household nutrition

The NGO Helen Keller International (HKI) has pioneered a model of community-level skills development through its Enhanced Homestead Food Production Programme. It works through community organisations in Africa and Asia to deliver hands-on training for women about the healthiest ways to feed their children and themselves. This includes how to grow nutrient-rich crops in home gardens, such as iron-rich green and leafy vegetables; how to cultivate fruit rich in vitamin A; and how to raise chickens, fish and other small animals that are rich in protein. In Africa, HKI also promotes the cultivation and consumption of orange-fleshed sweet potatoes, a vitamin A 'super-food'.²⁵

Training men and women together in groups can increase knowledge around, for example, optimal child feeding practices, dietary diversity, sanitation and hygiene, and the use of health services. It can also change attitudes towards gender relations. In Zambia, a programme to mobilise access to maternal and new-born health services included dissemination of key messages to men and women, such as the special care that pregnant women need. As a result of this programme, men now understand about the types of food that pregnant women need, and have changed their attitudes towards pregnant women working in the fields.²⁶ An impact evaluation has recently been carried out of a 3-year initiative in Bangladesh that aimed to identify actions and investments in agriculture to promote agricultural diversity, increase farm household income, improve nutrition and empower women. The evaluation found that whilst men and women benefited from agricultural training, women learned more so that crop diversity increased substantially in homestead gardens. Similarly, increases in nutrition knowledge were greater for women than men and this knowledge improved nutrition outcomes, with improvements in household diet quality and child dietary diversity.²⁷

Combining irrigation with training for nutrition in Mali

IRRIGAR (Initiative to Reinforce Resilience through Irrigation and the Appropriate Management of Resources), an EU-funded project in Mali, works with decentralised health and agricultural services to support small-scale irrigation activities for women and men. These aim to diversify food production and consumption, particularly of vegetables and fish, whilst minimising the potential adverse effects that can arise from irrigation, such as an increased incidence of water-borne diseases and malaria. This is accompanied by a strong behaviour change component, with training for producers and service providers on the risks of malnutrition, the advantages of a healthy diet, and good practice for food hygiene.

B.4. Households collaborate for better nutrition

'Household methodologies' specifically aim to change gender relations within the household by encouraging members to plan together for a future vision. They centre around men and women understanding each other's roles, the barriers and opportunities that they face, and supporting each other by sharing resources rather than working in conflict. Evidence has shown that these methodologies have a direct impact on food and nutrition security by bringing household members together to care jointly about their food and nutrition security needs.

GALS: Households working together for better food security

One well-known household methodology is called Gender Action Learning System (GALS). With support from IFAD, GALS has been implemented in Ghana, Nigeria, Sierra Leone, Rwanda and Uganda. One identified result is a reduction in the number of food insecure months experienced by households, made possible by a number of behaviour changes at the household level. One of the GALS tools is called the Gender Balance Tree which analyses workload, expenditure and asset ownership at the household level.²⁸

"My wife and I used to farm privately. When I found out about her 'secret garden' I chased her away, not taking into account that having a secret garden was the only way she ensured that there was food in the house. I forgot that I used all the family land to plant my desired crops and never bought food. I only realised my mistakes after drawing the Gender Balance Tree. I made commitments towards creating a food secure household, improving relations with my wife and also allocating her land of her own for growing food crops".²⁹

C. Moving forward: strengthening gender equality in nutrition-sensitive rural programmes

This section begins by describing the EU's commitment to gender-sensitive nutrition programming and then provides tips for conducting a gender analysis for nutrition-sensitive programming in the rural sector and for establishing gender-sensitive indicators to track progress.

The SDGs call for an end to all forms of malnutrition (2.2) and an end to all forms of discrimination against women and girls (5.1). The SDGs address the gender-related barriers to nutrition that have been mentioned in this Brief, such as social protection (1.3); early marriage (5.3); care work (5.4); women's decision making (5.5); sexual and reproductive health (5.6); legislation for gender equality (5.C); nutritional needs of adolescent girls, pregnant and lactating women (2.2); and women's rights to productive services and resources including land (2.3).

The EU recognises that nutrition outcomes and the empowerment of women and girls are inextricably linked.

The EU's Gender Action Plan (2016-2020) – GAP II – which aims for the empowerment of women and girls by transforming their lives, has as an objective: *Healthy nutrition levels for girls and women and throughout their life cycle* (12). Echoing the SDGs, GAP II also addresses the gender-related barriers to nutrition mentioned in this Brief.³⁰

The EU's commitment to nutrition is predominantly channelled through nutrition-sensitive interventions relating to agriculture, rural development and food security. Within this, the EU's Action Plan on Nutrition recognises the importance of enhancing gender-sensitive approaches.³¹ Women's empowerment is counted as an intermediate outcome of the Nutrition Results Chain.

C.1. Gender analysis

Nutrition programming in the rural sector must be reinforced by an in-depth understanding of how women's empowerment and social norms impact on the quality of pathways to nutrition. It must take into account how these are continuously changing, are influenced by the wider social, political and cultural environment, and vary from one context to another.

There are many different frameworks for conducting a gender analysis.[†] Reverting to the central circle in Figure 1, the following three key areas of enquiry can be followed to inform nutrition-sensitive programming.

- The different roles that rural women and men play in the three key determinants of nutrition: food; care practices; and health (**gender division of labour**)
- The levels of decision making and control that rural women and girls enjoy, and how this affects the fulfilment of their roles in nutrition (**empowerment**)
- How social and cultural attitudes and behaviours in the rural world act as key determinants of women's and girls' empowerment for nutrition (**social norms**).

These three areas of enquiry are elaborated in Table 1.

[†] Some of these can be found in Appendix 2 of the EU guide *Because women matter: Designing interventions in food, nutrition and agriculture that allow women to change their lives*.

Table 1. Gender analysis following three key areas of enquiry for nutrition-sensitive programming

Gender division of labour	Decision making and control (empowerment)	Social and cultural attitudes and behaviours (social norms)
FOOD		
<ul style="list-style-type: none"> ■ Labour ■ Fishing ■ Processing ■ Irrigation ■ Marketing ■ Agri-enterprises ■ Employment in agricultural value chains ■ Time use 	<ul style="list-style-type: none"> ■ Land use ■ Use of inputs ■ Membership and participation in community organisations ■ Ability to negotiate employment conditions 	<ul style="list-style-type: none"> ■ Mobility of men and women ■ Education and literacy levels of girls and boys ■ Value of men's and women's agricultural labour and paid work ■ Land control ■ Legal and policy framework for land inheritance
CARE		
<ul style="list-style-type: none"> ■ Food provision and preparation ■ Household health ■ Infant and child feeding ■ Water and fuel collection ■ Time use 	<ul style="list-style-type: none"> ■ Access to skills and knowledge around nutrition (e.g. extension, farmer field schools and media) ■ Negotiation of rural employment contracts (e.g. maternity/paternity leave and breastfeeding) ■ Access to childcare for pregnant and lactating working women 	<ul style="list-style-type: none"> ■ Value of care work ■ Mobility of men and women ■ Education and literacy levels of men and women ■ Legal and policy framework for employment
HEALTH		
<ul style="list-style-type: none"> ■ Health-seeking behaviour of women and adolescent girls ■ Time use of pregnant and lactating women 	<ul style="list-style-type: none"> ■ Access to nutritious food for pregnant and lactating women and adolescent girls ■ Access to maternal health services and micro-nutrient supplementation ■ Access to information on nutrition for pregnancy and lactating mothers 	<ul style="list-style-type: none"> ■ Mobility of men and women ■ Education and literacy levels of men and women ■ Food taboos and consumption patterns ■ Legal and policy framework for social protection and transfers

C.2. Measuring progress through indicators

Indicators should go beyond recording the number of female beneficiaries who have been reached by a programme and track the progress towards eliminating the discriminatory social norms that prevent rural women and girls from fulfilling their potential to improve nutrition. It is not easy to find appropriate indicators because empowerment and social norm changes are *processes* that are not always visible or measurable in a programme's life-span and concepts, such as 'decision making', 'control' and 'power', are hard to capture. Many guides and methodologies exist to help programmers set appropriate gender-sensitive indicators for nutrition.^{††} This section ends with some tips to guide programmers.

- Consider using the following two noteworthy indicators:
 - Minimum dietary diversity of women of reproductive age (**MDD-W**). In collaboration with FAO, the EU has promoted the use of this, the first global indicator to measure women's dietary quality.
 - Women's Empowerment in Agriculture Index (**WEAI**). Developed by a collaboration of agencies, this is a compound index that measures the inclusion of women in the agricultural sector. An additional **PRO-WEAI** has

included empowerment measurements in the agriculture sector relating to nutrition and health.

- **Do not be over ambitious when establishing indicators for women's empowerment or social norm change.** Indicators must attempt to measure **progress towards change** rather than change itself. For example, if a programme aims to change gender relations within a farming household so that women can devote more time to producing nutritious food, the indicator might measure changes in women's and men's time use.
- **It is generally acknowledged that there is a dearth of information available relating to the complex gender relationships around agriculture and nutrition.** This means that setting indicators to track progress in women's empowerment and social norm change may require lengthy field surveys to gather qualitative and quantitative information as well as training of field researchers in research methodologies. **A budget** for these types of surveys must be included in the programme design.
- When setting indicators on nutrition status, bear in mind that **sex-disaggregated data on the key forms of malnutrition only exist for children under-five**. Therefore, it is not possible to compare, on a national basis, trends in malnutrition between boys and girls who are over five, or between male and female adolescents and adults.

^{††} Some of these are provided in Appendix 2 of the EU guide *Because women matter: Designing interventions in food, nutrition and agriculture that allow women to change their lives*. Appendix 3 of the same guide provides some suggested gender-sensitive indicators for nutrition-sensitive programmes.

Conclusions

Rural women and girls should be considered as key agents in the fight against malnutrition rather than as passive victims of malnutrition in need of assistance. In order to unleash their potential as change agents, they need to be empowered so that they can make decisions about accessing relevant assets and services.

The EU is committed to breaking down silos and creating synergies and alignment wherever possible. In this spirit, the

EU is committed to the dual objective of improving nutrition and empowering women and girls through multi-sectoral approaches. These objectives need to combine investments that strengthen women's and girls' access to health and agricultural assets and services with investments that challenge negative attitudes and behaviours towards the role of women and girls in nutrition.

Endnotes

- ¹ European Union (2017) *Because women matter: Designing interventions in food, nutrition and agriculture that allow women to change their lives*, <https://ec.europa.eu/capacity4dev/public-gender/discussions/because-women-matter-designing-interventions-food-nutrition-and-agriculture-allow-women>
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- ¹⁵ KIT, SNV (2015), *op. cit.*
- ¹⁶ UNHCR, UN Habitat and WHO (2010) *The Right to Water*.
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- ¹⁹ Quoted in an interview that can be found at: <http://a4nh.cgiar.org/2016/01/05/linking-agriculture-and-health-through-the-gender-lens/>
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- ²⁵ Information about this programme can be found at: <https://www.hki.org/our-work/improving-nutrition/helping-families-grow-better-food#.W6jh93mQxj0>
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