

CanWaCH GEWG Complex Issues - Brief #8

Gender justice in integrated health programming series 2024

Positioning *nutrition* as a human right and a gender justice issue in integrated health system strengthening programming

What is a Complex Issue?

Complex issues have multiple and interconnected parts for which a quick fix is not possible. Instead, complex problem solving requires innovation, and multiple, sometimes competing, perspectives that consider the impact of the solution on the surrounding environment and individuals.

Gender justice in integrated healthcare in health system strengthening

Sustainable health systems strengthening, particularly in times of increased global crises, requires [better-integrated health programming](#). More intentional collaboration across health sectors and avoiding siloed approaches are essential to better serve women and girls in all their diversity. Integrated health programming ensures a higher quality of care by providing all necessary services in fewer visits. Well-funded integrated health systems improve population health by providing services to everyone who needs them, regardless of ability to pay, thereby reducing disparities in healthcare caused by social and political factors.

Gender justice, in the context of health system strengthening, entails making healthcare institutions accountable for addressing the injustice and discrimination that has historically denied girls, women, and other marginalized groups an equitable right to healthcare, including access to responsive service delivery.

Why is integrating *nutrition* into larger health systems a Complex Issue?

It is essential to unpack what nutrition truly encompasses, as it goes beyond food security. Malnutrition includes both undernutrition and overnutrition. People are considered malnourished if their diet lacks the nutrients needed for growth and maintenance, or if illness prevents them from properly utilizing the food they eat (undernutrition). They are also malnourished if they consume excessive calories (overnutrition). Nutrition programming spans the entire lifecycle, from child health and survival (focusing on the first 1,000

days and children under 5), to adolescent girls, boys and women's health, to maternal nutrition during pregnancy. These efforts include interventions such as food fortification, anemia prevention, and more.

Positioning nutrition as a human right and gender justice issue in integrated health systems is complex due to a range of interconnected factors. Gender justice and nutrition are both shaped by social, economic, and health determinants, and addressing them involves challenging deep-rooted gender norms and power imbalances, inequalities in access to resources, and the intersection of factors like poverty, social status, and education. Nutrition is also deeply embedded in social and cultural norms that dictate who eats what and when. As the [Gender Transformative Network for Nutrition](#) emphasizes, “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.” Whatever advice is provided by the health system must, therefore, contend with the social norms that contribute to malnutrition in the first place. Solutions require multi-sectoral collaboration, and sustained, systemic efforts are needed to create lasting change.

Discussion

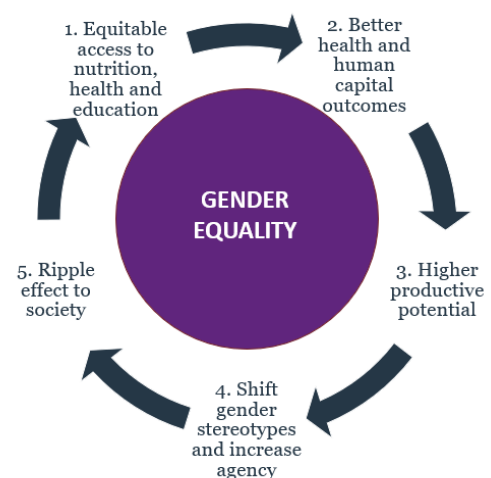
Positioning nutrition as a human right and a gender justice issue / In what ways can improving nutritional status contribute to gender justice?

Responding to women and girls’ nutritional needs: Women and adolescent girls have specific nutritional and health needs throughout their entire lifecycle, shaped by their sex-specific biology. While nutrition programming often focuses on reproductive roles and pregnancy, it must also address broader needs, such as preventing and reducing anemia. Meeting these needs and ensuring they have equitable access to nutrition not only improves their well-being but also enables them to grow, learn, earn, and lead with equal opportunities alongside their male counterparts.

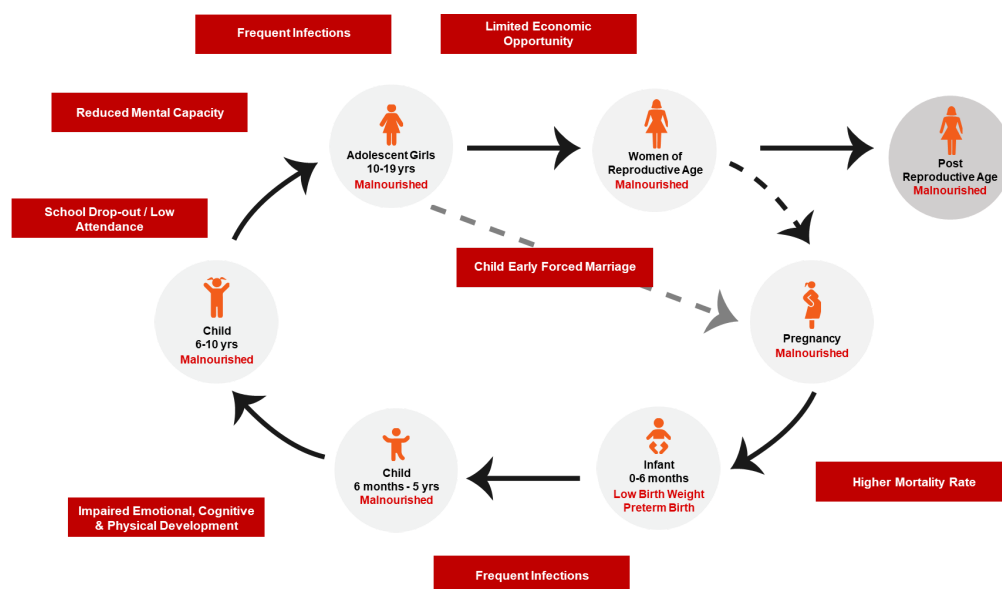
Nutrition as an equity and gender equality issue: Women and girls are often unable to meet their nutritional needs due to social norms and household power dynamics. They often receive smaller portions and less nutritious food compared to men and boys, who are favored with more protein and micronutrient-rich options. Gender dynamics also limit their decision-making power to access health facilities, schools, or services where they could receive essential nutrition and health services. While gender inequalities lead to poor nutrition outcomes, it is also important to recognize that gender inequality is both a cause and consequence of malnutrition. Limiting women and girls’ access to nutritious foods and nutrition education, among other issues, threatens their overall health and well-being, limits livelihood, education, and growth opportunities, and perpetuates gender inequality for the generations that follow.

Ripple effects of better nutrition on gender equality:

Improving equitable access to nutrition can drive positive change by enhancing women's and girls’ health and increasing their access to education and economic opportunities. These outcomes can ultimately lead to delaying marriage and reducing unintended pregnancies. This shift can break gender stereotypes, boost agency, and promote greater equity in household decision-making. The impact extends beyond individuals, benefiting families,



communities, and societies across generations. In essence, advancing nutrition and gender equality are mutually reinforcing: improving one leads to gains in the other.



Source: World Vision Canada

Connecting nutrition and gender-based violence (GBV): There is a clear link between GBV and poor nutritional outcomes, leading to negative health impacts, increased morbidity, and higher mortality rates for women, girls, and boys. Women who experience intimate partner violence are more likely to have stunted, underweight, or low birthweight children. GBV also increases the risk of early cessation of exclusive breastfeeding or premature initiation of mixed feeding. Additionally, forced and early marriages have serious consequences for girls' nutrition and overall health. Addressing GBV in relation to nutrition is crucial for advancing both gender equality and improving health outcomes.

Gender transformative nutrition programs: To date, some efforts have been made to “integrate” or “mainstream” gender into nutrition programs, but wide gender disparities persist because the root causes—discriminatory gender norms and unequal power imbalances—have not been addressed. Improving women's and girls' nutrition requires a foundation built on gender equality and empowerment. Progress in 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 and increased access to a diverse and healthy diet and the quality nutrition services they need at critical times in their lives. It also involves access to key determinants of nutrition and agency, including livelihoods, savings, good hygiene, education, and improved literacy.

Interlinkages between nutrition and other essential services / How can nutrition services act as an entry point for other key services that promote gender equality and women's health?

Interlinkages between nutrition and other sectors: Nutrition programs, and in particular, gender transformative nutrition programs, are multisectoral. They are impacted by or impact a number of sectors, including food systems, health systems, education, WASH, social protection needs and environmental and political resilience. All of these areas are critical for achieving the realized right to good nutrition and gender equality. An opportunity exists to improve equitable access to good nutrition by shifting our

thinking away from delivery in silos to delivery through multiple intersecting sectors. People don't live their lives in silos, so we should not deliver services to them in silos. The [Gender Transformative Framework for Nutrition](#) is a conceptual model that helps nutrition programs, and programmers find new points of intersection with non-traditional areas to tackle both nutrition and gender inequality.

Integrated health systems as a response to barriers: Women and girls face multiple gender-based barriers to healthcare, such as limited decision-making power, and limited 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 centers versus income-generating activities presents an additional barrier. Socio-cultural norms, stereotypes, stigma, and restrictive laws and policies further hinder access to essential services such as the provision of contraceptives to unmarried adolescents, access to safe abortion, or specific health services for people of diverse gender identities. When, despite these barriers, a woman comes to a health center for a specific service, there's a critical opportunity to shift away from siloed approaches and maximize this visit by addressing her multiple needs in one encounter. For instance, a woman seeking nutrition services can also receive care for sexual and reproductive health (SRH) or immunizations and the other way around. By integrating services, health systems can better accommodate the complex needs of women and girls and improve overall health outcomes. This can be seen as a push-pull system where the push is women's time burden, and the pull is opportunities created by other sectors/delivery channels.

Nutrition as an entry point for other services critical to gender equality: This integrated approach is particularly relevant when looking at nutrition. Different opportunities can be created to address nutrition through the delivery of other services or nutrition can be used as an entry point for delivering other essential health services. An example of this approach is the [ENRICH](#) project which started as an MNCH project focusing on nutrition but shifted gears to use nutrition as a vehicle for addressing gender equality and SRHR. In addition, nutrition is considered a "softer" entry point for introducing other services that are critical to gender equality but are considered more "sensitive" to include, such as those related to SRHR, particularly in the context of the [current backlash against feminism, gender language and women's rights](#).

What are some examples/best practices for integrating nutrition programs into existing health services to address gender disparities in health outcomes?

Community engagement: Community engagement is crucial for integrating nutrition and gender equality programs to address gender disparities in health outcomes. This requires the involvement of various powerholders who influence decision-making and control, such as peers, boys, men, extended family, faith and community leaders. For example, including nutrition content in community forums like fathers' groups can help challenge traditional gender roles, encouraging men to support their partners in household decisions. A key challenge is engaging men and boys in these more traditional roles without disempowering women. While men's involvement can shift norms, it's essential to prioritize women's autonomy, as women themselves may sometimes reinforce conventional roles related to nutrition responsibilities.

Institutional strengthening: The integration of nutrition into other health services can be done through institutional strengthening efforts. This can include integrating cooking sessions focused on locally sourced food at health facilities or through Community Health Workers, with an effort to engage men and boys in nutrition. Additionally, incorporating nutrition content into the training of Health Workers,

Community Health Workers, and Traditional Birth Attendants ensures that nutrition is prioritized across different healthcare touchpoints. Village Health Days, initially focused on immunization, have also expanded to provide a comprehensive range of services, including maternal, newborn, and child health (MNCH), sexual and reproductive health and rights (SRHR), and nutrition, creating a one-stop center for health services.

Policy level: Another important strategy is to work with the Ministry of Health on strengthening gender-responsive budgeting and planning in the health sector, with the goal of fully integrating the nutrition component.

Integrating nutrition in other sectors: There are many opportunities practitioners can use to serve women and girls in a more holistic way and look at multisectoral approaches. One example is the use of screenings in schools to address girls' needs regarding not only their nutrition but also their eye health. Another example is initiatives supporting both women's health and nutrition and their livelihoods, such as programs supporting low-income families with bio-fortified crop seeds and vegetables to harvest and benefit their households and generate income.

Monitoring and evaluation: In measuring the success of nutrition programs, it's essential to include not only nutrition indicators but also gender equality indicators. While significant progress is being made within the nutrition framework to develop measurement tools, more work is needed to identify the most relevant indicators. These should not only track improvements in women's health outcomes but also assess women's agency, decision-making power, and shifts in norms and gender roles. Impact stories and case studies are powerful tools for illustrating why this work is important, providing vivid snapshots of the changes these programs can achieve and the broader impact they have on communities.

Resources

- [Powerpoint Presentation](#)
- [UNICEF. EVIDENCE ON THE LINKAGES BETWEEN GENDER-BASED VIOLENCE AND NUTRITION: SUMMARY OF FINDINGS SPECIFIC TO ADOLESCENT GIRLS](#)
- [A Gender-Transformative Framework for Nutrition: Advancing Nutrition and Gender Equality Together](#)
- [CLOSING THE GENDER NUTRITION GAP: An Action Agenda for Women and Girls](#) (pages 1-16)