Combating Malnutrition with the Empowerment and Education of Women in Developing Countries: Analyzing why women are the key to ending this condition

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Malnutrition costs the global economy $125 billion every year. This significant loss is due to the crippling effects that this condition has on the health of individuals, resulting in a lower productivity (Lobe, 2013). Despite its devastating impact, malnutrition is not viewed as a serious issue, because of the existence of other health conditions such as malaria or HIV/AIDS. But while conditions such as malaria are serious, the number of deaths in children resulting from malaria has decreased by a third since 2000, while malnutrition in children in Africa has only decreased by less than .3 percent (Hewitt, 2012). In addition, malnutrition and anemia have both increased among women in India since 1998 (Neogy, 2010). The minimal emphasis on malnutrition results in it often going undiagnosed because it is not recognized as a disease. This causes a patient’s nutritional status to be compromised because it is not seen as a medical priority (Barker et al., 2011). This lack of progress in eradicating malnutrition reveals that there is not enough being done and that the current approaches have not done an adequate job in treating this issue. In order to effectively combat this epidemic, policies including the empowerment and education of women must be implemented in communities where malnutrition prevalence is high.

What is malnutrition?

Malnutrition is a condition used to describe any imbalance in the nutrition of an individual. It can be caused by a deficiency of dietary intake and is especially pertinent to the lives of people living in developing countries. When someone is malnourished they are more susceptible to disease, have higher rates of infection and increased muscle loss, leading to a greater probability of mortality. Malnutrition does not allow the immune
system to react properly to infections, causing them to take longer to heal (Barker et al., 2011). Malnutrition results in women and men being less productive at their jobs, which is problematic given the physical nature of lifestyles in developing countries (Neogy, 2010). Malnutrition also plays a role in iron deficiencies, with studies revealing that iron deficiency leads to high levels of mortality (Kent, 2002). Another side effect of this condition is nutritional stunting in regards to the growth children, which has lifelong effects (Leslie, 1991).

Malnutrition is extremely dangerous in developing countries, being worsened by the existence of deficiencies in healthcare programs, poor environmental hygiene and weak nutrition intervention programs (Radhakrishna & Ravi, 2004). People in developing countries are most vulnerable to this condition and suffer the most because of their reliance on physical labor in and outside the home. The link between malnutrition and productivity reveals that a person’s consumption intake directly affects his or her productivity (Dasgupta & Ray, 1987).

**What are the causes of Malnutrition?**

When assessing variables that contribute to malnutrition in developing countries, some experts take the position that malnutrition is largely a reflection of poverty, meaning people simply do not have enough income for food. Behrman and Wolfe illustrate that providing people with more income does not always solve the problem. For instance, when there is more income, people may buy food that better tastes or reflects a certain status within a community. This means that nutrients are not always associated with more income (Behrman & Wolfe, 1982).
Other people may contribute malnutrition to a lack of food available in a country. But often this is not the case. In many situations such as in India, there are high surpluses of food. This is a market failure in that there is plenty of food available, but the prices are too high for the poor to purchase (Mehrotra, 2006). Mwaniki (2006) suggests that there needs to be changes made within the agricultural system. This is because 70 percent of the population relies on the agricultural sector for their livelihood, yet faces large amounts of food insecurity (Mwaniki, 2006).

While there is certainly some significance to providing homes with more income or altering the agricultural system in developing counties, when analyzing the literature, the variables that seem to have the highest impact on reducing malnutrition is the education and empowerment of women. Kent explains how empowering women through “achieving their full human rights” is a promising approach to securing nutrition for all (Kent, 2002). This is because there is a significant impact on the implementation of women’s education and empowerment related to increasing productivity in market activities, productivity within the household and an increase in power among the family (Behrman & Wolfe, 1982). Currently women have a lack of control over how food is distributed in the home because of their low status, resulting from their low income potential. This is problematic because proper nutrition is crucial to their own well being as well as their children. When a woman is of low status, that status often gets passed on to the child, putting the child at an early disadvantage in their life (Mehrotra, 2006).
How have previous and current programs not delivered adequate results?

There have been many shortcomings previous approaches to fighting malnutrition, because of their lack of emphasis on women’s education. While there have been programs instituted, many have not given enough attention to young women and do not address the cultural issues and pressures that plague them (Sethuraman & Duvvury, 2007). Kent adds that there have been many other approaches attempted like food production, feeding schemes, and educational programs, but they have not resulted in a change in the rates of malnutrition (Kent, 2002).

In other cases there have been programs directed to benefit women, but they resulted in unintended consequences. In one program, pregnant women shared an extra food ration with their families. This involved a small sum of money given to pregnant women to ensure they had enough resources to provide themselves with a nutritional diet. The problem with this was that the women did not spend the money on themselves, but rather among the family on non-nutritious food. She received no extra amount of nutrition, thus not reaping the intended benefits of the ration (Neogy, 2010).

Other programs also stress that there needs to be a lifestyle change to combat the issue, however; they go about it in the wrong way. For instance, programs have focused on children from the ages of three to six, when they really should be focusing on children immediately from birth (Mehrotra, 2006). By the time the individual is past the age of three, there have already been permanent detrimental effects on their health.

Another issue is that many prior studies have not even examined women’s schooling. Instead they have focused solely on the idea of income playing a key role in malnutrition. In the short run there may be some improvements with the implementation
of but in the long term these benefits fade away. Thus it would be misleading to assume that an increase in income would automatically decrease malnutrition (Behrman & Wolfe, 1982).

A troubling aspect of these current malnutrition programs is that often people who a part of implementing a program have been paid regardless of the result. This is problematic because people may not have a large incentive to see results and are not held accountable for a lack of change (Kent, 2002). Lastly, many of the programs are aimed towards children, which is understandable given their vulnerability and lack of understanding of their health concerns. But by doing this, programs are leaving out women, especially those who are pregnant. Therefore, the majority of programs have failed to acknowledge the significance women play in combatting malnutrition (Leslie, 1991).

**Why we should focus on women?**

Policies aimed at eradicating malnutrition should focus on women because of their large influence among other people. For instance, when a young girl sees her mother not eating and remaining hungry, she too picks up these harmful cultural habits (Neogy, 2010).

Without providing women with educational opportunities to improve their status, they remain more prone to malnutrition, leading to a transfer of poor health from the woman to her children. Women in developing countries are not aware of what behaviors are perpetuating these conditions because of their culture or lack of knowledge. To treat this, women must become empowered to overcome cultural norms, because currently much of their culture serves to their detriment. With minimal knowledge regarding basic
nutritional requirements in relation to the large numbers of malnutrition in children, there needs to be policies aimed at helping women because of their role as child bearers and caretakers. If they give birth to children in a malnourished state, they are passing their poor health on to their children (Mehrotra, 2006).

**What are obstacles that women face in achieving equality?**

In order to direct a policy towards empowering women to overcome cultural barriers and gaining access to education, there needs to be an acknowledgment to the obstacles that they currently face. Numerous studies (Mehrotra 2006, Neogy 2010) note that a lack of education leads to a lower status for women. This is because women who lack of education and work within the home are viewed to have less value, resulting in an unequal distribution of resources within the family, including food (Neogy, 2010). This is because a low status reflects a lack of power in terms of decision-making. When a woman is of low status, that status is often passed on to the child, therefore putting the child at an early disadvantage in their life (Mehrotra, 2006).

When a woman is of low status, her power is limited by the existence of dominant cultural barriers. An example of this is that women are expected to marry at a very young age. Because they are so young, brides are not able to influence decisions that could improve their own wellbeing because they feel inferior to their older husband (Sethuraman & Duvvury, 2007). This is problematic in the situation when a woman would want to have access to some type of health service. Leslie explains that women are less likely to vocalize their need to pay for health services. This is because they do not have control over cash, leaving health concerns untreated (Leslie, 1991).
Another cultural norm women face because of their low statuses is giving birth to children immediately after they marry. Since young brides tend to be malnourished and underdeveloped, this results in giving birth to low birth weight children. This occurs because the woman is malnourished herself and is therefore not healthy enough to give birth to a child. When a woman gives birth to a child in this state, the child is more susceptible to being malnourished immediately at birth (Sethuraman & Duvvury, 2007).

Another major concern is the treatment of pregnant women in developing countries. This should be particularly emphasized because they are responsible for giving birth to future populations. The health of the mother directly affects the health of her children. But unfortunately the importance of a women’s health during pregnancies is not held to the highest of significance. For an example, in India, even when a woman is pregnant, she still eats the least amount and she eats last. In some countries there is the stigma that when women work more, this will result in an easier delivery. They continue to do all the chores including heavy, physical work (Neogy, 2010). In addition, Neogy (2010) explains that there is no additional food taken in during pregnancy and some husbands feel that their wife must be ‘sleeping around’, to feel so hungry. Leslie adds that in Sri Lanka, pregnant women actually consume less than any other group of women. Women, including those who are pregnant and breast feeding still engage in strenuous activity and do not get enough energy intake which causes low weight gain during pregnancy (Leslie, 1991).

In places like South Asia less food is purposively fed girls compared to boys when they are children. Even among adults, when price of food rose, the intake of food went down more for women than men (Mehrotra, 2006).
What are ways that women can be empowered and educated?

In order to combat the feeling of inferiority that leads to malnutrition among women, there needs to be an emphasis on education and empowerment to break these cultural barriers. Numerous studies show that if women are more educated, they will receive more care than those who are less educated and therefore they will be valued more within the home (Sethraman & Duvvury, 2007). It has also been revealed that when women are educated, they are likely to marry later than their uneducated counterparts, allowing themselves to develop before having children (Mehrotra, 2006).

Behrman and Wolfe (1982) discuss that there is a significant impact on the implementation of women’s schooling including increasing productivity in market activities, increasing productivity in household activities as well as increases in power and influence in the household. They also add that households in which women have more education tend to be much better nourished, because women with more schooling have greater concern about nutrition and are better able to implement their nutritional concerns (Behrman & Wolfe, 1982). It is also emphasized that higher levels of education are associated with more efficient purchasing and distribution of food, and better knowledge of their health. This is also associated with having fewer children and more employment opportunities available for them outside the home. The idea of increased employment is an important point because women would have the opportunity to earn an income for themselves, receiving more respect within the household (Leslie, 1991).

It is also argued that when empowering women it must be emphasized that being healthy and not malnourished is their human right (Kent, 2002). This means that by fighting to attain equal access to nutritional food, they are not asking for too much, but
instead being given rights that they are entitled to. Empowerment of women and education can also improve their situation if the traditional view of their role in the household is altered and they are seen as members of society that can have positive effects on social and economic development (Kent, 2002). This can be related to the notion of positive liberty, in that women have the ability to take control of their lives, by understanding their fundamental rights.

**How will these programs be implemented?**

Education and empowerment will help fight malnutrition by encouraging women to wait until an older age to marry and delaying their pregnancies until they are healthy enough to carry a child. According to Sethraman & Duvvury (2007), if this approach begins at a community level, it is possible.

Neogy (2010) explains how improvements in cultural barriers were overcome within a community through puppet shows, film screenings, street theatre and magic shows which raised gender and sexuality issues. He also emphasizes how young married held discussions about topics of gender equality and importance of women’s education in a public setting. It was important to have this happen in the public so the issues were out in the open. This is because it is harder to implement changes within a private setting and expect participants to carry out this change in the public within their community (Neogy, 2010).

Another aspect of education and empowerment that can be carried out is providing incentives for men and women to follow lifestyle choices that decrease malnutrition. For an example, women could receive recognition for breastfeeding
children (Kent, 2002). This would make them more likely to follow this behavior. Another is providing women iron supplements because women who received iron supplements in communities were more productive because of the prevalence of anemia (Leslie, 1991). Nutritional supplementing through schools could mean higher retention rates for boys and girls, and improve decisions for family planning, income generation and the nutrition and health care of their family (Leslie, 1991). Another way to ensure programs that take a ‘contracting out’ approach meaning people who run a program get paid to what you actually accomplish (Kent, 2002). It is important to mention that programs run by women are more likely to be more effective than ones operated by men because they would be able to better relate to the women in need (Kent, 2002).

**Conclusion**

With regards to current policies, women are an underused resource (Kent, 2002). While there is some impact of short-term methods like increasing income or providing iron supplements, empowering women is the long-term solution to eradicating malnutrition in developing countries. Because of their ability to impact large amounts of people within communities there should be emphasis on educational programs and empowerment programs to lower the prevalence of this condition. These policies directed toward women will cause cultural norms at the community level to be altered, eventually spreading to end the prevalence of malnutrition in developing countries.
References:


