

# Gender Justice, Women's Agricultural Work and Nutrition Security in South Asia



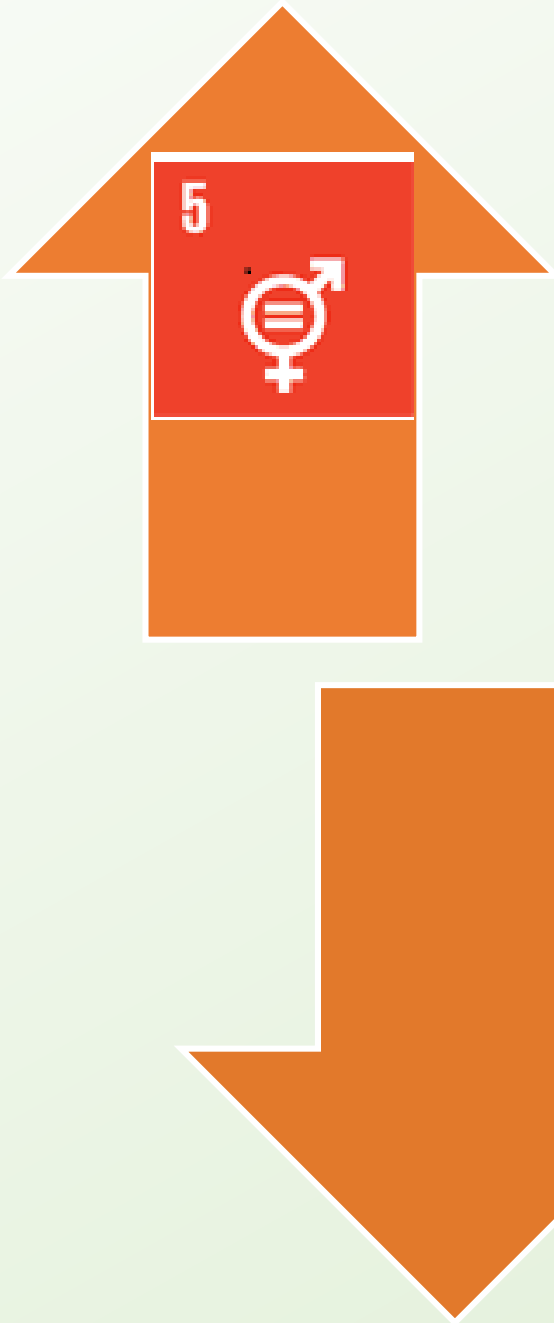
**Nitya Rao**  
**Professor, Gender and Development**  
**School of International Development**  
**University of East Anglia**



**DEV**

**INTERNATIONAL DEVELOPMENT**  
University of East Anglia





# GLOBAL AWARENESS on gender equality

## PROGRESSIVE POLICY CHANGE

for women's rights

**HOWEVER**  
a number of issues  
remain...

**Right to Education**  
**Political empowerment at grassroots**  
**Right to inherit property including  
agricultural land (2005)**



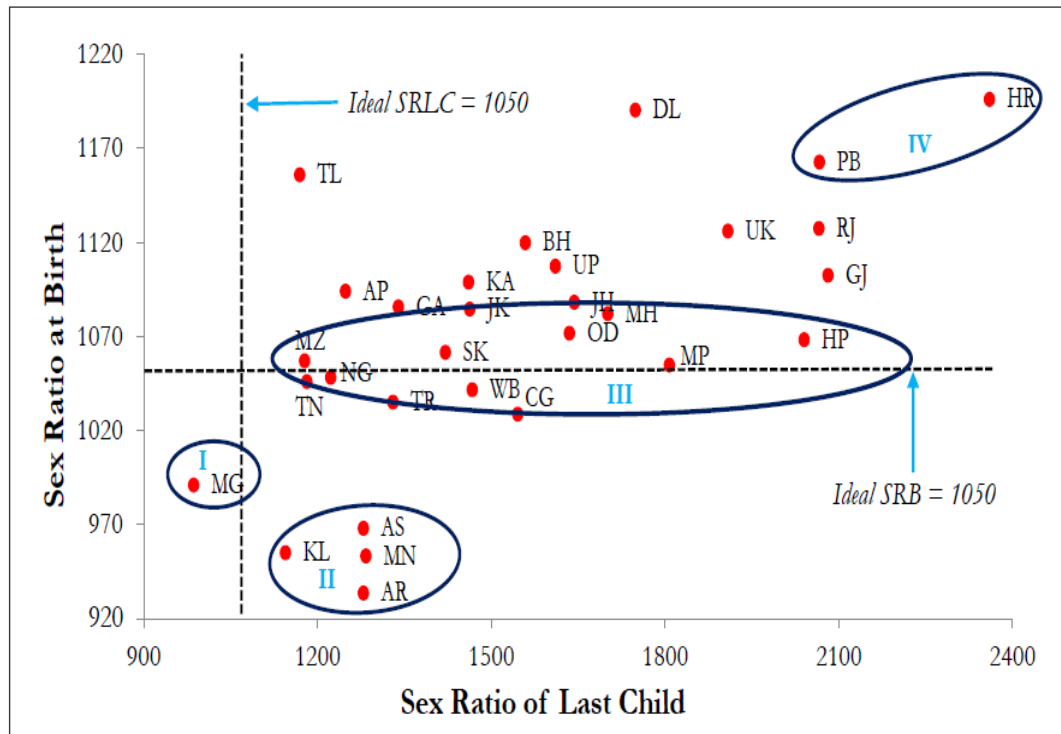
*Woman, this is your life story  
Mothering your role, sadness your destiny*



# Challenges to Gender Justice

## DECLINING CHILD SEX RATIOS

21 MILLION UNWANTED GIRLS: SON PREFERENCE TO META-PREFERENCE (ESI, 2018)



Source: Survey calculations based on NFHS 4.

## ISSUES FOR POLICY

**Poor health and nutrition**  
(The South Asian Enigma)

Devaluation of women's work

Unequal access to assets

Violence against women

Global Gender Gap Report, 2017 – India ranked 108/144

# Prevalence of double burden of nutrition among women in South Asian Countries, 2016

| Country     | Under-nutrition* | Overweight* | Obesity* | Anaemia (%) Pregnant Women# | Anaemia (%) Non-Pregnant Women# |
|-------------|------------------|-------------|----------|-----------------------------|---------------------------------|
| Afghanistan | 16.0             | 23.0        | 3.2      | 38.2                        | 42.4                            |
| Bangladesh  | 23.0             | 20.0        | 2.3      | 45.7                        | 39.6                            |
| India       | 24.0             | 19.7        | 2.7      | 50.1                        | 51.5                            |
| Nepal       | 17.0             | 21.0        | 2.7      | 40.0                        | 34.9                            |
| Pakistan    | 14.0             | 31.3        | 6.0      | 51.3                        | 52.2                            |

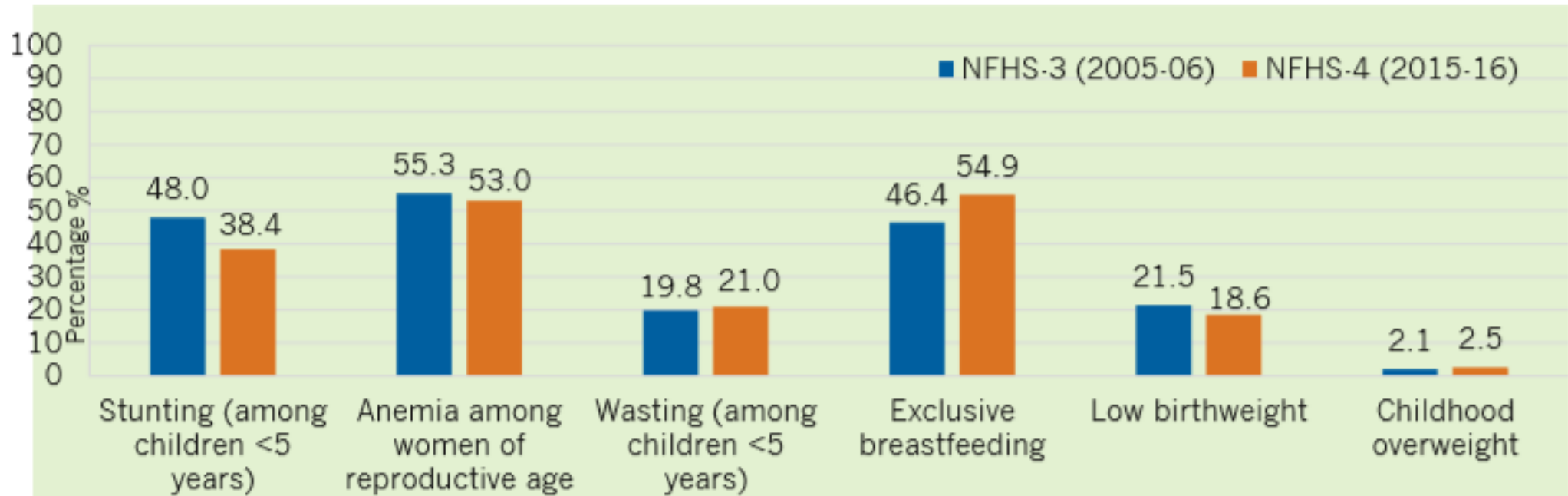
\* Under-nutrition: BMI < 18.5 kg/m<sup>2</sup>; Overweight: BMI ≥25 kg/m<sup>2</sup>; Obesity: BMI ≥30 kg/m<sup>2</sup>

Source: World Health Organisation: Nutrition Landscape Information System (NLIS)

<http://apps.who.int/nutrition/landscape/report.aspx?iso=IND&rid=1620&goButton=Go>

#Women age 15-49 years; Source: World Bank <https://data.worldbank.org/indicator?tab=all>

# Trends in Maternal and Child Nutrition outcomes India – POSHAN, IFPRI (May 2017)



**READ MORE ABOUT THE GLOBAL NUTRITION TARGETS**

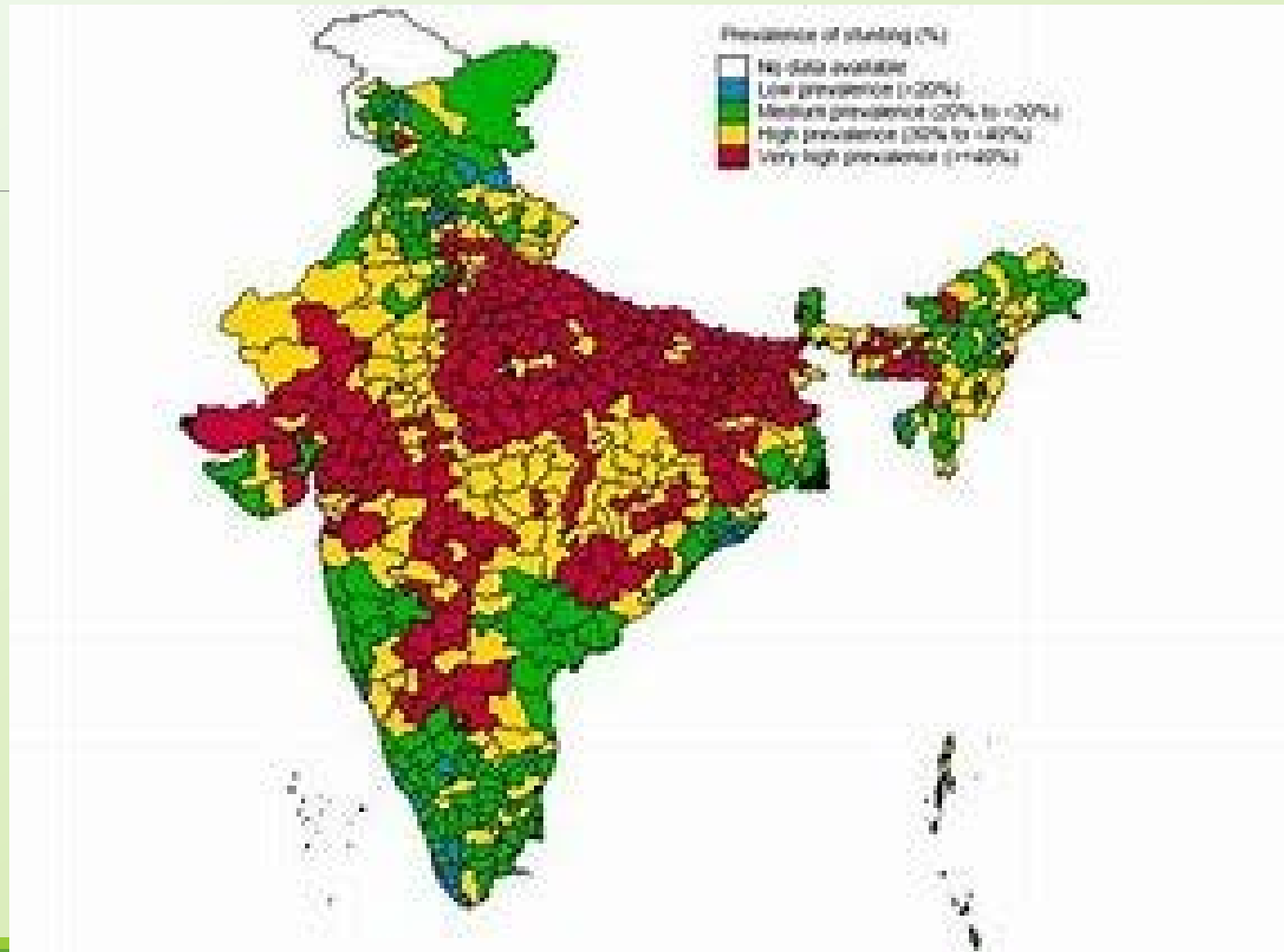
**Global maternal, infant and young child nutrition targets:** [www.who.int/nutrition/global-target-2025/en/](http://www.who.int/nutrition/global-target-2025/en/)

<sup>1</sup>NFHS-4 followed Census 2011 district boundaries and therefore data reported in this Data Note include only 640 districts.

# Stunting (under 5 years) by district, 2016 (IFPRI, 2017)

Balrampur, Shravasti and Bahraich in UP all have rates over 60%.

Scheduled Tribes in many parts of the country have wasting rates over 40% :  
Purbi Singhbhum, Dumka, Khunti in Jharkhand,  
Dangs in Gujarat,  
Gadchiroli in Maharashtra.



# Delivered by Women, Led by Men: A gender and equity analysis of the global health workforce (WHO 2019)

Horizontal and vertical occupational segregation by gender is a universal pattern. Driven by gender norms and stereotypes of jobs culturally labelled 'men's' or 'women's' Women clustered into low status/low pay jobs

Women 70% global health workforce but 25% senior roles Leadership gaps driven by power imbalance, stereotypes, privilege Gender leadership gaps barrier to reaching SDGs and UHC.

Occupational Segregation

Leadership

Decent Work

Gender Pay Gap

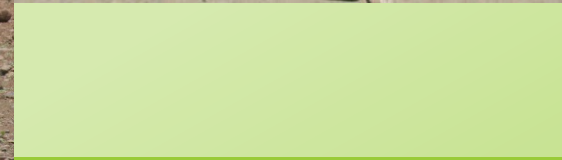
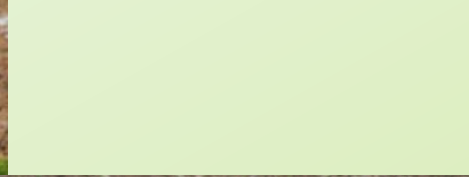
Female health workers face sexual harassment, bias & discrimination Many countries lack social protection, including possibility for unionisation Frontline female workers in conflict /emergencies face violence and injury

GPG in health 25% higher than other sectors on average Much of women's work in health /care unpaid, excluded in GPG data GPG leads to economic disadvantage for women and closing it essential to SDGs





# Focus on rural women's (agricultural) work





# Feminisation of agriculture in South Asia

| Country     | Employment in agriculture (2016) |
|-------------|----------------------------------|
| Afghanistan | 72.62                            |
| Bangladesh  | 62.13                            |
| India       | 56.92                            |
| Nepal       | 83.35                            |
| Pakistan    | 73.06                            |

1. Often work as unpaid household workers/underpaid workers
  - Income or empowerment effect unclear
2. Work is labour-intensive work, involving drudgery
  - Potential negative effects on women's own health
3. Additional burden of domestic/care work
  - Time poverty can negatively effect child nutrition outcomes



# Women's domestic work





# Insights from LANSA Research

---

- Pakistan: Women's Work and Nutrition Survey in canal irrigated plains of rural Sindh with 1161 mother-infant pairs.
  - Main crops are wheat, cotton and sugarcane
  - Recruited mother-child dyads
- India: three different agro-ecological and socio-demographic locations
  - Semi-arid Maharashtra (tribes and castes) – main crops are cotton, groundnut and sorghum
  - Semi-humid Odisha (largely tribal) – main crops are rice and millets
  - Northern Indian irrigated plains (UP – caste society) – main crops are wheat and rice



# Findings from India

---

Time Use & Diet Surveys with 60 households in two sites across seasons (planting, harvesting and lean)

1. Women perform 56% of total work: 75-80% of productive/agricultural work in planting and harvesting and 95% of domestic and care work.
2. Time deficits for care more intensive for women from landless and marginal households, 30% decline during planting and harvesting seasons.
3. Women encounter greater seasonal weight loss (3-4% of body weight) than men – reduced consumption but intensive activity

# Findings from Pakistan

---

43% women reported doing crop-related work while pregnant (cotton picking, weeding, harvesting)

Controlling for education and wealth, we have evidence that:

- a) This had a negative effect on maternal BMI
- b) Cotton-picking during pregnancy led to higher levels of child stunting.
- c) 14% of negative effect on child stunting through mother's own health.



# Implications of Women's work on nutrition

1. Main channel seems to be through women's own health
2. Context is critical as shapes choices and constraints in relation to work, care and leisure
  - Drivers of women's agricultural work (cropping pattern, seasonality) – time and intensity
  - Household social-economic status including poverty, social capital (caste/social identity) and human capital (household composition, education) – resource access
  - Prevailing labour market arrangements and broader structural context (health care, commodity prices..)
  - Male contributions (cash/kind; migrant/resident)
  - Arrangements for child care

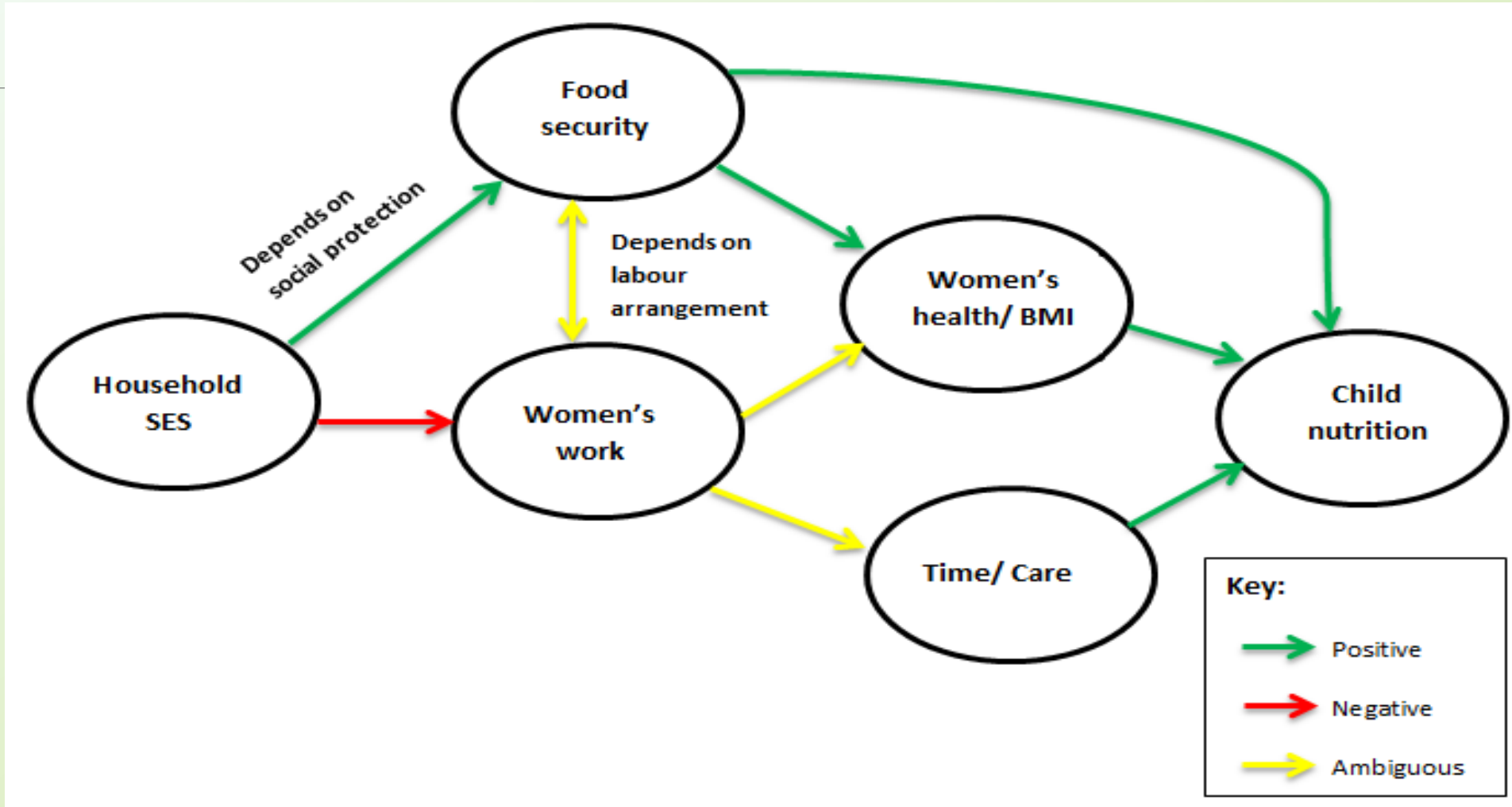


# Migration, livelihoods and health

---



# Women's work mediates poverty and nutrition status



# Questions and Conclusions

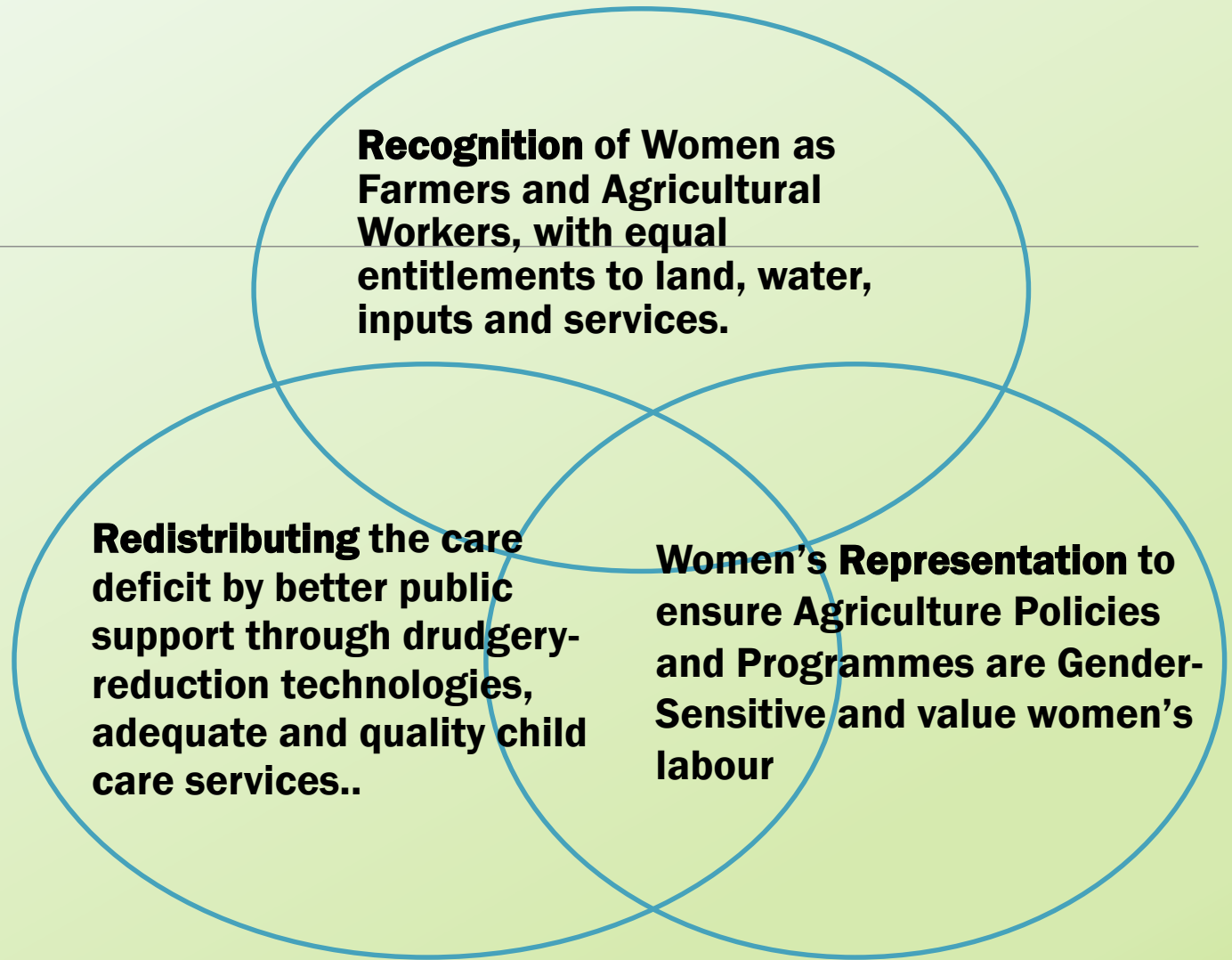
---

- For research: More attention to contextual factors that shape women's participation in agricultural work in different settings (including intra- and inter-household variations).
- For policy: What factors might alter the context which constrain choices, and agency, in relation to women's agricultural work.
- Existing studies inconclusive as don't pay adequate attention to specificities of particular social groups and agrarian systems.
- Women's contribution to the 'total economy' is significant and entails seasonal time-squeezes. Agriculture is more feminised than recognised in national data.
- Surveys to be combined with qualitative methods that expose issues of culture and identity, shaping norms around food and feeding practices.



# 1. A Policy Framework for Gender Justice: Addressing issues of social equity and unequal power relations

Data to be disaggregated and context specific as women and men not homogenous groups.



**Social Protection (including universal maternity entitlements, adequate and quality food especially in peak agricultural seasons) and public investment in basic services: (energy and water)**

## 2. Address perceptions around (women's) health and nutrition: Representation and Voice

---

1. Harnessing knowledge about local food systems, nutrition and health beliefs and practices.
2. Use participatory approaches to question existing practices, or new forms of consumption (polished rice vs millets/other grains)
3. Work at multiple levels and with multiple stakeholders – communities, field level functionaries like ASHAs and Anganwadi workers, district officials, state health and nutrition missions, civil society networks
4. Develop context-specific health and nutrition literacy curricula, which will be acceptable to the different stakeholders.

---

Part of this research has been funded by the UK Government's Department for International Development, however, views expressed do not necessarily reflect the UK Government's official policies.

---