

# Women's Empowerment in Nutrition Index (WENI): Measuring nutritional empowerment to better link agriculture to nutrition

Erin Lentz, UT Austin, USA  
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Funded by:



# Research Team

- Erin Lentz, University of Texas, Austin, USA
- Sudha Narayanan, Indira Gandhi Institute for Development Research, Mumbai, India
- Marzia Fontana, Independent Researcher, UK
- Collaborative Research and Dissemination, New Delhi, India
- Bharati Kulkarni National Institute of Nutrition, Hyderabad, India
- Sabarmatee, Independent Researcher, India
- with Krushna Ranaware, Ankita Mondal, Udayan Rathore, Nirali Bakhla, and others
- Civil society partners

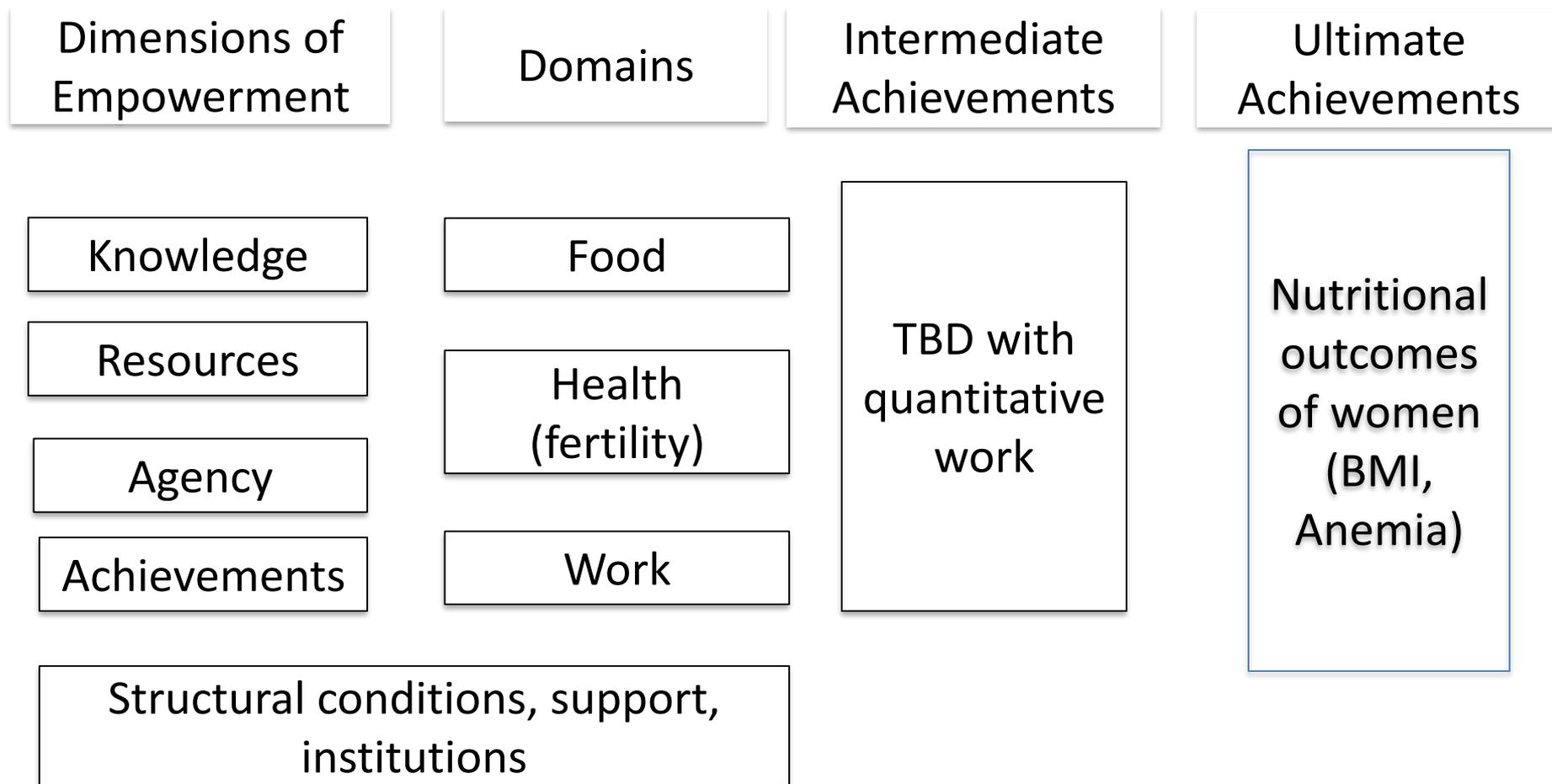
# Women's Nutritional Empowerment

- The capacity for a woman, and not *just* her children, to be well fed and healthy; to have a meaningful say in household nutritional practices; and to receive support in implementing them.
  - Our starting point is Kabeer's (1999) conceptualization of empowerment: resources, agency, and achievements

# Approach

- Formative research on “overlooked” factors
  - Review of literature, surveys, and ongoing quantitative work
  - Community based research (Paprocki and Cons 2014) to identify factors that may influence nutritional empowerment
- Generate WENI and validate WENI
  - Examine its ability to predict nutritional status of women (and their children)

# Women's Nutritional Empowerment



# Quantitative Literature:

## Factors influencing nutrition in South Asia

- Rich literature examining undernutrition of children
- Consistent set of factors in South Asia:
  - Education of parents (Headey et al. 2015)
  - Agriculture (mixed) (Kadiyala et al. 2014)
  - Assets and or income (Headey et al. 2015)
  - Demographic factors: Child gender (Raj et al. 2015); birth interval and fertility (Coffey 2015); rank within house (Coffey et al. 2017)
  - Empowerment (Chowdhury et al. 2013; Malapit et al. 2015; Cunningham et al. 2015)
  - Services and institutions: (Gillespie et al. 2017; Kohli et al. 2017; Nisbett et al. 2017)
  - Sanitation: (Coffey and Spears 2017)
  - Maternal height (Headey et al. 2015)
  - Domestic violence (Yount et al. 2011; Ziaei et al. 2012)

# Aim: Identify “overlooked” factors

- Quantitative literature gets at several issues, but doesn’t cover all aspects
  - Quantitative models explain ~30% of variance in stunting rates and ~ 50% of improvements (Headey et al. 2015)
  - Many good reasons for this
- Are there “overlooked” factors that influence nutritional empowerment that women themselves identify as important?
- Focus here on attributes not commonly included in quantitative studies

# Method: Community Research

Three sites:

- Northern Bangladesh
- Odisha, India
- Bihar, India

NGO partners:

- Nijera Kori
- Agragamee
- PRADAN
- Anwasha
- Sambhav
- JJSS



# Method: Community Research

- 4-5 days of research training with community researchers (see Paprocki and Cons 2014)
  - Research ethics and audio recorders
  - Semi-structured and open-ended interview techniques focusing on nutrition and sources of tension within their households
- Bangladesh: Conducted about 135 interviews in 2 districts
- Odisha: Conducted around 160 interviews in 4 districts
- Focused on marginalized populations

# Learnings:

## Structural conditions, support, resources

- Common pool resources in Odisha
  - “If one Siali creeper grows up then we destroy it to make the rope... In that way Siali creepers have gradually been depleted. ... So, we took a decision not to collect the plants for the last two years. As a result of this, this year some women able to get leaf. Last year, we were not able to prepare a single plate due to shortage of leaves.”
  - Women face variable access; some women rely on forest resources for dietary diversity, for stitching leaf plates, etc. while this resource is unavailable to others
- Arsenic in groundwater in Bangladesh
  - A pregnant respondent explained that her family has a tubewell that has tested positive for arsenic, and has a “red” tap, to indicate it is contaminated. No other offers of remediation were made. At the time of the interview, the respondent’s family continued to drink from it because they could not afford to purchase filters or to dig a deeper well, although they knew it is bad for their health.
  - Options to avoid arsenic vary by household, depending on neighbors etc.

# Learnings:

## Intrahousehold variation

- Health seeking behavior
  - From Odisha: “We give priority to the male members of the household to be taken to hospital because if they stay free from disease, they will look after us. When female members are ill, mostly we stay at home and take home remedies or procure medicines locally.”
- Food allocation
  - From Bangladesh: “I would serve food first to my husband because he was going to work, then to my father-in-law and old grandmother-in-law. Then, I used to feed my young children. Thereafter, I would take my meal. Sometimes, my father-in-law would check the cooking pot to see whether I might have cooked more rice. If he saw some quantity rice in the pot, he scolded me that I had hidden rice for my own. I would bear it, cry and remain silent.”
- Domestic violence
  - Already, research looks at nutrition outcomes for children (see Yount et al. 2011).
  - Here, women explain how violence affects their own nutrition
  - From Bangladesh: “The [rest of the family] had the privilege to eat first. After all were finished, the leftover pieces were given to me. At times, I had to return my mother’s house due to hunger. ... I asked my husband to work as a day laborer to earn more money but he refused and assaulted me. ... My mother-in-law asked ‘Why do you talk so much?’ I replied, ‘I need food to live.’”

# Implications for Women's Empowerment in Nutrition

- Variation in structural conditions / support / resources across households
  - Unpack regional or district fixed effects
  - Capture norms and deviations from them
- Intrahousehold factors merit more attention
  - Seasonality is often captured at the household level
    - For example, the coping strategies index, a measure of food insecurity, asks whether meals were missed
    - We need to know *who* missed the meal.
  - The consequences of seasonality, shocks, access to healthcare, environmental change are different for (young) women than others in the same household (see also LANSA findings)

# Work ahead

- Operationalize these findings in quantitative surveys
  - Nutritional outcomes of children may not be reflect outcomes for women
  - Opportunity to incorporate norms and perceptions
- Construct and validate WENI

A rural landscape featuring a pond in the middle ground, surrounded by lush greenery and trees. A utility pole stands prominently in the foreground. The scene is captured in a soft, slightly overcast light, creating a serene and natural atmosphere.

Thank you for your time!  
Questions?

# Approach

- Formative research on “overlooked” factors
  - Review of literature
  - Community based research (Paprocki and Cons 2014) to identify factors that may influence nutritional empowerment
  - Quantitative research to identify candidate components
  - Assessing survey coverage of our concept of nutritional empowerment
- Generate WENI and validate WENI
  - Examine its ability to predict nutritional status of women (and their children)

# Research Objective

- Develop a Women's Empowerment in Nutrition Index (WENI) that reflects nutritional empowerment of women in rural South Asia
  - Bangladesh and India (Odisha and Bihar), for now
  - Rural context, for now
- Examine its ability to predict nutritional status of women (and their children)

# Women's Nutritional Empowerment

