Women’s empowerment could potentially be a crucial factor in nutritional outcomes in resource poor and gender-inequitable settings. Recent research has identified generally positive associations between women’s empowerment and children’s nutritional status. However, findings vary, pointing to the wide variety of empowerment measures used. Further, there remains less research identifying the factors of empowerment that are important for women’s nutritional outcomes. In contrast to approaches that discuss women’s empowerment and health/nutritional status as important primarily for child outcomes, we explicitly acknowledge the intrinsic value of healthy, empowered women. Moreover, many interventions that seek to address empowerment in an economic arena (e.g., agriculture, or paid work) often implicitly assume that successful interventions will have positive impacts on women’s nutritional health. Yet, studies suggest that the linkage between economic (and agricultural) empowerment and nutritional empowerment are more complex.

To understand the importance of the role of empowerment-related factors in women’s nutrition, we propose the concept of nutritional empowerment. We define nutritional empowerment as the process by which individuals acquire the capacity to be well fed and healthy, in a context where this capacity was previously denied to them (Narayanan et al. 2017). This process entails acquiring knowledge about, and a say over, nutritional and health practices; gaining access to and control over intake of adequate and nutritious food; and being able to draw support from both family and other institutions to secure and maintain an adequate diet and health.

The aim of nutritional empowerment and the women’s empowerment in nutrition approach is to identify how to best support women’s rights to adequate food and nutrition in rural South Asia. Our index differs from other empowerment measures in a few ways. First, our empowerment measure is nutrition focused and not livelihood focused (i.e. all rural adults can be measured). Second, we use a broad definition of empowerment that seeks to measure knowledge, resources, and agency, rather than prioritizing agency-based measures. The measure has been validated in five rural states in India. It has not been developed for urban areas or for use outside of south Asia without further testing. Future work will evaluate whether the index is applicable in other contexts.

Approach:

To conceptualize and operationalize nutritional empowerment, we bring together two streams of literature with on-the-ground qualitative research. First, we draw from literature that identifies key drivers of nutritional status (“domains”) based on UNICEF’s framework for nutrition. Second, we draw on literature that attempts to capture aspects of women’s empowerment (“dimensions”). Thus, nutritional empowerment encompasses
dimensions of empowerment, including knowledge, resources, agency and achievements (Kabeer 1999; Alkire et al. 2013). These dimensions are applied to nutritionally relevant domains of food, health, fertility and institutions (UNICEF 1990). In our conceptualization of nutritional empowerment, work is a crosscutting theme across domains. On the one hand, some kinds of work (paid work) can bring resources that enable households to invest in better quality of food. On the other, work both paid and unpaid work, including care work, entails effort, often in challenging conditions.

Third, we drew on qualitative findings from rural northwestern Bangladesh, rural Odisha, and Bihar to identify factors that present barriers, limitations, or opportunities for women and their families to achieve the nutritional status they desire. Partnering with Nijera Kori (Bangladesh – see photo of 2016 research team) and JJSS (Bihar) and Agragamee, Anwesha, PRADAN and Sambhav (Odisha), we trained civil society and local community members to interview other members of their communities about the barriers to nutrition they face. The questions were open-ended, and we learned that some factors, such as access to common pool resources, the threat of domestic violence, and differential access to healthcare within a household can be substantial nutritional barriers for women but are often not included in nutrition surveys (Lentz 2018; Lentz et al. 2019). In sum, nutritional empowerment focuses on aspects of empowerment that are most related to nutritional outcomes.

To be relevant across contexts, our operationalization of empowerment is intentionally broad, incorporating a wide-range of drivers of nutrition. The figure shows the dimensions and domains that constitute women’s empowerment and is referred to as the Women’s Empowerment in Nutrition (WEN) Grid. We then use the WEN Grid to guide us in survey design, and to inform three tools to understand women’s nutritional empowerment.

Findings
Estimations from our fit-for-purpose survey identify how each domain-dimension of nutritional empowerment of women contributes to explaining the nutritional status of women. Our findings, consistent with our analysis of secondary data, indicate that resources, such as access to clinics, contribute more to
women’s nutrition than either knowledge or agency dimensions of empowerment. Policymakers face an expansive set of nutrition-relevant policy levers, with little information on which levers might be most meaningful. Our work to determine the relative importance of various empowerment-related factors for nutritional status can help guide policymakers in selecting policy interventions that empower women in ways that improve nutritional wellbeing.

**Materials:**

*Overview Paper:*

This paper presents a normative approach to conceptualizing and measuring nutritional empowerment. It then describes each dimension-domain of women’s empowerment in nutrition. It also describes several possible ways one could measure each dimension-domain.

*Narayanan et al. (2017) “Rural women’s empowerment in nutrition” CSW-62 UN Women

*Surveys:*

We collect data from women of reproductive age, their spouses, and their mothers-in-law. There is an individual survey, a fertility module (relevant for women of reproductive age), a household survey, and a community survey. From these surveys, we compile a 50-indicator index. The questions in the surveys can be adapted to local contexts in order to generate the most useful indicators for that context.

The indicators used here aim to capture underlying concepts related to each domain-dimension and which, based on prior research and findings, are likely to be important in south Asia. In other contexts, other indicators within each domain-dimension may be important to include. Further, there could be several different ways to measure each indicator. For example, in some contexts, asking “Do people in this family eat together?” may be more effective than asking “What is the order of eating in this family?” The most appropriate way will depend on the local context.

*Constructing WENI:*

Theory and factor analysis inform our selection of indicators; multiple indicators may be related to a latent component of nutritional empowerment. Policymakers and practitioners seeking to enhance nutritional empowerment should not assume that addressing any single indicator will necessarily have a positive impact for all targeted individuals. For example, while paid work is nutritionally empowering, on average, encouraging universal paid work may be less appropriate for elderly women or disabled populations than providing adequate social protection.

*Narayanan et al. (2019 IGIDR working paper and under review) “Women’s Empowerment in Nutrition Index”*
Additional resources: