

Invisible Women

Catherine Bertini

Abstract: Women are ubiquitous and critical to the nutritional well-being of their families, yet they are often invisible to policy-makers, public officials, community leaders, and researchers. Effecting significant decreases in the number of hungry poor people, as well as the improvement of nutritional and economic outcomes, requires policy in addition to operational and research priorities that are directed at the needs of women and girls.

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Food is grown to be consumed: by livestock, fish, even vehicles. But of course, the primary consumer of food is humankind. And the primary providers of food as meals – in virtually all of the developing world and much of the developed world – are women. As I remarked in my plenary address to the Fourth World Conference on Women in September 1995 in Beijing, China:

Women eat last. In almost every society in the world, women gather the food, prepare the food, serve the food. Yet most of the time, women eat last. A woman feeds her husband, then her children, and finally – with whatever is left – she feeds herself. Even pregnant women and breast feeding women often eat last when, of all times, they should eat first.¹

Should you be tempted to assume such practices are no longer the norm, consider the findings outlined in the Institute for Developmental Studies' 2014 BRIDGE report *Gender and Food Security: Towards Gender-Just Food and Nutrition Security*: “Even during pregnancy, ‘special care is not always taken to ensure women receive enough food.’”²

Twenty years after the Fourth World Conference on Women, it is not just the household pecking order for food consumption that is a concern, but also the invisibility of women when it comes to policy-making at every level: from the household, to the community, to the private sector, to research, to local, regional, and national governments.

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Women are the key human ingredient to adequate diets for families. As such, their voices should be sought after, listened to, and acted upon.

Adequate nutrition depends on a well-balanced diet. For those who can afford almost no food – the 795 million people who, according to the Food and Agriculture Organization (FAO) of the United Nations, are chronically undernourished – the struggle to obtain any food is a daily challenge.³ For the rest of the world, including the very poor, eating the “right” balance of foods is key. In fact, the word *malnutrition* has taken on an expanded meaning. Its use no longer connotes only those who have too little to eat, but also those who consume too much or lack dietary balance. In other words, an obese person is also “malnourished.”

Obesity is growing in virtually every region in the world. It has fast become a major source of the world’s most widespread diseases, commonly called noncommunicable diseases (NCDs), including high blood pressure, diabetes, heart disease, asthma, liver disease, and sleep disorders. NCDs are now the leading cause of human death in the world.⁴

There are now almost as many people worldwide who are obese (600 million) as are chronically undernourished (795 million).⁵ It won’t be many years until those numbers intersect; obesity rates are dramatically rising while undernourishment rates are gradually decreasing, even as the global population increases. Some of the most dramatic growth in obesity rates is among children under five years of age. For instance, between 2000 and 2013, the prevalence of overweight in children under five in Southern Africa rose from 1 to 19 percent.⁶

The Chicago Council on Global Affairs report *Healthy Food for a Healthy World: Leveraging Agriculture and Food to Improve Global Nutrition* predicts that the decline in global productivity due to illness and death

from these chronic diseases will reach \$35 trillion by 2030.⁷ The report also points out that adults who were undernourished as children earn 20 percent less in income than those who were not.⁸

Malnutrition is costly in other ways, too: 4 – 9 percent of most countries’ GDP is spent on medical costs related to overweight or obesity.⁹

There are many reasons behind these trends, including increased consumption of overly processed foods that add sugars and salts in place of nutrients, overconsumption of food generally, and lack of dietary variety (most commonly manifested as too few fruits and vegetables and too much starch). Some of these factors stem from poverty. In order to maximize the amount of food she has available to feed her family, a poor mother might buy cheaper foods that are higher in starch: potatoes, rice, and flour-based breads. In the United States, cheaper foods may also mean large bottles of sugary drinks. It seldom means more fruits and vegetables.

Fruits and vegetables are not only more expensive than processed foods, they are also less readily available to consumers. Their perishability causes huge shifts in availability and cost in countries where refrigeration technology is minimal. For a few weeks, the market is swamped with a certain vegetable or fruit, causing the price to drop; later, availability is scarce and the price is high. In the United States, the Supplemental Nutrition Assistance Program (SNAP; formerly known as food stamps) allocation is distributed once monthly for all recipients, leaving smaller stores no reason to stock perishables past the predictable once-monthly period of major food purchases.

Back to the pregnant woman: while culture and society, not to mention household priorities, should ensure that she has enough of the right foods to eat, she still too often

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does not. Developed countries like the United States are taking action to address this discrepancy: for example, the United States created the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) in 1974, under the Nixon administration, to support the nutritional needs of poor pregnant mothers and their infants and toddlers through distribution of specific foods and nutrition education. It is commonly considered the most effective national nutrition program.

During my term at the United States Department of Agriculture (USDA) in the early 1990s, we created a special food package for breastfeeding mothers in the WIC program. After all, until then the government encouraged women to breastfeed but only gave poor women infant formula. UNICEF's data on incidence of breastfeeding confirmed that the U.S. rates for low-income women began to increase (although still not at high enough levels) following implementation of the program. (Clayton Yeutter, then-Secretary of the USDA under President George H.W. Bush, recognized the program's importance; he cut the ribbon on the first WIC clinic in 1974.)

The World Health Organization (WHO) has concluded that "Exclusive breastfeeding – defined as the practice of only giving an infant breast milk for the first six months of life – has the single largest potential impact on child mortality of any preventive intervention."¹⁰ A multiyear, multicountry WHO study proved that infant growth outcomes are similar whether the mother is from Norway or Ghana – from a rich or poor country – as long as the mother receives adequate nutrition herself.¹¹

The most critical period in the development of a human is from her time *in utero* until age two (some experts say age five). This is the period when she grows physically and intellectually, when her cells are multiplying fastest. Without adequate nu-

trition during this period – which comes from her mother – she will be stunted in some way, and she can never make up the loss in later years. A person who goes hungry for months at age twenty-five or fifty can recoup losses; a one-year-old child who goes hungry for months cannot. In fact, for a child who had been stunted, significant weight gain later in life, even later in childhood, often results in obesity. The lack of physical and/or intellectual capacity caused by a lack of food and nutrition in early childhood impacts a person's economic well-being for life. And if a stunted young woman becomes pregnant while she still has an inadequate diet, she will give birth to a child who, if he survives, will be stunted himself. Thus, malnutrition perpetuates the cycle of poverty.

The recent International Food Policy Research Institute (IFPRI) report *Women's Empowerment and Nutrition* tells us that nearly half (43 percent) of the decreases in children underweight between 1970 and 1995 have been due to the empowerment of women, as measured through improvements in women's education.¹² For example, the Helen Keller International Program in Burkina Faso found that educating women in farming households via women extension agents led to increased dietary diversity and decreased wasting, anemia, and diarrhea among the women and their children.

The nutrition-based cycle of poverty is most prevalent in rural areas of the developing world. Urban poverty is a growing scourge in many parts of the world, but the poorest and hungriest people are still those whose major source of income is cultivating food. They may be subsistence farmers or they may work for extremely low wages on other farms. A high percentage of these farmers are women. The FAO estimates that women make up 43 percent of all agriculture laborers in developing countries, including at least 50 percent in sub-Saharan

Africa.¹³ This figure undercounts the millions who work for no pay as part of their household and familial responsibilities.

Women's and men's agricultural jobs vary in different communities, different climates, and different regions. Often, men are responsible for the large cash crops like tobacco, maize, and wheat. Women may weed or help plant these crops, but they may also be primarily responsible for indigenous crops like cassava or millet. In livestock, men care for the larger animals; women typically manage milking and care for smaller animals.

And in almost all cultures in which women and men work in agriculture, the man's workday starts and finishes in the field. But the woman's job starts when the babies cry and need food before dawn, when the cow needs to be milked, when breakfast is cooked, when the children are dressed to go to school, and it continues after a full day in the field when she fetches water and firewood and food for the evening meal, and cooks the meal, milks the cow, and tends to her children and husband.

Yet women and men do not have the same access to agricultural inputs – to seeds and fertilizer, land, and extension services. The FAO estimates that if they did, women's agricultural production would increase 10 – 20 percent.¹⁴ The CGIAR (Consultative Group for International Agricultural Research) Research Program on Water, Land and Ecosystems notes, in *Water-Smart Agriculture in East Africa*, that “increasing the resources that women control has been shown to improve the nutritional, health, and educational outcomes of their children.”¹⁵

The IFPRI, who is without peer in its research and writing about gender and agriculture, has argued that educated farmers are more productive than noneducated farmers; women are illiterate at higher rates than men; and women are more likely to follow the successful farming practices of other women than those of men. Yet the

agricultural advice offered by most countries' extension workers are offered by men to men.

Once a farm becomes slightly more successful, it might mechanize a function. This mechanized function then often shifts to the male purview, even if it was earlier considered a “female” role.

Muhammad Yunus, founder of the microfinance organization Grameen Bank, which launched in Bangladesh and now operates in many countries around the world, has spoken openly about differences in resource use across genders. The IFPRI and other experts have validated Yunus's findings that resources that enter a household and are controlled by women are highly likely to be spent on the needs of the household and all of its members. Men, by contrast, are more likely to use finances under their control for nonhousehold related matters.¹⁶

Stunningly, an extra \$10 in the hands of a woman will add the same nutritional benefit for the household as an additional \$110 given to a man.¹⁷

So far in this paper, women are everywhere. The adequate nutrition of mothers is essential to ensuring that their children are well-nourished and growing. From pre-dawn to past sundown, their lives are critical to the functioning of the household and to obtaining and allocating resources to support it. Yet when policy-makers or grant-makers look at community needs, the dearth of women in leadership or spokesperson roles prevents them from learning what is really required to best support the community.

So feedback comes from men, and it predictably centers on what the men need. When I was Executive Director of the United Nations World Food Programme, I once visited an area in rural Angola where the fields had recently been demined following

a truce in the civil war. The farmers told us that they could not work in the fields because they did not have any implements. “What do you need?” we asked; “Hoes,” they answered. There were perhaps one hundred hoes – implements with long poles and rectangular metal spades – stacked up against a fence. “What is wrong with these?” I asked. “They are male hoes,” they answered.

Did you know that in Angola, hoes are gender differentiated? I did not, and clearly the well-meaning NGO who ordered the hoes did not either. Why? The NGO had not talked to the women. In that region of Angola, women were the only people who tilled the fields, but they did not use the long-poled hoes. Women’s hoes, it turned out, had shorter wooden handles and shovel-like spades at the end. Unlike the “male” hoes that were used from a standing position, women had to squat to use the “female” hoe, a preferred technique because women worked most of the day with babies strapped to their backs, and squatting put less stress on the back than leaning over, weighed down by a child.

For me, this story became a metaphor for the importance of always speaking with the people who know what their needs are, and that those who do not specifically seek out women in order to understand their needs may waste their entire contribution to the good they seek to accomplish.

It also reminds me that women are generally not in community leadership roles and are too often politically invisible. In fact, it may be their “job” not to speak up; anyway, they are busy in the home and the fields all day and night. While women are the font of life for the family, they are not first call for community knowledge, though they should be.

For women to be seen and heard, and for societies to benefit from their knowledge, skills, and perspectives, we must:

- *Educate girls.* The latest data from the United Nations Millennium Development Goal (MDG) project show that the goal of universal primary education has mostly been met.¹⁸ But those data measure “enrollment” and not attendance, participation, progress, or the quality of education received. The data also show that the biggest gender gap comes in the transition from primary to secondary school. Further, there are still less girls than boys in schools. Yet when girls are educated, they have fewer children than their uneducated sisters, maternal mortality declines, their children see better nutritional and general health outcomes (and are also more likely to attend school), the women are more productive farmers, and their economic opportunities and lifelong earnings increase.
- *Start research with women’s needs.* The most wonderful new seed, capable of growing drought- and pest-resistant crops at volumes multiple times greater than in the past, could be useless if the taste and cooking time are not palatable to the lives of the cooks: the women. Include them in the process.
- *Enhance women’s health support.* A mother’s health is directly related to that of her children. Health care centers, research, and education all can make her stronger.
- *Support breastfeeding.* One model of support is that employed by the American advocacy group 1000 Days. They promote the idea that the days between conception and a child’s second birthday are the most critical days in a human’s life. Another effort is the UNICEF/WHO Baby-Friendly Hospital Initiative (BFHI), a twenty-four-year-old campaign to make every hospital “baby friendly” so that women giving birth receive the information and support they need to exclusively breastfeed their infants.

- *Improve women's literacy.* Even if more girls are in school now, most of their mothers were not schooled. Training girls to teach their mothers how to read and count is a viable contribution.
- *Create agricultural extension programs* that both include women and reach women.
- *Expand microbanking* loans and insurance to more poor women, who have been shown to dedicate resources to their household more effectively than men.
- *Create legal rights for women to own and inherit land,* and promote those rights so women know what is available to them.
- *Consider societal gender roles in all development thinking.* The established roles of women and men in a given community or arena of society are critical considerations in development work. Talk to both the women and the men, and design programs to reach the stated objective in a manner that is sensitive to distinct gender norms and needs.

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Visible women can change the world.

ENDNOTES

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