

CONSIDERING GENDER POWER DYNAMICS FOR SUPPORTING WORKFORCE NUTRITION



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ABOUT GAIN

The Global Alliance for Improved Nutrition (GAIN) is a Swiss-based foundation launched at the UN in 2002 to tackle the human suffering caused by malnutrition. Working with governments, businesses and civil society, we aim to transform food systems so that they deliver more nutritious food for all people, especially the most vulnerable.

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SUMMARY

Promotion of nutrition in the workplace is a high-potential intervention for multiple reasons. Over half the global population spends one third of their adult life at work, and a third of the global population also suffers from some form of malnutrition. Additionally, workplaces are conducive to nutrition interventions as they provide a controlled, modifiable environment that facilitates sustained interaction with a 'captive audience'. However, as with all health-oriented interventions, successful promotion of nutrition in the workplace depends on identifying and addressing multiple sociocultural considerations. One of the most important of these is gender, which affects what, how, where, and if a person eats as well as other nutrition-related behaviours, such as breastfeeding, and an individual's attitude towards health more generally. This paper thus reviews prior research on gender issues in the workplace, with the objective of clarifying the implications of these norms for workplace nutrition programming in low- and middle-income countries. Findings indicate that discriminatory gender norms: 1) may limit women more than men in terms of their capacity to access healthy food at work and 2) may reduce the efficacy of workplace nutrition programmes, such as nutrition-focused health checks and breastfeeding support. From a programme perspective, these findings underscore the need to tailor workplace nutrition initiatives based on factors such as the male-to-female ratio of a given workplace's management structure, history regarding the treatment of female employees, and the presence of workforce welfare committees (or lack thereof).

KEY MESSAGES

- The health costs of unhealthy workplace food environments may be particularly high for women due to discriminatory gender norms that limit women's agency and purchasing power and may force them to seek employment in exploitative 'feminised' sectors, which do little to safeguard employee health and welfare.
- Workplace nutrition programmes have the potential to improve nutrition, but gender norms may reduce their impact. For example, men may be reluctant to participate due to norms of masculinity that discourage health-seeking behaviours, and women may struggle to act on messaging due to constraints on time and agency.
- Breastfeeding support is a critical subset of workplace nutrition initiatives. However even when supportive policies are in place, workplace breastfeeding facilities may not be used due to social and structural constraints.
- It is important to consider the capacity of a specific population of workers to take advantage of workplace-based nutrition programmes, as these may interact with gendered norms and agency with implications for women's and men's ability and willingness to utilise their services.

BACKGROUND AND OBJECTIVE

Promotion of nutrition in the workplace is a high-potential intervention category for multiple reasons. First and foremost, much the global population spends a large share of their adult life at work, and a third of the global population suffers from some form of malnutrition (1). Additionally, workplaces are conducive to nutrition interventions as they provide a controlled, modifiable environment that facilitates sustained interaction with a “captive audience”. From a private sector perspective, workplace nutrition initiatives demonstrate corporate responsibility and may also contribute directly to employee productivity. As such, employment-based nutrition actions provide excellent opportunities for public-private partnerships.

GAIN’s [Workforce Nutrition programme](#) aims to leverage this potential to improve nutrition outcomes among workers in low- and middle-income countries (LMICs). The programme focuses on improving access to and demand for healthier diets using existing business structures as entry points. Currently, the programme works with partners in the tea sector (India and Kenya), cocoa sector (Ghana), and garment sector (Bangladesh) and is running pilots in a variety of industry sectors in Mozambique.

Nutrition is a gendered issue, with constructs of masculinity and femininity frequently playing important roles in how both men and women procure and consume food – as well as the roles they play along the food value chain. In many LMIC settings, women are at an acute disadvantage because of these gender norms, facing constraints to income generation, travel, and other food access-related variables, as well as cultural sanctions on certain foods.

To better understand the implications of gender norms for workforce nutrition programming in LMICs, GAIN conducted a rapid review of recent literature on gender equity and nutrition in the workplace. The objective of this review is to inform a strategy to increase the gender sensitivity of GAIN’s Workforce Nutrition programme. Adapting an existing conceptual framework depicting pathways to nutrition outcomes for agricultural households (2), this review explores how formal employment interacts with underlying gendered power relationships (at home and in the workplace), with implications for gender equity and nutrition.

METHODS

This review followed a simplified ‘rapid review’ format to provide an evidence synthesis for discussion and programme guidance (3). The review is limited to existing evidence and theory that provides insights into promoting equitable nutrition in the workplace in LMICs. The review focused on four intervention areas—healthy food at work, nutrition education, nutrition-focused health checks, and breastfeeding support—for vulnerable adult workers in LMICs.

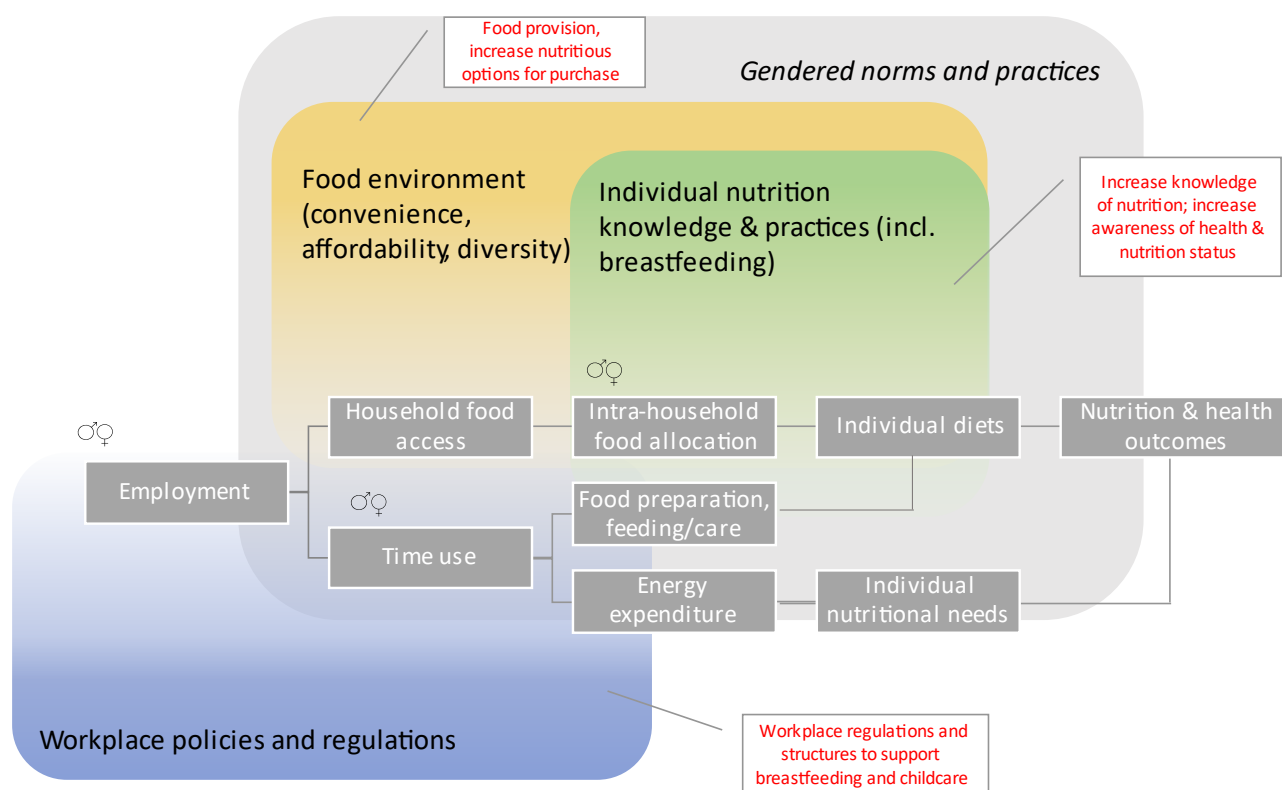
The literature search was undertaken in September-December 2020 using a variety of keyword combinations¹. Two online databases - PubMed and Google Scholar – as well as

¹ Search terms include: Women or gender or “women’s rights” or “gender sensitive” or “gender transformative” or “gender-based violence” AND Workers or “vulnerable workers” or “factory workers” or employees or workforce or “supply-chain

databases of relevant international organisations² were used. For each combination of keywords, the first 100 result were reviewed for relevance. Criteria for inclusion included: a focus on gender, plus one of the relevant programme areas listed above; publication year between 2000 and 2020; and English-language publication. Publications with a focus on LMICs were prioritised. Additional relevant studies were added during the review process based on references in selected papers and targeted searches to fill in gaps in the review. As such, papers published between 2000-2021 were ultimately included.

In total, 124 papers were identified to be potentially relevant for this review, of which 29 were selected for inclusion (complete list of papers can be found in the Annex). Of the included publications, 21% focus on LMICs in general or across regions, 58% focus on countries in Asia, and 21% on countries in Africa. All included literature was published in the past twenty years, and 79% of the included literature was published in the past ten years. Most sources used in this review are peer-reviewed journal articles (75%); 14% are reports published by United Nations organisations, 7% are reports from other organisations; and 4% are books.

VISUALISING WORKFORCE NUTRITION THROUGH A GENDER LENS



workers" or "agricultural workers" or "food system workers" or workplace AND Health or nutrition or "food security" or "breastfeeding support" or "nutrition focused health checks" or "nutrition education" or "nutrition Information Education Communications (IEC) or "behaviour change communication" or "healthy food at work" or "gender specific nutritional needs" or "pregnant and lactating" or "occupational health and safety" or "employee health" or harassment. Searches were undertaken with and without regional specifiers: LMIC or Africa or Asia

² International Labour Organization, World Food Programme, Food and Agriculture Organization of the United Nations, UN Women, International Food Policy Research Institute, and Women's Empowerment in Agribusiness Index.

Figure 1. Gendered pathways from employment to nutrition outcomes. Gender symbols denote where gendered agency particularly influences outcomes. Red text indicates potential programme entry points to facilitate gender equity and improved nutrition.

(Source: Authors, modified from (4))

A conceptual framework was developed to highlight the main gendered pathways through which employment influences nutrition outcomes (Figure 1, grey boxes depict pathways). The framework shows how nutrition for workers is modified by workplace policies and regulations (blue box), as well as the existing food environment (yellow box) and an individual's nutrition knowledge and practices (green box).

Workers in LMIC countries are more likely to engage in manual labour and more likely to consume inadequate food and nutrients to support this labour (5). Furthermore, workers without formal contracts and in contexts without strong workplace regulations may be even more vulnerable (6,7). While these are challenges faced by all workers, gender norms often exacerbate these challenges for women.

Women are likely to experience limitations to finding and keeping work, dual burden of domestic duties and work duties, and exploitation and violence due to limited agency (8). Women also tend to be employed in low-wage and temporary positions with fewer rights (7). And their lack of agency and economic vulnerability may make them less likely to speak up for their rights at the workplace, even if equitable and nutrition-sensitive workplace regulations and policies are in place (9).

Two of the most common out-of-the-home, non-farm employment options for women in LMICs – garment work in textile factories and work on agricultural estates – are often unregulated, leaving workers exposed to marginalisation, exploitation, and violence, with little recourse to advocate for healthier work environments (6,7,9–11). Naved et al. (7), Newman et al. (12), and Philips (13) describe these sectors (along with healthcare) as 'feminised' and facing pervasive challenges related to discriminatory gender norms.

At the most proximate, biological level, the type and amount of work undertaken by an individual will determine energy requirements, and women and men have different nutritional needs at different stages of the lifecycle (14). Working women do not necessarily need fewer calories than men, as they may work longer hours and have caretaking and household responsibilities in addition to their paid work, women of childbearing age are more vulnerable to anaemia and osteoporosis than men, and pregnant and lactating women require extra calories and folic acid for optimal physical and congenital development of their babies (5).

RESULTS

The review that follows is organised to explore how common approaches to supporting workforce nutrition—**enhancing workers' access to healthy food, health and nutrition promotion at work**³, and **support for breastfeeding**—interact with pathways from

³ This section combines the discussion for two programme areas, nutrition education and nutrition-focused health checks, which both promote awareness of behaviours that support nutrition.

employment to nutrition and how gender norms and practices can facilitate or compromise results.

ENHANCING WORKERS' ACCESS TO HEALTHY FOOD

Workers in many large-scale workplaces, like garment factories and agricultural estates, live on-site in corporate housing or in nearby communities primarily made up of factory or estate workers. Limitations to adequate food and nutrition in this context may occur for men and women if the workplace does not provide adequate time for breaks, or nutritious meals and snacks are not available and convenient. Furthermore, unhealthy food environments in the workplace can pose a challenge that extends beyond the worker and workday to the household level when workers live on-site in corporate housing or in nearby communities. As such, workers and their families are affected by what foods are convenient and affordable, as well as the quality of cooking and sanitation facilities in their homes. Because women are traditionally responsible for meal preparation and feeding of children, the burden of mitigating unhealthy food environments falls primarily on their shoulders.

Improving the quality of food available—prepared food and fresh food—around the workplace can support healthy diets. In Guatemala, Oddo et al. (6) find that working mothers are exposed to prepared take-away foods more often than non-employed mothers and spend less time on meal preparation and food procurement. Similarly, in Myanmar's garment sector, limited time to buy fresh foods and corporate housing without cooking facilities led women to rely on ready-to-eat or street food (14).

Provision of healthy meals at work can improve food security and—if attention is paid to food quality and diversity—nutritional status of workers. Hossain et al. (15) found that workplace lunch meals with weekly iron-folic acid supplements and monthly nutrition behaviour change reduced anaemia among female workers in Bangladesh by 46%.

Even if healthy food is available and convenient, female workers may lack control over income, limiting their ability to purchase healthy foods for themselves or their families. For instance, women are often obligated to turn wages over to husbands or other family members (7) or send them as remittances to their families (14). Provision of free or subsidised food at work can help support healthy diets despite this.

HEALTH AND NUTRITION PROMOTION AT WORK

Workforce-based nutrition education programmes and nutrition-focused health checks promote awareness of nutritional status and support healthy behaviours and food choices of workers. Multiple evidence reviews of these types of health and nutrition programmes suggest that these programmes can improve diets, for instance, by increasing consumption of fruits and vegetables (16–18). In addition to frequently engaging workers themselves in the design of the programme, successful initiatives often include multiple components, such as combining nutrition education, health checks, healthy food provision, or physical activity promotion (in high-income settings). Hossain et al. (15), for example, found that workplace

lunch meals that were combined with weekly iron-folic acid supplements and monthly nutrition behaviour change communication reduced anaemia in female workers by 46%.

Women traditionally procure and prepare family meals, and nutrition education programmes thus often target women. However, this orientation may reinforce traditional gender norms, and it also overlooks the important role that men and other family members play in food consumption through control over income or enforcement of social norms (13). For example, evidence from a community-based setting in Malawi suggests that including men and women in nutrition education makes messages more likely to be adopted by the household (4). Furthermore, engaging only women in nutrition education programmes can backfire, as it can add to women's already significant time burdens due to professional and household/childcare responsibilities and women may have limited agency to implement changes to household food consumption patterns (4,11).

It is important to note that gendered barriers related to workforce nutrition programmes do not only affect women. Men may be reluctant to participate in health checks and health and nutrition education programmes; the literature describes the 'men's health gap', wherein men are less likely than women to participate in health-promoting activities (19,20). In fact, men are often reluctant to actively engage with their own health in general, due to constructs of masculinity that encourage being stoic, disregarding physical risks, and 'powering through' injuries, illness, and other health issues (19–21). These norms are at odds with the fact that men face important health and nutrition problems that should not be overlooked. Examples from the review include a study that found that single male-headed households (divorced, widowed, or unmarried men) have lower average household dietary diversity scores than single female-headed households (4), and two studies that documented the challenge of anaemia in men (22,23). While this micronutrient deficiency is a commonly recognised problem among women, it also affects men, with implications for productivity and well-being. With respect to countering the harmful health effects of masculine constructs, health education has been shown to support men's participation in health checks (20). Additionally, a systematic review of barriers and facilitators to health screening in men found that encouragement from their partner was the most important factor, reinforcing the benefit of engaging both partners in nutrition promotion (24).

Rebalancing the focus of health and nutrition policies and programmes for women *and* men not only encourages men to more actively support their health but also begins to challenge gendered stereotypes, avoids putting additional time pressure on women only, and supports the likelihood that nutrition practices will be adopted at home (4,19).

WORKPLACE-BASED SUPPORT TO BREASTFEEDING

Promotion of breastfeeding is critical to improving nutrition knowledge and practices in many countries. Within the workplace, the main concern is the precipitous decline in breastfeeding that occurs when mothers go back to work, negatively affecting the health of mother and child (25,26). Evidence shows that this decline can be countered by educating mothers and employers and by mandating supportive physical infrastructure and policies that permit breastfeeding and milk expression within the workplace (27).

Given the sensitive and gendered nature of breastfeeding, as well as women's subordination and vulnerability in many LMIC workplace settings, the extent to which workplace policies and regulations genuinely address constraints to breastfeeding is critically important (28,29). To date, there are often substantial gaps between what a company's stated policy is and what happens in reality. For instance, in Indonesia, although workplaces are mandated by law to provide lactation facilities, Wagi Basrowi et al. (25) found that companies are not held accountable when they fail to comply. In Ethiopia, Gebrekidan et al. (30) reported that while women were ostensibly allowed to take breaks to breastfeed their infants, they relied on co-workers to cover their workload and could only ask for such favours a few times before colleagues would be upset.

In these and similar cases, supporting mothers to breastfeed or pump breastmilk requires that workplaces have routine break times that are supported and enforced by management (31), as well as a private, clean space where women feel comfortable and safe. In addition to providing material and regulatory support, employers can encourage recommended breastfeeding practices through community outreach campaigns that aim to sensitise husbands and extended family members to the challenge faced by new mothers who must balance heavy burdens of professional and domestic work in order to continue breastfeeding (30,32).

DISCUSSION

Entering the workforce can enable women's economic empowerment and thus lead to increased agency in their work and home lives. However, findings from this review indicate that many women continue to experience vulnerability and exploitation in the workplace in LMICs. This reality is likely to counter efforts to improve their nutritional status, as many of the pathways to improved nutrition rely on women's agency and bargaining power (33). Furthermore, gender norms that limit women's agency also make men less likely to engage in their own health and nutrition.

Formal policies and regulations that promote nutrition in the workplace and that are sensitive to gender norms can help improve the situation (7,11,14,28). Keen attention should be paid to the vulnerabilities women face and the gender norms that constrain men's and women's roles in a healthy workplace and home. Context-specific explorations should consider unintended consequences of how workforce nutrition interventions are designed as well as potential for shifting detrimental norms whenever possible.

For example, holding nutrition programmes during paid working hours will both mitigate women's time poverty and encourage men to participate. It is clear from the evidence reviewed that actively engaging men and women in nutrition programming, like nutrition education and nutrition-focused health checks, is more effective than engaging women alone—or not considering gender in targeting—when it comes to encouraging better nutrition for workers and their households (4,20)

When possible, it is important to engage not only workers but also family members and the broader community in which workers reside (16,18). This approach also has the potential to begin to shift detrimental norms that have men neglecting their own health and lays

responsibility—without equivalent agency—for care and feeding of the family predominantly on women (19).

Furthermore, analyses of workers' food environments and constraints on food procurement and preparation should include consideration of women's time, economic constraints, and other responsibilities. For instance, healthy daytime meals must be coupled with enforced break time, and free meals (compared to subsidised or full-price meals) will particularly benefit women with little or no control over their incomes (5,31). In addition, consideration of the local food environment should include the convenience and affordability of fresh healthy foods and access to sanitary cooking facilities.

CONCLUSIONS

There is a large set of programmes and activities that can be put in place to support nutrition in the workplace. In this review we considered nutrition education programmes, nutrition-focused health checks, breastfeeding support and promotion, and improving availability of and access to healthy and nutritious food at/near work. The evidence reviewed suggests that these approaches have substantial potential to improve nutrition for vulnerable workers and their families.

Concomitant to these generic programme recommendations, it is critical to consider the capacity of a specific population of workers to take advantage of such opportunities. This is because workforce activities interact with gendered norms and power dynamics with important implications for women's and men's ability and willingness to utilise nutrition services.

Implementers of workforce nutrition programmes face a difficult decision on when and to what extent they can or should attempt to circumvent or transform the norms and power structures at play. Some solutions have been offered above, such as supporting both women and men (at work and at home) to participate in nutrition education and nutrition-focused health checks. Combined with improving the food environment by ensuring access to nutritious foods and adequate cooking facilities, these activities have the potential to overcome some gendered constraints.

In workplaces where female workers largely report to male managers, gendered power imbalances produce additional barriers to behaviours that support nutrition and health for women. For instance, even if there is a breastfeeding policy in place, women may hesitate to make use of breastfeeding infrastructure (e.g., 'breastfeeding corners') if male management is not overtly supportive or their workload is not adjusted to account for this time away from work, especially if broader societal norms do not encourage continued breastfeeding.

Strong engagement with management before and during—including training for management—workforce nutrition programmes will support genuine buy-in and awareness raising (7). Furthermore, engagement with, or establishment of, workforce welfare committees or similar may be useful for accessing workers directly and for exerting pressure on management. Finally, engagement with government regulatory bodies (within ministries

of labour, for instance) may improve the enabling environment in which the companies operate.

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ANNEX

Table 1: List of reviewed literature, geographic coverage, and topic

Author (year)	Country (setting)	Topics covered	Type
Anderson et al. (2009)	Multiple regions (LMICs)	Implications for nutrition education	UN organisation report
Baker et al. (2014)	Multiple regions (LMICs and high-income countries, HICs)	Nutrition-focused health checks: needs of men and women	Peer-reviewed journal article
Betron, Barker, Contreras & Peacock (2012)	Multiple regions (LMICs)	Nutrition-focused health checks: needs of men and women	UN organisation report
Brown et al. (2016)	Haiti, Indonesia, Jordan, Nicaragua, and Vietnam	Workplace harassment	Report from organisation (non-UN)
Dinour & Szaro (2017)		Breastfeeding support for women: cultural norms	Peer-reviewed journal article
Dishanka & Ikemoto (2018)	Sri Lanka	Workplace harassment	Peer-reviewed journal article
Game & Pringle (2020)	Australia	Dual burdens or care-implications for working parents; workplace harassment	Book
Geaney et al. (2013)	Brazil, USA, Netherlands, and Belgium	Implications for nutrition education	Peer-reviewed journal article
Gebrekidan, Plummer, Fooladi & Hall (2021)	Ethiopia	Breastfeeding support for women: time allocation	Peer-reviewed journal article
Goudet, Hlaing & Griffiths (2020)	Myanmar	Access to healthy food at work: different nutritional needs of men and women (different nutritional health risk factors)	Peer-reviewed journal article
Gurung & Mukherjee (2018)	India	Social norms affecting gender relations at the workplace	Peer-reviewed journal article

Hirani, Ali & Karmaliani (2013)	Pakistan	Breastfeeding support for women: cultural norms	Peer-reviewed journal article
Hossain et al. (2019)	Bangladesh	Access to healthy food at work: creating access to healthy food at work with direct food provision of meals at the workplace	Peer-reviewed journal article
Ickes et al. (2021)	Kenya	Breastfeeding support for women	Peer-reviewed journal article
Naved et al. (2021)	Bangladesh	Workplace harassment	Peer-reviewed journal article
Newman, De Vries, Kanakuze & Ngendahimana (2011)	Rwanda	Workplace harassment	Peer-reviewed journal article
Ni Mhurchu, Aston & Jebb (2010)	North America, Europe	Implications for nutrition education	Peer-reviewed journal article
Oddo & Ickes (2018)	Multiple regions (LMICs)	Access to healthy food at work: creating access to healthy food at work	Peer-reviewed journal article
Philips (2003)	Sri Lanka	Implications for nutrition education: implications for messaging	Peer-reviewed journal article
Ragasa, Aberman & Mingote (2019)	Malawi	Implications for nutrition education: implications for messaging	Peer-reviewed journal article
Rahman Khan & Ahmed (2005)	Bangladesh	Nutrition-focused health checks: needs of men and women	Peer-reviewed journal article
Scott et al. (2020)	India	Nutrition-focused health checks: needs of men and women	Peer-reviewed journal article
Siddiqi (2003)	Bangladesh	Workplace harassment	Report from organisation (non-UN)
Street, Lacey & Grambower (2017)	Australia	Nutrition-focused health checks: needs of men and women	Peer-reviewed journal article

Teo et al. (2016)	Multiple regions (LMICs and HICs)	Nutrition-focused health checks: needs of men	Peer-reviewed journal article
Wagiu Basrowi et al. (2018)	Indonesia	Breastfeeding support for women: laws around parental leave	Peer-reviewed journal article
Wanjek (2005)	Multiple regions (LMICs and HICs)	Access to healthy food at work: different nutritional needs of men and women	UN organisation report
Whelan (2018)	United Kingdom	Nutrition-focused health checks: needs of men and women	Peer-reviewed journal article
WHO (2011)	Multiple regions (LMICs and HICs)	Social norms affecting gender relations at the workplace	UN organisation report