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**T20 POLICY BRIEF**

Task Force 01

**FIGHTING INEQUALITIES, POVERTY, AND HUNGER**

# Care-Integral and Gender-Differentiated Social Protection Assistance Programmes in Addressing Nutrition and Food Security Challenges

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## Abstract

Chronic hunger, food insecurity and poor nutrition are pervasive global issues affecting children, adolescents, women and the elderly. Approximately 9.2% of the world's population are in a state of chronic hunger. In 2022, 148 million children had stunted growth, 37 million children were overweight, 45 million under the age of five were affected by wasting. These issues are gendered, for e.g. 150 million more women are food insecure than men in the world. Fighting inequalities, poverty and hunger is one of G20's priorities under TF1, especially as overcoming these challenges will advance the SDGs.

Studies reveal that social protection programs can play a vital role in improving nutrition and livelihoods. But they do not factor the intrinsic link between food insecurity and gender inequality. Research at the intersection of social protection, its impact in furthering gendering the role of care in households and the consequent impact on nutritional challenges remains a blind spot.

This brief aims to highlight the role of women in care provision to emphasize that a gender-differentiated and care-integral lens in social protection programmes (Chopra, 2014) is necessary to address the issues of food security and nutrition. This is because while care provision in households is one of the underlying determinants of nutritional status and hunger of both women and children, this very care provision is gendered in a way that disadvantages women and girls. The resultant crisis of care (growing demand and reducing supply) has acute effects for women from poorer and fragile country contexts, and those marginalized at the intersection of caste, class, ethnicity – leading to depletion of both their physical and mental health (Chopra and Krishnan, 2022).

This brief recommends that social protection programmes take an intersectional perspective to women and girls differentiated needs, especially through a) making care integral to these programmes, b) countering gender norms on care, and c) linking to other sectoral policies and programmes, especially health, education and transportation sectors that have a direct bearing on women and girls' care responsibilities. Research and evaluation of social protection programmes should also measure and understand their impact on women and girls' care responsibilities.

**Keywords:** Gender inequality; Care work; Social protection; Nutrition; Food Security

## Diagnosis of the issue

The intersection of care, nutrition and social protection is a pivotal factor that cannot be ignored while designing, implementing and evaluating social protection programmes, and yet remains a gap in our conceptual and empirical discourse. This brief aims to highlight the role of women in care provision and to emphasize that a **gender-differentiated and care-integral** lens in social protection programmes is necessary to address the issues of food security and nutrition. These directly speak to the G20 agenda of fighting inequalities, poverty and hunger while also addressing the larger SDGs – promoting policies that fight poverty and hunger (Goal 2), expanding access to social protection (Goal 1.3), fighting gender inequalities and transforming gender relations (Goal 5). These are demanding challenges especially in low and middle-income developing countries and fragile and least-developed countries, needing a distinctive focus to achieve the target of reducing inequality within and among countries through reduction of malnutrition and hunger.

### Crisis of care

Care in households is one of the underlying determinants of nutritional status and hunger of not only children, men and the elderly (de Groot et al, 2017), but also of women, who are mostly the caregivers themselves. This perspective expands the role of women from mere conduits and facilitators of development, to becoming active beneficiaries and participants of social protection programmes (Molyneux, 2006). However, we know that globally, the role of a caregiver falls on the mother or other women within a household, even as the resources for care are largely absent or limited – this is true especially in the

case of developing, fragile and least-developed countries (Chopra, Kelbert & Iyer, 2013; Cunningham et al., 2015).

Of the world's total unpaid care work, women do 76 percent, i.e. 3.2 times as much as men (ILO, 2018: p.53) translating to 201 working days per annum of work for unpaid care for women in comparison to 61 working days for men (ILO, 2018). This unequal distribution of labor within the household is symptomatic of sticky gender norms – which dictate specific caring and feeding practices that impede the health and nutrition of the women and girls. Even as economic crisis pushes more women into low paid and exploitative jobs in the informal sector, demographic changes and decline in state-provided services and infrastructure imply an increase in the amount of care – leading to a **crisis of care** (Chopra & Krishnan, 2022: p.39). This crisis triggers adverse consequences for both women and care receivers because of time poverty of women and thus inability to provide care to themselves and their families compromising their physical health, nutrition and their mental health. These effects are particularly acute for women from poorer and fragile country contexts, and those marginalized at the intersection of caste, class, ethnicity (Elson, 2017; Sabates-Wheeler & Kabeer, 2003).

In low and middle-income countries approximately 2.5 billion people are covered by social protection programmes (State of Social Safety Nets, 2018). A multitude of studies have analysed the impact of social protection programmes to find an overall improvement in micronutrient status, reduction in anemia prevalent among primary school-aged children and adolescent girls and better growth outcomes (Cunningham et al., 2015; Chakrabarti et al., 2021; de Groot et al., 2017). Social protection has indirect effects on nutrition and food security, by increasing household income that could potentially improve access to nutritious food (Narayan & Ramdas, 2019).

## **Intersection of social protection, nutrition and care**

The scale of social protection programmes lends them with a vast potential to address hunger and nutrition challenges. In most social protection programmes aimed at food security and nutrition, the role of women is limited to that of being a facilitator - with the responsibility to fulfill the conditionalities of the social protection programmes and not considered a full beneficiary (Molyneux 2006, Elson, 2008). There is an overreliance on women for the successful implementation of these programmes without an attempt to redistribute care duties to men (Chopra, 2019; Razavi, 2007). Recognition of the role of women as active beneficiaries and participants of social protection programmes and not just conduits broaden the discourse on nutrition and food security.

## Recommendations

While the role of a caregiver falls predominantly on women and girls, recent demographic changes imply an increasing number of those who require care – especially the elderly. While the demand for care is growing, there are limited resources allocated for public services or infrastructure, especially in the case of developing, fragile and least-developed countries (Chopra, Kelbert & Iyer, 2013; Chopra & Krishnan, 2022; Cunningham et al., 2015). Combined with the pervasive ‘naturalisation’ of care as women’s work, this reinforces a care deficit alongside deepening the time poverty and energy drain on women (Chopra & Zambelli, 2018). Developed countries fill this care deficit by hiring migrant caregivers from the global South at low wages, leading to an emergence of global care chains. This further creates a care deficit within the households of these migrant workers – often from poorer, ethnically marginalized and rural backgrounds. In the absence of few if any social programmes by the state, sticky gender norms that see men not doing much unpaid care work within a household and smaller families having lesser number of people to pitch in with the household chores, care requirements of the household are either unmet or become an additional task for the women after completing their paid job (Care Collective, 2020).

These issues are more acute for marginalised women at the intersection of caste, class, religion and ethnicity. Women (and men) from poorer and marginalized families are under pressure to undertake income generating activities to sustain their families, often in the informal sector (in a futile bid to balance their care responsibilities), which is low paying and exploitative. They take up several of these low-paid, informal sector jobs to keep themselves and their families going (Chopra & Krishnan, 2022). This hamper

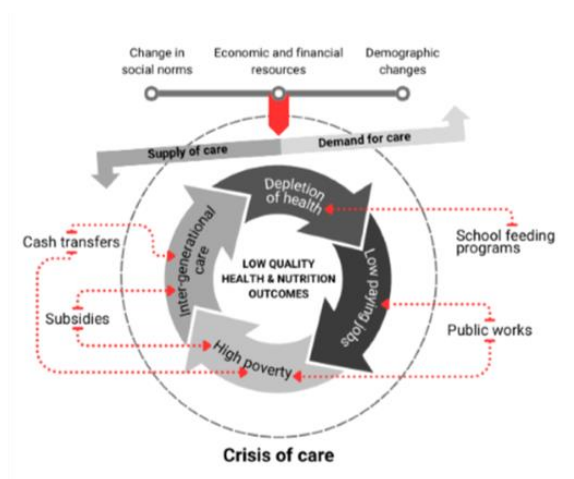
achieving food security for all, as care practices are devalued as compared to income earning opportunities and the levels of time poverty for women deepen. Research highlights that the unintended consequences of bringing women into the productive economy without considering the care economy are that women work a double workday and, in many cases, shift the responsibility to elder or younger women in the same household (ICRW, 2019). This can further trigger adverse consequences (Albaladejo et al., 2022; Nikore, 2022) - resulting in poor physical and mental health outcomes for women and their families (increased friction and social costs of reduced care provided to dependents – children, adolescents, elderly, sick, disabled) (Chopra and Nazneen, 2016)

This crisis of care results in low quality health and nutrition outcomes among the present caregivers (women and girls) and care recipients (children and dependent families). According to the United Nations Sustainable Development Goals Report, approximately 735 million people, 9.2% of the world's population, are in a state of chronic hunger (DESA, 2023). In 2022, 148 million children had stunted growth, 37 million children were overweight and 45 million children under the age of five were affected by wasting (DESA, 2023; Joint Child Malnutrition Estimates, 2023). This picture is deeply gendered because the issue of food insecurity is intrinsically linked to gender inequality - restrictive gender roles assign different responsibilities to men and women - especially related to nutrition and care work, impacting women's food security (WFP Gender Policy, 2022). During the COVID-19 pandemic, food insecurity for adult women increased from 27.5 percent to 31.9 percent and as of 2021, there are 150 million more women who are food insecure than men in the world (WFP, 2022).



## Social protection – an entry point to break the crisis of care

It is important for the G20 to use social protection programmes to break this vicious cycle of low paid jobs – growing time poverty, physical and mental depletion of women – high intergenerational transfer of care – low quality health and nutrition outcomes for both the present care givers and recipients. The figure below shows us some entry points for addressing this vicious cycle. It illustrates how social protection programmes can be extremely relevant in impacting some of the determinants that affect health and nutritional outcomes.



For instance, cash transfers and subsidies can both assist in providing better resources for intergenerational care and reduce poverty. Public works can provide better pay (in comparison to informal employment) with facilities for creche and other childcare services and help tackle poverty. Public works programmes can build or improve water harvesting structures, so as to alleviate women’s time on water collection. Another example could be that of cash transfer programmes being intertwined with behavioural change interventions targeted at men recognizing and taking on some of the care work at home.

We recommend that the G20 adopt a feminist ethics of care to achieve the goals of nutrition and Zero Hunger. This implies not that care is added on to existing ‘business as

usual' (Chopra & Krishnan 2022) but is integrated into all social protection policies as a foundational concept to address the needs of both care providers and care receivers to improve the quality of care and to create direct and sustainable impact on the nutritional status, health and hunger for women and girls. Specific recommendations include:

1. Making social protection gender-differentiated for women and girls through:
  - a) Collection of data related to gender impacts for their programming and impact evaluations
  - b) Targeting off adolescent girls recognising time constraints faced by adolescent girls due to their care responsibilities through i) School feeding programmes for girls, ii) Scholarship programmes for girls
  - c) Targeted cash transfers for women to ensure uptake of nutritious food
  - d) Provision of food and seed assistance to women
2. Making care integral to social protection:
  - a) Collection of data on care impacts for programming and impact evaluations
  - b) Running specific informational and advocacy modules for boys and men to take on more care responsibilities - especially around food procurement and preparation
  - c) PWPs aim at building small infrastructure such as water sources and roads that reduce the time and energy taken up by care responsibilities for adolescent girls.
  - d) Building in changes in the social organisation of care (because of illness, injury, natural disasters, migration, conflict etc) as a potential shock and not exploit women's unpaid labour as a response to shocks

- e) Setting up creches for siblings while adolescent girls attend school

### 3. Countering gender norms on care

- a) Information and awareness raising sessions (based on data) for redistributing unpaid care work within the household and to counter inequitable gender norms on nutrition
- b) Exploring opportunities for community/collective solutions to care deficit
- c) Programme conditionalities ensuring redistribution of care work to men and boys in the house
- d) Enable women through counselling and support and ensure their participation in decision-making

### 4. Linkages of social protection programmes with other sectoral policies and programmes

- a) Linking with sustainable agricultural programmes (such as seed procurement) to ensure women's knowledge and constraints were incorporated in food production systems
- b) Building local capacity for homegrown, sustainable crops
- c) Provision of decent work to all members of the household
- d) Evidence based food and nutritional policies factoring in women's age, nutritional needs, lifestyle diseases etc
- e) Introduce where appropriate sustainable nutrition solution that can strengthen women's economic independence (for example - raising chickens).

- f) Linkages with health, education and transportation systems to recognise the impacts of these policies on women's care responsibilities, and to ensure that policies in these sectors are care-integral and gender-differentiated.
- g) Gendering local capacity for design, implementation and monitoring including training on gender and care

## Scenario of outcomes

This brief has shown the need for social protection programmes targeting nutritional outcomes to be gender-differentiated and care integral. This implies both a focus on women and girls as caregivers, but importantly, also as target populations for their own nutritional needs. Further, a recognition of the gendered and intersectional nature of the challenges of care work pushes us to undertake a gendered intersectional lens to delve into the twin-pronged issues of food security and nutritional challenges.

It is important to address the effectiveness of social protection in firstly acknowledging this differential and gendered responsibility of care that currently exists. Women should therefore be a priority in accessing social assistance programmes and incentives should be provided that enable to share the responsibilities of care between men and women in a household. Secondly, social protection programmes need to focus on advocacy efforts that will help in deconstructing gender stereotypes around care. Lastly, these programmes should increase women's control over food decision-making and improve awareness about issues linked to food security. Other issues which have a bearing on nutritional needs such as gender-based violence, sexual and reproductive health services, unplanned pregnancies and unmet needs of family planning should be addressed through appropriate linkages of social assistance programmes to other programmes.

This brief has elucidated how social assistance that aims to target zero hunger and gender equality needs to be care-integral and have an intersectional gender-differentiated approach to be successful (Gavrilovic, Petrics & Kangasniemi, 2023; Jones et al., 2017) – and pushing this message out to policy makers is a prime responsibility of the G20.

At the same time, the G20 must recognise that social protection can create incentives and be transformative but cannot be a panacea to solve all food security and nutrition challenges. It can help in reducing and redistributing care responsibilities from women to men and from individuals to state and markets. In order to achieve zero hunger and gender equality, multi-sectoral interventions are needed. Health, nutrition, education, transportation are some of the public services that have a direct bearing on women's issues where the G20 can recommend that gaps can be strengthened with the help of social protection floors. This brief is the starting point in exploring in-depth such interventions that can address challenges arising out of the intersection of care and nutrition through social protection.

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