The context

Globally, the burden of malnutrition remains high and continues to be a worldwide problem (UNICEF and World Bank, 2020). Malnutrition in Kenya is a big public health problem, with one in three people facing hunger. The country has a high stunting rate (35%) and is currently experiencing a rise in diet-related non-communicable diseases. Apart from the loss of lives and productivity, malnutrition is a key threat to achieving Kenya’s Vision 2030 and Sustainable Development Goals (SDGs). The costs associated with undernutrition are huge, averaging 8% of annual Gross Domestic Product (GDP) across developing countries (WHO, 2017).
The various policies implemented to redress malnutrition in the country include the Food and Nutrition Security Policy (2012) and National Nutrition Action Plan (NNAP).

**The problem**

In spite of various policies, malnutrition continues to be endemic. A key concern is that most existing policies tend to focus on agricultural production and food availability and little on nutrition or actual food consumption. This is despite the rising recognition that food policies should look beyond the provision of production incentives and instead focus on all the facets of the food system (FAO, 2013; Das et al., 2014).

A growing body of evidence suggests that women’s empowerment has the potential to improve food and nutrition security. Over the years, Kenya implemented several policies to empower women, notably: the policy on Free Primary (2003) and Secondary Education (2008), the Gender for Development Policy (2000), policy on Gender and Development (2011), National Land Policy (2009), The Land Act (2013) and the legislation on the prohibition of Female Genital Mutilation (FGM Act) of 2009. These policies collectively seek to empower women. However, the policies are associated with different empowerment dimensions, such as: enhancing women’s decision-making power (agency); promoting access to education and employment opportunities for women (achievement).

Despite these efforts, there is limited knowledge on how women empowerment influences household nutritional outcomes in Kenya. Specifically, the specific pathways and domains of women empowerment that are most effective in delivering food and nutrition security in the Kenyan context are not clear.

**Background/rationale**

The need to fine tune agricultural and food policies to make them more nutrition-sensitive is increasingly becoming important considering the deepening levels of malnutrition in the country. Our research (from which this policy brief is based) focused on how women empowerment policies and initiatives could be used to support improvement in nutrition outcomes in the country. The study employed a pooled Kenya Demographic and Health Survey (KDHS) data sets (2003, 2008-2009 and 2014) to investigate the impact of women empowerment policies on nutrition outcomes in Kenya. Two main research questions were addressed by the study:

i. What are the changes in women empowerment over the period 2003-2014?

ii. Which dimensions of women empowerment have had the greatest impact on child and household nutritional outcomes in Kenya?
Key results and findings

1. The policies implemented in the last two decades or so to promote gender equity have led to an **improvement in women empowerment across most of the considered dimensions** – women’s agency, women’s self-worth and esteem, achievement and access to opportunities and reduction of violence against women.

   **Figure 1: Changes in women empowerment indicators (2003-2014)**

Specifically, our findings show that:

- Agency reflected in women involvement in making major household decisions improved from 32% in 2003 to 71.3% in 2014.

- The proportion of women who believe that wife beating is not justified increased from 30.8% in 2003 to 51.2% in 2014, reflecting an improvement in self-worth and esteem among women in Kenya.

- Women achievement and access to opportunities measured in educational attainment, employment and access to health insurance also improved. The percentage of women who had attained secondary school rose from 31% in 2003 to 36% in 2014. The percentage of women who were working increased marginally to 57.3% in 2014 from 56.8% in 2003, suggesting little improvement in the domain. The proportion of respondents who had access to health insurance rose from 11% in 2008 to 15% in 2014.

- Surprisingly, there were no changes in the proportion of women who had not undergone FGM despite the various interventions supporting the abandonment of the practice.

2. Although child malnutrition reduced during the study period (2003-2014), the **level of undernutrition remains high** and progress towards targets is too slow, and therefore an issue of great public health concern (Figure 2).
Our results indicate that:

- Stunting of under-five children dropped from 35% in 2008/9 to 26% in 2014. Stunting is an indicator based on height-for-age ratio. Children whose height-for-age score is below a reference median for their age group are considered short for their age (stunted) and are chronically malnourished.

- Wasting dropped from 6.9% in 2003 to 5.2% in 2014. Wasting is an indicator based on the weight-for-height ratio. Children with weight-for-height ratios below a reference point for their age group are considered thin (wasted) and are acutely malnourished.

- Underweight among children below five years dropped from 18.6% to 11.5% in 2003. Children are defined as underweight if their weight-for-age measurement is below a reference point for their age group. The measure considers both chronic and acute malnutrition.

3. Our impact analysis revealed that women’s empowerment has a positive impact on nutrition, with indicators on achievement and access to opportunities having the greatest influence. The results further show that:

- Women’s agency (reflected in indices such having control on household income, access to various channels of information and reduction in the time spent sourcing for water and firewood), access to productive resources (land) by women; achievement (women’s access to opportunities e.g. education and health) have a strong influence on household dietary diversity.
Increasing access to secondary education opportunities and employment for women are important for enhancing children nutrition, and in particular reduced stunting and wasting.

While enhancing the freedom of women from cultural practices such as FGM is associated with positive child nutritional outcomes, it was found to have no impact on nutrition.

**Implications for policy makers**

1. There is evidence to show that women’s empowerment has improved over the study period in Kenya, with women’s agency (decision making power), self-worth and esteem and achievement (access to education and opportunities such as employment) being the most improved.

2. Women’s empowerment has a positive impact on household and child nutritional with indicators on achievement and access to opportunities having the greatest influence. Food and nutrition policy could leverage on these domains to improve nutrition in Kenya.

3. The impact of women’s empowerment on nutrition is context specific. This suggests the importance of context-specific factors such as political will and community support in enhancing the effectiveness of women empowerment policies.

4. Overall, continued implementation of free primary and secondary education policies, gender equity in the provision of employment opportunities and policies promoting women access to productive resources in Kenya are critical in strengthening of women empowerment and nutritional outcomes in the country.

**References**
Mission

To strengthen local capacity for conducting independent, rigorous inquiry into the problems facing the management of economies in sub-Saharan Africa.

The mission rests on two basic premises: that development is more likely to occur where there is sustained sound management of the economy, and that such management is more likely to happen where there is an active, well-informed group of locally based professional economists to conduct policy-relevant research.

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