



Women and Food

Maintaining a nutritious, balanced diet is essential for good physical and mental health. Accessible and nutritious food contributes significantly to a healthy weight, resistance to infection, quality of life, protection against chronic disease and general wellbeing.¹

The Australian Guide to Healthy Eating¹ (see box below right) recognises that the world in which we live greatly influences what we eat, and that the social determinants of health have a huge impact on a person's experience with food and nutrition. For women, 'individual...food choices and dietary practices are strongly influenced by systemic, social and economic factors, including gender inequality'.²

Nutrition and health impacts

Food quality and quantity is known to affect women's health and risk of developing certain diseases, and in different ways to men:^{2,3}

- Excess energy from food contributes to obesity, which has a greater impact on the physical, reproductive, psychological and social well-being of women compared to men.⁴ Obesity in women is associated with early onset of puberty, infertility and complications in pregnancy.^{2,5} In 2014-2015, 56% of Australian women were overweight or obese.⁶
- Pregnant women, adolescents and older women are at higher risk of nutrient deficiency due to the physiological changes and additional nutrient requirements associated with the life stage.² Iron deficiency is among the most common nutrient deficiencies for women; almost 40 per cent of women aged 14-50 years having inadequate iron intake (compared to 3 per cent of men).⁷
- Suboptimal levels of vitamin D and calcium are risk factors for chronic diseases in women such as cardiovascular disease and osteoporosis.^{2,8} 91% of women over 50 do not consume sufficient calcium, compared to 60% of men.^{9,10}

Australian dietary guidelines recommend that women consume five serves of vegetables per day, two serves of fruit per day, at least two and a half serves of dairy foods per day and two and a half serves of lean meat and alternatives per day.¹⁰ However, only 4.2% of women met the vegetable intake recommendation, 7.2% the dairy recommendation and 5% the meat recommendation.²

A gendered issue

While biologically determined factors of sex, age and physiological stage of life affect women's fundamental nutritional needs, it is gender and other socially and environmentally determined factors that mediate women's access to, motivation for and capacity to make healthy food choices.² Gendered norms and social expectations influence women's diet, eating behaviours and health outcomes, contributing to and reinforcing gender inequality.²

The most recent Australian Health Survey indicates that 15% of women over 15 years of age reported being on a diet.¹¹

Peak women's health body Women's Health Victoria report that 'socially constructed idealised body image and normalisation of dieting and other weight control behaviours have influenced many young women to adopt a relationship with food that has little to do with nutrition'.² Being female is the strongest risk factor for the development of an eating disorder, and eating disorders are the third most common chronic illness among young women.²

Women's relationship with food is influenced by gender stereotypes around women as carers, home-makers, and the person in charge of domestic food responsibilities. Women, especially those with children, are largely responsible for purchasing, meal choice and preparing food in Australian households, and are therefore often

responsible not only for their own, but also their family's diet.¹² This can mean they often put their own nutritional needs after their families.² Increased participation by women in the workforce has *not* seen a decrease in their food-related chores; women still spend almost two and a half times as long on food preparation and clean up than men.²

The way in which food is marketed influences women's food choices and behaviours, and can perpetuate unhealthy gender stereotypes. For example, healthy, natural, diet conscious foods that are not as nutrient dense are often marketed to women, whereas heavier, meat based foods are marketed to men.² Such gender exploitative marketing can have negative health implications for both women and men, as it contributes to the unhealthy notion that women need to watch their weight, while also implying that healthy foods aren't for men.²

Food insecurity

Food insecurity exists "whenever the availability of nutritionally adequate and safe foods or the ability to acquire acceptable food in socially acceptable ways is limited or uncertain".¹³

"Food security exists when all people at all times have access to sufficient, safe, nutritious food to maintain a healthy and active life."¹³ It is based on four pillars - access, availability, utilisation and stability.¹⁴

Income is one of the most important determinants of food security. People who are unemployed, in single parent households and those in the two lowest wealth quintiles are at the greatest risk of food insecurity, a trend that has remained constant over time.² Twenty-three percent of single parent households in Australia are food insecure¹⁵, and with 88 percent of these households headed by women, poverty and food insecurity is more likely to have a significant effect on Australian women.¹⁶ Food insecurity impacts women's psychosocial wellbeing, and is associated with nutritional deficiency, stress, anxiety and depression and obesity.**Error! Bookmark not defined.**¹⁷

Access to adequate nutritious food is a basic human right, and is recognised as a key determinant of health and wellbeing.¹

These impacts are further compounded by the high cost of fresh and healthy produce, and when access to cheaper, less nutritious, energy-dense foods is readily available. State level research has shown that there are more fast food outlets in disadvantaged areas compared to least disadvantaged areas, which makes accessing unhealthy foods a

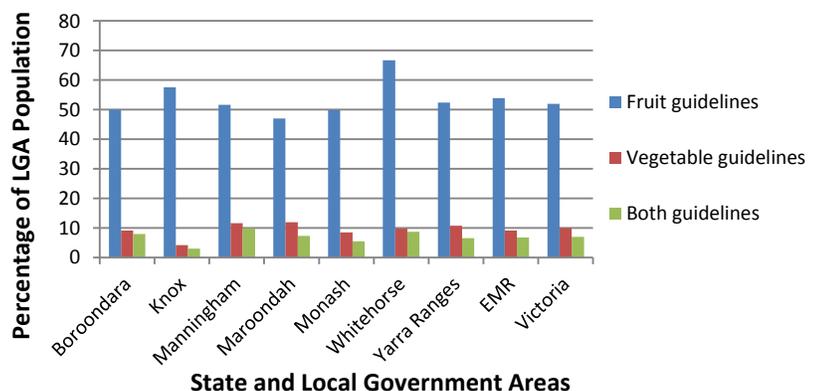
viable, and often the only, option.¹⁸ This can have implications for health of low socio-economic populations. For example, in 2014-15, more women living in areas of most disadvantage in Australia were more overweight or obese (61.1 per cent) than women living in areas of least disadvantage (47.8 per cent).⁶

Eastern Metropolitan Region (EMR)

Fruit and vegetable consumption data for the EMR from the Victorian Population Health Survey 2014¹⁹ show that:

- Females in Whitehorse (66.7%) are most likely to meet current guidelines for daily fruit intake and females in Maroondah (47%) are least likely.
- Females in Maroondah (11.86%) are most likely to meet the current guidelines for daily vegetable intake and females in Knox (4.1%) are least likely.
- More than half of females (53.93%) across the EMR met the dietary guidelines for fruit consumption, similar to Victorian females (51.91%); and 9.11% of females met the guidelines for vegetable consumption, similar to Victorian females (10%).

**Females Who Met Daily Fruit and Vegetable Guidelines, 2014
EMR and Victoria²⁰**



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