



Women and Nutrition

Maintaining a nutritious, balanced diet that comprises a wide variety of foods is essential for good physical and mental health.¹ Nutrition contributes significantly to a healthy weight, resistance to infection, quality of life and protection against chronic disease and premature death.² Accessible and nutritious foods are closely linked with the prevention and management of chronic disease, mental health, general wellbeing and social connection.³

Gendered Differences

Food quality and quantity is known to affect women's health, in different ways to men.⁴

- 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.⁵ Obesity in women is associated with early onset of puberty in girls, infertility, complications in pregnancy, type 2 diabetes and negative body image.^{5,6} Data from 2011-2013 indicated that 56% of Australian women are overweight or obese.^{6,7}
- Suboptimal levels of vitamin D and calcium are risk factors for chronic diseases in women such as cardiovascular disease and osteoporosis.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.⁶
- Women's individual dietary preferences and practices may present either health benefits or health risks. E.g. adolescent girls skipping meals for weight control, vegetarian and vegan diets, under nutrition and lack of appetite in older women.⁶

Determinants of food access, behaviours and health outcomes for women

'Food intake and eating behaviours impact on women's physical and psychological wellbeing in a complex interplay between the external environment and internal factors'.⁶ 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.⁶ 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'.⁶

Women are largely responsible for purchasing and preparing food in Australian households, especially those with children.⁸ Many women are therefore responsible not only for their own, but also their family's diet.⁸

The socioeconomic determinants of education, income and location strongly influence women's food access, behaviours and health outcomes in Australia.⁹ Women's nutritional experience is shaped by the environment in which food is prepared, shared and consumed.⁶ The following issues, which affect healthy eating, are more prevalent in women from lower socio-economic groups than women from higher socio-economic groups:

- Time constraints on food preparation due to work
- Lack of support from family members to eat healthier options
- Exposure to more fast food outlets in their local area⁸

Access to and affordability of healthy food can also influence women's food choices, especially in rural Victoria.⁹ In the outer eastern region of Melbourne, the key determinants of accessing and eating a nutritious diet are convenience (of preparation), physical access to nutritious foods and economic access to nutritious foods.¹⁰

"Women of low socio-economic status in Australia are less likely to adopt dietary practices consistent with the Australian Dietary Guidelines due to individual, social and environmental factors."⁶

Food Insecurity

The World Food Summit of 1996 defined food security as existing *“when all people at all times have access to sufficient, safe, nutritious food to maintain a healthy and active life”*¹¹

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”*¹²

Food insecurity in women is associated with nutritional deficiency, anxiety and depression, obesity, poor coping strategies and poor pregnancy outcomes.¹³ 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.¹⁴

Eastern Metropolitan Region (EMR)

In the EMR, the outer eastern catchment (Maroondah, Yarra Ranges and Knox) are more likely to experience food insecurity than the inner eastern catchment (Manningham, Whitehorse, Monash and Boroondara), metropolitan Melbourne, regional Victoria and Victoria as a whole.¹⁵

Local research from the EMR in 2007 asked respondents whether there had been any time in the previous 12 months where they had run out of food and could not afford to buy more.¹⁶ The results showed that:

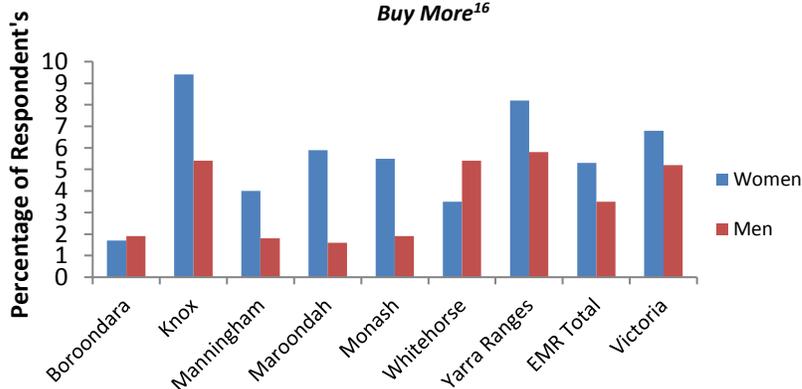
- Across the region, females were generally more likely than males to have experienced food insecurity during that time, the exception being in Whitehorse (and marginally in Boroondara).
- Females in Knox (9.4%) were most likely to have experienced food insecurity during that time, whereas females in Boroondara (1.7%) were the least likely.

Current Australian guidelines recommend a daily vegetable intake of five serves and a daily fruit intake of two serves for persons aged 19 years or more. Findings for the Victorian Population Health Survey 2008¹⁷ show that:

- Females in Whitehorse (61.6%) are most likely to meet current guidelines for daily fruit intake and females in Yarra Ranges (49.9%) are least likely.
- Females in Maroondah (12.6%) are most likely to meet the current guidelines for daily vegetable intake and females in Monash (8.8%) are least likely.
- More than half of females (55.0%) and 43.1% of males in the EMR met the dietary guidelines for fruit consumption, also similar to Victorian females and males (53.5% and 41.0% respectively).

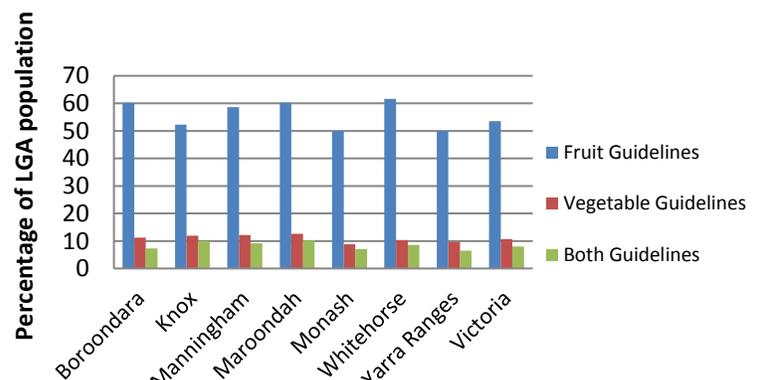
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Females and Males Who Ran Out of Food in the 12 Months prior to the 2007 Survey and Could not Afford to Buy More¹⁶



State, EMR and Local Government Area

Females Who Met Daily Fruit and Vegetable Consumption Guidelines, 2008 EMR and Victoria¹⁸



State and Local Government Areas

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