

Equity in social and development-studies research: Insights for nutrition

JODY HARRIS, Health and nutrition cluster, Institute of Development Studies, UK

NICHOLAS NISBETT, Health and nutrition cluster, Institute of Development Studies, UK

Contact the authors' at: j.harris@ids.ac.uk

Authors statement: *The authors declared not having any conflict of interest at the time of publishing.*

ABSTRACT

While much international nutrition research deals with certain aspects of equity, such as the disempowerment of women producing negative effects on nutrition outcomes, we argue that the nutrition field has only partly addressed equity issues in its research to date. The closely related disciplines of development studies and work on the social determinants of health have long histories of researching equity issues, and these ideas could be readily applied to research on global nutritional inequities. This paper reviews the treatment of equity in the relevant bodies of research and suggests ways in which international nutrition research could extend and deepen its treatment of equity issues using insights from these related fields of study.

INTRODUCTION

For some time now, food and nutrition research has acknowledged the importance of issues such as gender and income disparity in shaping interaction with development projects and national programmes, as well as in defining broader nutrition and health outcomes (Quisumbing et al 1995; Haddad 2015). However, poverty and patriarchy are just two of the many interacting facets of inequity that shape the lives of the nutritionally vulnerable. Access to services and systems (or the lack thereof) is also determined by issues such as life stage, ethnicity or race, geographic

location, sexual orientation, migratory status, literacy and disability, among other things, which are generally far less researched. Such marginalization, in turn, underpins disparities in nutrition and other outcomes, limiting human development and fuelling the transmission of disadvantage from generation to generation.

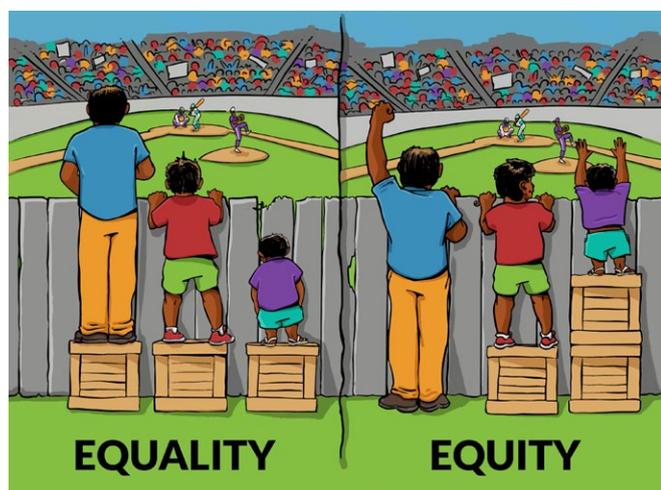
Such interlocking forms of inequity, marginalization or social exclusion have been studied for longer outside of the field of nutrition, most notably, in health research through work on the social determinants of health (Marmot et al 2008), as well as in broader development studies. Each of these fields treats the issue of equity in a more complete manner, so may be able to offer insights that would be useful to future research on food and nutrition.

Recognizing this, in 2017, the Agriculture for Nutrition and Health (A4NH) research programme commissioned a review of equity considerations throughout its work. This paper builds on that review and broadens the consultation to address equity in nutrition research more generally. It introduces the related concepts of marginalization, equity and equality and reviews them from the point of view of development studies and research into the social determinants of health. It suggests how nutrition researchers might consider the use of these concepts in their own work where equity is a factor. We hope that the paper will contribute to the nutrition equity debate and feed into discussions underway in the nutrition community on how to address the issue of equity more comprehensively in research.

CONCEPTUALIZING EQUITY

At the centre of much international nutrition research and practice is the unequal distribution of nutrition outcomes. Inequality of outcomes in nutrition and health – poorer sections of the population demonstrating greater rates of stunting, for example – are well recognized. It is also understood that such differences stem from disparities in the distribution of capabilities and resources, the fundamental factors that create broader inequities in access to underlying goods, services and knowledge. A focus on equity, therefore, naturally takes us into the realm of the 'basic' causes of malnutrition described in the UNICEF framework – issues highlighted as vital by the framework's creators (UNICEF 1990). Much nutrition research and practice has, however, focused on the potentially more tractable 'immediate' and 'underlying' levels to date. While inequality is assessed more frequently in nutrition than inequity however, most nutrition specialists understand the link between unequal outcomes and the inequitable processes that lead to them.

The concepts of equality and equity differ in subtle ways. They are both ethical concepts, generally seen as grounded in principles of moral equality: that all people count and should be treated as equals (Jones 2009). Equity and equality are thus normative concepts, based on how we think the world should be, but no more so than, say, aiming for economic growth or human rights, which are also choices based on value systems.



Equality is generally seen as being founded on aggregative principles, the same efficiency and utility principles underpinning much of development economics. This approach requires that social goods be distributed to achieve the “highest average levels of a good” (such as nutrition and health) and is, therefore, focussed on outcomes (Jones 2009).

Equity, in contrast, is founded on distributive justice (the socially just allocation of goods) (Jones 2009). This approach is not about final distribution, but about how that distribution is undertaken, so is focused on process. Equity requires “fair distribution according to need” or specific characteristics, such as populations marginalized by different personal or geographic attributes, or those most vulnerable to poor nutrition.

In common usage - whether in research or in practice - equity and equality have been used interchangeably. While there are important semantic differences in the concepts these words embody (not least the difference in focus on outcome or process), what matters in practice - and the definition that we adopt here - are *the complex and mutually reinforcing pathways between inequitable processes and unequal outcomes*. Unequal outcomes in, for example, an individual's health or education are tied to inequitable access to basic services, resources and political redressal. Inequalities in health and education outcomes are, themselves, inequities at the heart of further inequalities in the income and livelihood, life expectancy and opportunities available to future generations.

EQUITY IN DEVELOPMENT STUDIES AND HEALTH RESEARCH

Inequity and inequality have long been a central focus of the social sciences, given that sociology arose to explain the social differences arising from rapidly industrialising societies in the late 19th and early 20th centuries (Caillods and Denis 2016). Such attention has waxed and waned with broader geopolitical and economic trends, but there has been a renewed round of interest in inequality as ever-greater income disparities have opened up in Western economies over the past decades – suggesting a reversal in historical rates of progress (Piketty 2015) – amid broader evidence that unequal societies perform less optimally on a wide range of development indicators (Wilkinson and Pickett 2010, as cited in Caillods and Denis 2016). This has encouraged further debate on the multiple causes of other forms of inequality – political, social, cultural, environmental, spatial and access to knowledge (Leach et al 2016) – at both the national and global levels.

One of the most notable ways in which inequity and inequality have been understood within development studies is in terms of their multidimensionality, or 'intersectionality' with causes of marginalization tending to cluster together, intersecting and reinforcing each other. This makes some groups highly vulnerable to 'syndemic' diseases that interact with social vulnerabilities and other health conditions to synergistically enhance negative impacts (Singer et al 2017). Examples of these wider considerations include the intergenerational transmission of disadvantage in populations (including poverty, hunger, ill health and nutritional status); socio-cultural and institutional disadvantages, including detrimental norms related to gender roles, caste or ethnicity, geographical disadvantage¹ and chronic poverty, where many of these disadvantages come together and accrue into self-sustaining patterns of inequity and inequality (Jones 2009).

Underpinning this understanding of equity and equality is therefore a concern with power relations, as inequity and marginalization are ultimately caused by specific political and policy processes which are built on power imbalances. These power imbalances can occur at micro and macro levels, whether determining local access to services and broader agency, voice and representation in local decision making; or voice and representation in broader political decision making.

Imbalances of power tend to dictate what is available as evidence, knowledge or ideas and the framing of particular problems. This then leads to disparities in possible solutions² and the foreclosure of alternatives to the status quo (which tends to disadvantage marginalized groups to the benefit of existing elites).

Using power analysis (Sriram et al 2018) to understand this relationship between power and the political processes at

various levels is critical to 'denaturalising' forms of inequity and inequality in contemporary societies (i.e. to oppose the assumption that groups are poor for purely 'natural' reasons to do with resources, or because of their physical or intellectual characteristics) – an approach at the heart of two important and influential perspectives on entrenched inequities in health (Box 1).

Box 1. TWO HEALTH PERSPECTIVES ON ENTRENCHED INEQUITY – STRUCTURAL VIOLENCE AND THE SOCIAL DETERMINANTS OF HEALTH

"Structural violence is often embedded in longstanding 'ubiquitous social structures, normalized by stable institutions and regular experience'. Because they seem so ordinary in our ways of understanding the world, they appear almost invisible. Disparate access to resources, political power, education, health care and legal standing are just a few examples."

(Farmer et al 2006, p.1686)

"If systematic differences in health for different groups of people are avoidable by reasonable action, their existence is, quite simply, unfair. We call this imbalance health inequity..."

... [t]his unequal distribution ... is not in any sense a natural phenomenon but is the result of a combination of poor social policies and programmes, unfair economic arrangements and bad politics."

(Marmot et al 2008, p.1661)

Such applications have helped shift the focus from approaches that centre on the immediate manifestations of such inequities in terms of curative interventions, or public-health approaches concentrated on individual risk and behaviour, to broader and more preventative strategies that recognise individual outcomes and behaviours as being rooted in broader social and political processes that can be stemmed more effectively upstream (for an example of this in HIV/AIDS treatment, see Farmer et al (2006)).

The Commission on the Social Determinants of Health, for example, identified the need for a triple-track approach, focused on (1) improving a wide variety of efforts to tackle the daily living conditions that cause health problems, rather than the health problems themselves; (2) tackling the inequitable

¹ Where marginalized groups tend to be further from both political and economic power and important services, including access to health and agricultural extension services.

² A classic example being the focus on male farming practices/agronomy in agricultural research and extension, when it is now known that more women work in farming in most contexts, particularly in sub-Saharan Africa.

distribution of power, money and resources (requiring all sectors to work in partnership but, in particular, a strong equity-focused public sector and associated governance reforms); and (3) constant attention to both inequity-focused analysis (suitably disaggregated to highlight distributional differences between different groups) and the effectiveness of equity-focused solutions (Marmot et al 2008).

There are, therefore, some important concepts stemming from these disciplines which might usefully be applied to nutrition research on equity, such as the interaction and intersectionality of aspects of marginalization in creating inequity, the role of power among different groups in structuring inequity, and the need to focus explicitly on inequity in order to tackle it.

APPROACHES TO EQUITY IN FUTURE NUTRITION RESEARCH

A number of examples of applying equity and equality lenses to nutrition research already exist. A framework guiding this research might be broken down according to how inequities affect the various pathways to nutritional inequality described by the UNICEF framework. Within the 'food' pathways, for example, work on the social determinants of inequities in healthy eating has mapped available evidence on the direct (food system) and indirect pathways that influence "[w]hat, when, where and how much people eat" (Friel and Ford 2015, p.437). Evidence of governance and policy levers that influence broader socioeconomic, political and cultural contexts are also mapped (for example, the regulation of unhealthy food advertising, or agricultural and trade policy), in addition to types of intervention that influence the daily living conditions relevant to healthy eating (for instance, educational or workplace-based initiatives, broader access to nutrition knowledge through healthcare services and the governance of physical space and food retail) (Friel and Ford 2015).

A social-determinant perspective, therefore, already illustrates the types of analysis and intervention implied by an 'equity' framing of nutrition research and practice. There has not yet been an attempt to map what a comprehensive approach to equity and equality in nutrition research would look like across a research portfolio, however, and it is likely that measuring the different aspects of equity would be difficult instrumentally. A systematic review of existing work and an assessment of the gaps, while beyond the scope of the current paper, will be an important next step for the nutrition research community.

Nutrition researchers are often faced with seemingly intractable systemic inequities, and it is tempting to conclude that while we might all wish these away, there is little that can be done to address them. Broader development-focused frameworks, however, have outlined the types of policies and approaches known to affect equity and equality, for example policies focused on education and social protection; policies working at a macro-level focusing on macroeconomic investment in infrastructure or fiscal redistribution; and legislation prohibiting discrimination (Leach et al 2016). As a guide for thinking through these ideas, one useful set of principles for an equity agenda can be found in Table 1,³ alongside the implications for researchable nutrition actions.

³ This was a significant review in the field of development studies, summarising a large body of perspectives and research within the discipline. The authors have, therefore, used this framework as a catalyst to suggest new and as yet largely unexplored forms of nutrition equity research.

Table 1. PRIORITIES FOR AN EQUITY AGENDA (JONES 2009, P.26) AND IMPLICATIONS FOR NUTRITION (AUTHOR CONTRIBUTION)

Priorities for an equity agenda	Implications for nutrition
<p>1. Providing fair access to universal public services This means prioritising universal access to public services, such as health and education, and improving their quality by stepping up delivery and strengthening underlying institutions. Infrastructure and law and order are also crucial. Services should be free at the point of delivery wherever possible, and where this is not possible, arrangements should be made to ensure that poor people are not excluded.</p>	<ul style="list-style-type: none"> • Universal access to nutrition services, such as growth monitoring and the treatment of acute malnutrition. • Universal access to services relating to the underlying determinants of nutrition, such as health services, immunization, agricultural extension, nutrition education and safe drinking water. • Clear process for ensuring that specific groups are not excluded from access.
<p>2. Targeted action for disadvantaged groups Government spending should favour disadvantaged regions or groups. Quotas can support access to employment for certain excluded groups. Services targeted at these groups are crucial (e.g. education for girls), as is providing assistance at key stages of development, such as early childhood. Empowering these groups is vital, in addition to strengthening organizations such as producer associations or collectives, social movements and trade unions.</p>	<ul style="list-style-type: none"> • Disadvantage refers to those who are both socio-culturally disadvantaged (by ethnicity or gender, for instance) and nutritionally disadvantaged (in any way pertaining to the immediate, underlying or basic causes of malnutrition). • Traditionally, young children and pregnant and lactating women have been deemed particularly disadvantaged when it comes to nutrition and to be the groups that would benefit most from intervention. • More recently, other groups have been identified, such as adolescent girls and the elderly. • These disadvantages intersect with other entrenched forms of socio-cultural exclusion and lead to significant pockets of nutritional disadvantage, e.g., among the Adivasi communities in India or Mayan communities in Latin America.
<p>3. Social protection Social protection should be provided to ensure that nobody drops below a minimum level of wellbeing, beyond which unmet need will create cycles of disadvantage. Options include payments such as social insurance or basic income grants, conditional transfers to promote human development, minimum wage policies, guaranteed government employment programmes and labour-market regulations to those in employment.</p>	<ul style="list-style-type: none"> • Social protection can provide a nutritional safety net, either in the form of cash (where there are functioning food markets) or through the direct provision of food (where this will not undermine local coping mechanisms). • In some cases, the provision of social protection may be conditional on compliance with certain nutrition-related conditions, such as attendance at growth-monitoring or immunization clinics.
<p>4. Redistribution 'Downstream' action is required to improve equity by reducing inequality. Progressive taxation can help if the additional fiscal resources are used to fund interventions that support equity. Other priorities include lowering taxes on staple goods and levying taxes on property; inheritance tax is key. Land reform is also crucial and redistribution may be required to provide the poor with productive assets.</p>	<ul style="list-style-type: none"> • Land reform and title is important to redress basic societal inequities and may also be particularly important for broader agri-nutrition pathways, including own-food consumption, income and women's labour/time availability. • Fiscal- and trade-policy stimuli to make nutrient-dense foods more affordable would increase equitable access to nutritious diets. • Taxes on 'unhealthy' foods might be considered an equity intervention if the funds collected were reinvested in making other foods more affordable.
<p>5. Challenging embedded imbalances of power Power dynamics can cause and sustain inequity. Tackling harmful imbalances of power takes time, and the empowerment of disadvantaged people must be combined with improving accountability mechanisms and reforming democratic institutions. It is important to build a vibrant civil society and an independent media. Addressing unhelpful attitudes and beliefs can also help foster social cohesion and build a pro-equity social contract.</p>	<ul style="list-style-type: none"> • Imbalances of power – including between multinational food firms and small farmer suppliers, as well as between different groups of consumers – can be identified and addressed to make food systems more equitable. • Imbalances of power – including between those who make food and nutrition policy and those who are affected by it – can be addressed by supporting participation and accountability, for instance, through rights-based approaches.

From this and other recent reviews of equity policy and research, we suggest the following future areas of focus for future nutrition research on equity. This is a tentative list based on the prominent themes in the aforementioned areas; we suggest a further systematic review of the literature to help define such areas more comprehensively.

At a minimum, aspects of marginalization need to be considered more explicitly and comprehensively in data analysis in order to understand the inequality of outcomes.

Disaggregate data on multiple axes of marginalization.

Nutrition research will need to work to understand and highlight differences in nutrition outcomes along the most pertinent axes of marginalization in a given context and to find appropriate proxy indicators. This work will need to include appropriate comparison groups, as studies of equity and equality will always require a comparator (for example, poorest and least poor, men and women, dominant and marginalized ethnic groups, etc).

Consider the interaction between such variables and the outcomes of interest to discover mutually reinforcing 'intersectional' factors of inequity.

Even more important will be to understand how these aspects of marginalization interact to produce even more entrenched and damaging inequalities. There are certainly some 'quick wins' in researching equality of outcomes through comparisons among categories of marginalization such as wealth, land access and gender. Beyond this, it will be important to look at how different aspects of marginalization intersect to produce negative nutrition outcomes and look at the consequences (intended or unintended) of interventions for various groups that are likely to be marginalized in different contexts.

There is also, however, a need to understand some of the inequitable social and political systems, structures and processes that bring about marginalization in the first place.

Undertake research on the equitable delivery of services, including appropriate delivery channels and the targeting of specific groups, as well as broader food and health-system research. On access to public services, this can include researching coverage of delivery channels for the marginalized, reviewing health-service interventions

for greater equity of access and studying health-system strengthening processes with a view to improving nutritional outcomes (Barros et al 2010; Chopra et al 2012; Thomas et al 2015). On targeted action for marginalized groups, Carrera et al (2012) identifies greater impacts on stunting by focusing on the marginalized. UNICEF believes there is further scope to evaluate food and health interventions and policies along these lines (UNICEF 2017). A growing literature on redistribution through taxation on different foods, as well as land redistribution, could equally be evaluated for differential impacts on the nutrition of marginalized groups.

Bring power analysis into an understanding of what and who shapes nutrition policy processes.

Political or social research with a focus on power relations as underpinning equity can uncover where the power lies in food and health systems in order to address it. It can also look at how, for example, political approaches (such as food sovereignty) can complement the longer-term socio-political restructuring approaches that health and nutrition equity requires (Weiler et al 2015).

These approaches to equity and equality research are not mutually exclusive. For instance, social protection can also be combined with rights- and legislation-based strategies to tackle disadvantage in systems of 'transformative social protection' (Devereux and Sabates-Wheeler 2004). There is also scope to research the impacts of these combined approaches for nutrition in marginalized groups.

Work on equity in nutrition can, therefore, usefully be informed by existing conceptual and practical work in the field of development studies, in particular the field of health equity research, and there is a wide range of work left to be undertaken on equity in nutrition. There are differences in definition and emphasis in equity research in different research traditions, but concepts such as marginalization, intersectionality and power relations can take nutrition research forward into new ways of understanding how nutritional inequalities develop and become intergenerationally entrenched for different groups of people and how inequity can be tackled at source.

Acknowledgements

Time spent on writing this paper was funded under various projects for the Agriculture for Nutrition and Health (A4NH) research programme of the CGIAR.

References

- Barros FC, Victora CG, Scherpbier RW and Gwatkin D (2010) Health and nutrition of children: equity and social determinants. In Blas E and Kurup AS (eds.) *Equity, social determinants and public health programmes* pp.49-69. World Health Organization (WHO): Geneva. http://apps.who.int/iris/bitstream/handle/10665/44289/9789241563970_eng.pdf;jsessionid=8B1552684408D89BA120E95FAB42A401?sequence=1.
- Caillods F and Denis M (2016) Social science challenges inequalities: general introduction. In International Social Science Council (ISSC), Institute of Development Studies (IDS) and the United Nations Educational, Scientific and Cultural Organization (UNESCO) (2016) (eds.) *World Social Science Report. 2016 – Challenging Inequalities: Pathways to a Just World* pp.18-25. UNESCO and ISSC: Paris. <http://unesdoc.unesco.org/images/0024/002458/245825e.pdf>.
- Carrera C, Azrack A, Begkoyian G, Pfaffmann J, Ribaira E, O'Connell T, Doughty P, Aung KM, Prieto L, Rasanathan K, Sharkey A, Chopra M and Knippenberg R (2012) The comparative cost-effectiveness of an equity-focused approach to child survival, health, and nutrition: a modelling approach. *The Lancet* 380(9850): 1341-51. <https://pdfs.semanticscholar.org/24eb/09c0a0f44e5703bbcdfaa1f24ab2f6539760.pdf>.
- Chopra M, Sharkey A, Dalmiya N, Anthony D and Binkin N (2012) Strategies to improve health coverage and narrow the equity gap in child survival, health, and nutrition. *The Lancet* 380(9850): 1331-40. <https://ir.lib.uwo.ca/cgi/viewcontent.cgi?referer=http://scholar.google.it/&httpsredir=1&article=1214&context=aprci>.
- Devereux S and Sabates-Wheeler R (2004) *Transformative social protection*. Institute of Development Studies (IDS) Working Paper 232. IDS: Brighton, UK. <http://www.ids.ac.uk/files/dmfile/Wp232.pdf>.
- Farmer PE, Nizeye B, Stulac S and Keshavjee S (2006) Structural Violence and Clinical Medicine. *PLoS Medicine* 3(10): e449. <http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.0030449#s2>.
- Friel S and Ford L (2015) Systems, food security and human health. *Food security* 7(2): 437-51. <https://link.springer.com/article/10.1007/s12571-015-0433-1>.
- Haddad L (2015) Equity: Not Only for Idealists. *Development Policy Review* 33(1): 5-13. <https://onlinelibrary.wiley.com/doi/pdf/10.1111/dpr.12089>.
- Jones H (2009) *Equity in development: Why it is important and how to achieve it*. Working paper 311. Overseas Development Institute (ODI): London. <https://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/4577.pdf>.
- Leach M, Gaventa J, Justino P, Caillods F and Denis M (2016) Challenging inequalities: pathways to a just world – key messages and main contributions. In International Social Science Council (ISSC), Institute of Development Studies (IDS) and the United Nations Educational, Scientific and Cultural Organization (UNESCO) (2016) (eds.) *World Social Science Report 2016 – Challenging Inequalities: Pathways to a Just World* pp.26-32. UNESCO and ISSC: Paris. <http://unesdoc.unesco.org/images/0024/002458/245825e.pdf>.
- Marmot M, Friel F, Bell R, Houweling TA and Taylor S on behalf of the Commission on Social Determinants of Health (2008) Closing the gap in a generation: health equity through action on the social determinants of health. *The Lancet* 372(9650): 1661-9. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(08\)61690-6](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(08)61690-6).
- Piketty T (2015) About capital in the twenty-first century. *American Economic Review* 105(5): 48-53.
- Quisumbing AR, Brown LR, Feldstein HS, Haddad L and Peña C (1995) *Women: The key to food security*. Food Policy Statement 21. International Food Policy Research Institute (IFPRI): Washington, DC. <http://archive.unu.edu/unupress/food/8F171e/8F171E0g.htm>.
- Singer M, Bulled N, Ostrach B and Mendenhall E (2017) Syndemics and the biosocial conception of health. *The Lancet* 389(10072): 941-50.
- Sriram V, Topp SM, Schaaf M, Mishra A, Flores W, Rajasulochana SR and Scott K (2018) 10 best resources on power in health policy and systems in low- and middle-income countries. *Health Policy and Planning* 33(4): 611-21. <https://academic.oup.com/heapol/article/33/4/611/4868632>.
- Thomas D, Sarangi BL, Garg A, Ahuja A, Meherda P, Karthikeyan SR, Joddar P, Kar R, Pattnaik J, Druvasula R and Dembo Rath A (2015) Closing the health and nutrition gap in Odisha, India: A case study of how transforming the health system is achieving greater equity. *Social Science & Medicine* 145: 154-62. https://ac.els-cdn.com/S0277953615003421/1-s2.0-S0277953615003421-main.pdf?_tid=bc679c55-708a-4a14-96c3-3c6cbd c79d28&acdnat=1527788757_743ae90be8c901eae78c3bd242058217.
- United Nations Children's Fund (UNICEF) (1990) *Strategy for improved nutrition of children and women in developing countries*. UNICEF Policy Review. UNICEF: New York.
- United Nations Children's Fund (UNICEF) (2017) *Narrowing the gaps: The power of investing in the poorest children*. UNICEF: New York. https://www.unicef.org/publications/files/UNICEF_The_power_of_investing_in_the_poorest_children.pdf.
- Weiler AM, Hergesheimer C, Brisbois B, Wittman H, Yassi A and Spiegel JM (2015) Food sovereignty, food security and health equity: a meta-narrative mapping exercise. *Health Policy and Planning* 30(8): 1078-92. <https://academic.oup.com/heapol/article/30/8/1078/555203>.
- Wilkinson R and K Pickett (2010) *The Spirit Level: Why Equality Is Better for Everyone*. Penguin: London.



FAO/PABALLO THEKISO