

Advocacy for Healthy Diets: Nutrition Brief Series

Nutrition Brief 3 of 6 – Women’s Right to Food

Women Eating Last and Least

Authors: Sylvie Chamois, Nutrition Specialist, UNICEF India; Aastha Singh, Knowledge Management for Nutrition, UNICEF India; Sarita Anand, Professor, Lady Irwin College, New Delhi; Shivika, PhD Scholar, Lady Irwin College, New Delhi



A group of adolescent girls enjoy a light moment together, Bajitpur, Patna, Bihar | India © UNICEF/UN0825657/Das

1. Background

The Sustainable Development Goal 2 – Zero Hunger, is about creating a world free of hunger by 2030. However, despite robust efforts to ensure people have food to eat, estimates show that more than one-third of people in the world – about 2.8 billion – could not afford a ‘healthy diet’ in 2022¹. This is important because malnutrition is not merely about “under”-nutrition (not enough food) or “over”-nutrition. Hidden hunger or micronutrient deficiency is also widely present and concerning. Today, many countries are facing this triple burden of malnutrition². Low-income countries have the largest percentage of the population that is unable to afford a healthy diet (71 percent) compared with upper-middle-income countries (22 percent) and high-income countries (6 percent)³.

In India, about 19 percent (one fifth) of women were found to be undernourished (NFHS-5, 2019/21). Besides thinness (too thin for their height), stunting (very short stature due to growth retardation in the early childhood) and overweight/ obesity problems owing to women’s poor diets, deficiencies of key micronutrients (e.g., iron, folate, vitamins B12) are widely prevalent amongst girls and women in India. According to NFHS-5, 57 per cent women in reproductive age group (15-49 years) were found to be anaemic of which, 59 per cent were adolescent girls (15-19 years). Poor dietary intake results from the complex

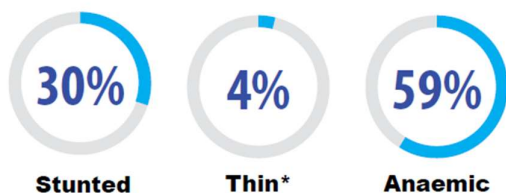
¹ FAO, IFAD, UNICEF, WFP and WHO, [The State of Food Security and Nutrition in the World 2024 – Financing to end hunger, food insecurity and malnutrition in all its forms](#), Rome, 2024.

² [Official website, UNICEF Global, Nutrition landing page.](#)

³ FAO, IFAD, UNICEF, WFP and WHO, [The State of Food Security and Nutrition in the World 2024 – Financing to end hunger, food insecurity and malnutrition in all its forms](#), Rome, 2024.

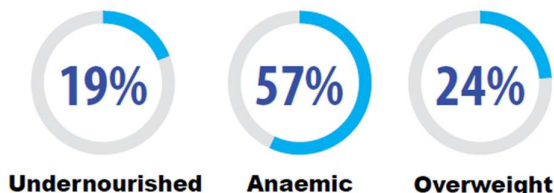
interplay of various socio-cultural and economic factors, ranging from poor care practices at household and community levels, food taboos and biases to poverty, food unavailability, lack of awareness, etc.

Adolescent girls 15–19 years old



* CNNS, 2016–2018

Women 15–49 years old



Data source: NFHS-5, 2021

Nutrition status of adolescent girls and women in India, national surveys of 2016-18 & 2019-21

While factors like agriculture, climate, markets, supply chains, economic disruptions, and more are important facets in the food system, social dynamics like norms, beliefs, discriminatory cultural practices, etc. are also important factors dictating food availability, access, preparation, and consumption. Studies show that gender-based disparities in food access and consumption can lead to malnutrition and poor health outcomes, particularly among children and women⁴.

According to UN Women, as of 2024, approximately 60 percent of the 354 million severely hungry people worldwide were girls and women⁵. This staggering statistic reflects more than just food insecurity⁶. Deep-rooted gender biases embedded in cultural practices, are a key contributor to why girls and women comprise over half the world's undernourished population. One enduring practice particularly prevalent during mealtimes in India is that girls and women serve men and boys first and only eat after they finish. As a result, girls and women eat last, and often, they eat the least, thus receiving smaller portions or lower-quality food, which limits their nutritional intake⁷.

2. Digging deeper: The problem

Girls and women in India face many forms of discrimination throughout the life course. Unequal food distribution within households is one of the many gender-discriminatory behaviours prevalent across the northern parts of the country. Patriarchal traditions dictate that women and girls serve men and boys first and only eat after they have finished. This is most common in conservative households in states like Bihar, Rajasthan, and Uttar Pradesh⁸. Although some families might explain the practice of women eating last as an appropriate way for them to show respect for their husbands and in-laws, or as a practical way to ensure that everyone other than the cook can eat hot roti (flat breads), this practice has observable negative

⁴ Shetty, P. (2018). [Nutrition sensitive agriculture to achieve better nutritional outcomes](#). *European journal of clinical nutrition*, 72(9), 1296-1299.

⁵ Jemimah Njuki and Carla Kraft, [Op-ed: How conflict drives hunger for women and girls](#), UN Women, March 2024.

⁶ Based on the [1996 World Food Summit](#), food security is defined when all people, at all times, have physical and economic access to sufficient safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life. The 4 dimensions of food security are: [1] Physical *availability* of food, [2] Economic and physical *access* to food, [3] Food *utilization* and [4] *Stability*/ sustainability of 3 dimensions | [What is Food Security? There are Four Dimensions](#)

⁷ Habiba Alambo, [The Last to Eat: Gender Bias and Global Nutrition](#), Soroptomist International, October 2024.

⁸ Habiba Alambo, Habiba Alambo, Habiba Alambo, Habiba Alambo, HYPERLINK "<https://www.soroptomistinternational.org/the-last-to-eat-gender-bias-and-global-nutrition/>"[The Last to Eat: Gender Bias and Global Nutrition](#),,,, Soroptoomist International, October 2024, October 2024, October 2024.

consequences for girls and women's nutrition⁹. Women eating the last and least is an important discriminatory behaviour both because it emphasises [1] women's unequal social position¹⁰ and [2] health consequences¹¹ – both key bottlenecks for consideration and interventions.

In 2011, the India Human Development Survey (IHDS) first quantified this behaviour by asking women: "When your family eats lunch or dinner, do the women usually eat with the men? Or do the women usually eat first? Or do the men usually eat first?". The Social Attitudes Research, India (SARI) dataset asked respondents the same question in 2016. From almost 60 percent of women in rural Uttar Pradesh to about 30 percent in Delhi reported that men in their households eat first. There was no discernible improvement in the prevalence of this practice between the two surveys, done five years apart. In fact, in Delhi, a higher percentage of women reported eating last in 2016 compared to 2011¹². This is a significant roadblock to nutrition. The IHDS dataset also shows that women who live in households where men eat first are more likely to be underweight than women who live in households where men do not¹³.

While both SARI and IHDS explore whether women eat with the family or not, there was limited empirical evidence that girls eat after boys. However, a 2024 paper titled "*Who eats last? Intra-household gender inequality in food allocation among children in educationally backward areas of India*" shows that 28 percent of the households followed the practice of girls eating after boys¹⁴. As they grow to become women, malnourished girls are less likely to perform well in school, reducing their future earning potential and reinforcing cycles of poverty¹⁵.

3. What happens when girls and women eat the last and the least?

The daily reality of girls and women involves a variety of responsibilities including caregiving, cooking, feeding, and household maintenance. When women and girls finally sit to eat after serving the family, they frequently eat the remaining food in a hurry. Thus, girls and women have consistently been shown to consume less food or lower quality food relative to their male counterparts¹⁶. This is a matter of concern not only from an equity perspective but also because inadequate nutrition and poor health status among adolescent girls and women is likely to be transferred to the next generation through reproductive channels, perpetuating the generational cycle of malnutrition and poor growth¹⁷. Women's insufficient nutrient intake combined with lower education levels and socio-economic status adversely impacts their behaviours pertaining to self-care and affect their nutritional status, the growth of the foetus when they are pregnant

⁹ Hathi, Payal, Diane Coffey, Amit Thorat, and Nazar Khalid, [When women eat last: Discrimination at home and women's mental health](#), International Growth Center, PLoS one 16, 2021: e0247065.

¹⁰ It is important to note that the meal-time practice of girls eating after boys is highly positively correlated with several other gender discriminatory attitudes and practices in the household. (Ghatak et al. 2024).

¹¹ Hathi, Payal, Diane Coffey, Amit Thorat, and Nazar Khalid, [When women eat last: Discrimination at home and women's mental health](#), International Growth Center, PLoS one 16, 2021: e0247065.

¹² One possible explanation that the authors acknowledge for this is that SARI collected data telephonically. Perhaps some women felt more comfortable answering candidly owing to different survey methodologies of SARI and IHDS.

¹³ Coffey, Diane, Payal Hathi, Nidhi Khurana, and Amit Thorat, HYPERLINK "https://www.researchgate.net/publication/322492420_Explicit_prejudice_Evidence_from_a_new_survey" [Explicit prejudice: Evidence from a new survey](#), Economic and Political Weekly 53, no. 1, 2018.

¹⁴ Dipanwita Ghatak, Soham Sahoo, Sudipa Sarkar & Varun Sharma, [Who eats last? Intra-household gender inequality in food allocation among children in educationally backward areas of India](#), Population Studies, 2024.

¹⁵ Atalanti Moquette, and Emma Feutl Kent, [Why tackling malnutrition matters for women's empowerment](#), Global Nutrition Report, March 2021.

¹⁶ Dipanwita Ghatak, Soham Sahoo, Sudipa Sarkar & Varun Sharma, [Who eats last? Intra-household gender inequality in food allocation among children in educationally backward areas of India](#), Population Studies, 2024.

¹⁷ Dipanwita Ghatak, Soham Sahoo, Sudipa Sarkar & Varun Sharma, [Who eats last? Intra-household gender inequality in food allocation among children in educationally backward areas of India](#), Population Studies, 2024.

and the malnutrition prognostic for their children¹⁸. In fact, maternal malnutrition is estimated to account for 20 percent of childhood stunting.

Evidence indicates a strong association in the improvement of the nutritional status of girls and women (15–49 years old) with a reduced incidence of babies born with a low birth weight (< 2.5 kg). Moreover, it is reported that women who were stunted during their childhood (low height-for-their-age – also called growth retardation) remain stunted during their adulthood and have a higher risk of having stunted offspring. It is important to note that all forms of maternal malnutrition (stunting, wasting, micronutrient deficiencies and overweight/ obesity) adversely impact pregnancy outcomes¹⁹.

From a policy perspective, the unequal allocation of food that results from this practice [of women eating last and least] means that resources and developmental aid provided at the household level may not reach the intended beneficiaries, that is, those most at risk of malnutrition. Therefore, increased understanding of intra-household food allocation mechanisms could help design more targeted nutrition interventions²⁰.

4. Key drivers: Why are girls and women eating last and least?

The practice of girls and women eating last and the least is a widespread yet often overlooked form of gender-based discrimination. Deeply embedded in socio-cultural norms, economic constraints, and household dynamics – there is a complex interplay of various factors which perpetuate the continuity of this practice.

Some commonly identified key drivers of the practice are:

Cultural norms and gendered food hierarchies: Such as gendered mealtime practices: Girls and women often serve food first to male members, leaving themselves with whatever remains—sometimes insufficient or of lower nutritional value; Patriarchal norms: In many societies, particularly in South Asia, men’s nutritional needs are prioritised over those of girls and women and; Perceived nutritional needs: There is a common but misguided belief that girls and women require lesser food than boys and men²¹.

Time poverty amongst women: Women, and to some extent adolescent girls, often bear the burden of unpaid labour, including household chores, childcare, and agricultural work. The demands of these responsibilities frequently lead them to delay or skip meals altogether. Unlike men, who may have more structured mealtimes, women’s eating patterns are dictated by their workload, leading to irregular and inadequate food intake²².

Economic constraints and resource scarcity: Such as food insecurity: In low-income households, food is rationed, and cultural norms dictate that men and children (especially boys) receive priority; Lack of financial autonomy: Men often control food purchases and household income, leaving women with limited decision-making power over food choices and allocation and; The double burden: Women who work outside the home may still be expected to manage domestic responsibilities, increasing their vulnerability to both malnutrition and exhaustion²³.

¹⁸ Shoba Suri. [Why Women Face More Food Insecurity Than Men](#). Observer Research Foundation. May 2022.

¹⁹ Shoba Suri. [Why Women Face More Food Insecurity Than Men](#). Observer Research Foundation. May 2022.

²⁰ Dipanwita Ghatak, Soham Sahoo, Sudipa Sarkar & Varun Sharma. [Who eats last? Intra-household gender inequality in food allocation among children in educationally backward areas of India](#). Population Studies. 2024.

²¹ Miller, Barbara D. [Social class, gender and intrahousehold food allocations to children in South Asia](#). Social Science & Medicine 44, no. 11. 1997.

²² Lentz, Erin C., Sudha Narayanan, and Anuradha De. [Last and least: Findings on intrahousehold undernutrition from participatory research in South Asia](#). Social Science & Medicine 232. 2019.

²³ Madjidian, D. S. [Gender, intra-household food allocation and social change in two Himalayan communities in Nepal](#). In Diversity and change in food wellbeing. Wageningen Academic. 2018.

How caste and class shape the practice: Findings from a study on intra-household food allocation in India across four states highlights how caste and class influence the practice of women eating last and least. Scheduled Tribe (ST) households are less likely to follow the practice of girls and women eating last, possibly due to more egalitarian gender norms in some tribal communities. Scheduled Caste (SC) and Other Backward Class (OBC) households often display higher adherence to this practice, potentially as a means of emulating higher-caste customs. Economic status plays a crucial role as well. Lower-income households are more likely to follow gender-discriminatory food allocation patterns, as resource scarcity forces prioritisation of certain household members over others²⁴.

Gender and life cycle factors: Such as early socialisation: Girls often witness their mothers eating last, internalising the practice and continuing it into adulthood; Son preference: Families often prioritise boys in food distribution, leading to nutritional disadvantages for girls from childhood. This is exacerbated in larger families with a higher proportion of boys, as sons are viewed as future economic providers²⁵ and Adolescent and maternal malnutrition: The lack of adequate nutrition before the conception of a child affects adolescent girls and women's health during pregnancy, reinforcing malnutrition in future generations.

Education, agency, decision-making: Such as impact of education on autonomy: Women with higher levels of education are more likely to participate in household decision-making, including those related to food distribution (NFHS-5, 2019/21). Education enhances their ability to advocate for their own and their children's nutritional needs. In fact, research shows that health and nutrition outcomes in families improve when girls and women receive the education they deserve; Digital access and awareness: Limited access to digital education restricts girls and women's exposure to health and nutrition-related information, affecting their ability to make informed choices; Barriers to decision-making: Women remain underrepresented in key decision-making roles, particularly in resource allocation within households and communities. Cultural norms often dictate that men have the final say on financial and food-related decisions, reinforcing inequitable food practice²⁶.

5. Breaking the cycle: Recommendations for initiating change

Investing in better nutrition for girls and women is crucial to achieving the Sustainable Development Goal 2: Zero Hunger and ending all forms of malnutrition. Beyond ensuring there is enough food to eat, it is critical to make progress on the quality and diversity of food consumption to tackle high levels of micronutrient deficiencies, such as anaemia, along with existing efforts in reducing short stature (catch-up growth can occur during teenage period) and thinness or wasting.

Data from the Comprehensive National Nutrition Survey 2016-2018 (CNNS) shows that female adolescents had a higher prevalence of anaemia (40 percent) compared to their male counterparts (18 percent). Among female adolescents, the prevalence of iron deficiency increased steadily with age due to the start of menstruation. Co-existence of anaemia and thinness among girls is twice more than boys in early adolescence (10-14 years) and four times higher in late adolescence (15-19 years)²⁷. Additionally, a staggering 34.3 percent adolescent girls (10-19 years) in India have vitamin D deficiency as opposed to the 13.8 percent boys with vitamin D deficiencies. More adolescent girls were found to be iodine deficient compared to boys. Overall, while 21 percent of boys had no micronutrient deficiencies; only 14 percent girls

²⁴ Dipanwita Ghatak, Soham Sahoo, Sudipa Sarkar & Varun Sharma. [Who eats last? Intra-household gender inequality in food allocation among children in educationally backward areas of India](#). Population Studies. 2024.

²⁵ Dipanwita Ghatak, Soham Sahoo, Sudipa Sarkar & Varun Sharma. [Who eats last? Intra-household gender inequality in food allocation among children in educationally backward areas of India](#). Population Studies. 2024.

²⁶ Kabeer, Naila. [Gender, poverty, and inequality: a brief history of feminist contributions in the field of international development](#). Gender & Development. 2015

²⁷ Ministry of Health and Family Welfare (MoHFW), Government of India, UNICEF, and Population Council. [Comprehensive National Nutrition Survey \(CNNS\) National Report](#). New Delhi. 2019

were found to be micronutrient deficiency free. Data shows similar gender differentials in micronutrient deficiencies amongst women and men as well.

This staggering prevalence of micronutrient deficiencies (which adversely impacts growth, immunity, development, etc.) indicates the need to focus on improving quality and diversity of food amongst Indian women and girls who disproportionately bear the brunt of inadequate food consumption and diversity.

To address this deep-seated inequity, interventions, policies and programmes must go beyond food security and food distribution and, as a cross-cutting priority, integrate gender responsive and transformative measures to tackle the underlying gender norms and structural barriers mentioned in this note²⁸.

Nutrition-Sensitive and Gender-Responsive Social Protection: To effectively combat malnutrition and promote women's right to food in India, it is essential to implement nutrition-sensitive and gender-responsive social protection programmes. These initiatives not only ensure food security but also address the underlying gender inequalities that restrict women's access to resources and decision-making power. The National Food Security Act, 2013 has laid the foundation for various entitlements, including the Public Distribution System (PDS), which provides subsidised grains to over 800 million people, and the Integrated Child Development Services (ICDS) which offers supplementary nutrition for pregnant and lactating women as well as young children²⁹. Programmes like the Pradhan Mantri Matru Vandana Yojana (PMMVY) further enhance women's rights by providing cash transfers conditional to health care utilisation during pregnancy and postpartum periods, effectively incentivising maternal health care³⁰. Additionally, integrating gender-transformative measures into social protection frameworks can significantly enhance programme effectiveness. Engaging men as allies in promoting equitable resource distribution within households can alter entrenched gender norms that limit women's access to food and nutrition. By leveraging existing social protection mechanisms and ensuring they are gender-responsive, India can empower women and improve nutritional outcomes³¹.

Economic Empowerment: Strengthening women's financial independence through cash transfers, livelihood programmes, self-help groups and saving groups can enhance their bargaining power over food resources while also successively increasing their agency and decision-making power within families and communities.

Social & Behavioural Change: Gender-transformative, community-led initiatives that challenge traditional norms, actively engage men, and reframe girls and women's health and nutrition as a source of family pride (make well-nourished girls and women aspirational for families) can drive meaningful change in household food distribution.

Reducing Time Poverty: Investing in childcare services, fuel-efficient cooking methods, and water access can ease women's domestic burden, allowing them time to prioritise their own nutrition³².

Engaging Boys and Men Meaningfully: While males are often involved in community events and/or counselling about girls and women's nutrition, it is critical to also have targeted interventions in male-only spaces to ensure messages are internalised deeper and to facilitate dialogue within male communities. For transformative long-lasting change, meaningfully engaging boys is another key step in ensuring gender-inclusive norms, social perceptions, and practices are built and fostered from a young age.

²⁸ Owing to the complex nature of this domain, the authors acknowledge that there might be even more and deeper gender norms/ social structures that may need navigation.

²⁹ [Schemes To Systems | The Public Distribution System: Anatomy of India's Food Subsidy Reforms](#). World Bank Group. February, 2019.

³⁰ Department of Women and Child Development. Official Website. Government of NCT Delhi. [Pradhan Mantri Matru Vandana Yojana \(PMMVY\)](#)

³¹ Belbase, V, Morgan, R, Mittal S, et.al. [A scoping review of state and opportunities in the Asia Region](#). Technical Report. Nutrition international. January 2024.

³² Lentz, Erin C., Sudha Narayanan, and Anuradha De. [Last and least: Findings on intrahousehold undernutrition from participatory research in South Asia](#). Social Science & Medicine 232. 2019.

Addressing the issue of girls and women eating last and least requires a combination of policy, economic, and social interventions. Towards this, the Government of India is recognising the effect of gender inequality on access to food and nutrition and is constantly striving to empower the girls and women of India. POSHAN Abhiyaan, launched by the Honourable Prime Minister in March 2018, is intended to improve nutritional outcomes for children, pregnant women and lactating mothers while integrating key gender considerations as well. Additionally, the Targeted Public Distribution System (TPDS) addresses women's empowerment by regarding the eldest woman above 18 years of age in the household as the head of the household and, thereby, holder of the ration card. Women are also being given preference in allotting Fair Price Shop permits³³. Another gender-sensitive example emerging as a sustainable, community-based solution to enhance food security and dietary diversity is 'nutrition gardens'. These gardens empower women by improving access to fresh, nutritious produce, addressing micronutrient deficiencies, and reducing household food costs. Case studies in Odisha and rural Maharashtra demonstrate how women-led kitchen gardens not only improve nutrition but also contribute to economic stability and social empowerment. Integrating such initiatives with existing food security programmes can enhance women's access to adequate and nutritious food³⁴.

6. Ways forward

Shifting the entrenched practice of girls and women eating last and least requires more than programmatic and policy prescriptions—it demands a fundamental restructuring of how food, labour, and decision-making power are distributed within households and communities. While the recommendations above outline key areas for intervention, the path to implementation must begin with critical inquiries, foundational actions, robust monitoring and evaluation along with systematic evidence generation to ensure solutions are context-specific, sustainable, and transformative. Even when the path to change is identified and clearly mapped (in terms of programmatic actions), there are many questions and gaps that remain.

First, **how do we challenge and shift the deeply ingrained social norms which dictate who eat first and most?** While awareness campaigns and community dialogues are often proposed solutions, they must be rooted in an understanding of why these norms continue to persist. Do families view prioritising men's food intake as an economic necessity, a cultural duty, or both? Are there existing, positive deviant households where food is distributed more equitably, and what can we learn from them? Answering these questions requires participatory research within diverse communities, engaging men, women, and elders to unpack the drivers of this practice. Additionally, it might help to pilot initiatives that reframe women's nutrition as essential for household well-being - rather than a sacrifice - especially if they are co-designed with community members. Identifying and training local champions, such as mothers-in-law, religious leaders, and schoolteachers, can also help embed gender-equitable food practices within social structures.

Second, **how does time poverty interact with food and nutrition insecurity, and what interventions can alleviate this burden?** Women often eat last not just because of social norms but because their responsibilities leave them little time to sit down for a proper meal. In many cases, they are the first to wake, the last to rest, and eat hurriedly between tasks or after everyone else has finished. Addressing this requires a dual approach: investing in infrastructure that reduces the domestic workload (such as immediate access to clean water, fuel-efficient cooking methods, and childcare services) and integrating women's time constraints into food and nutrition security programmes. Before large-scale interventions are rolled out, baseline studies on time-use should be conducted to identify the most significant contributors to time poverty and test which interventions yield the most impact on girls and women's nutrition.

³³ [Women Are Hungrier: How Gender Plays A Part In Food Insecurity](#). Feeding India. July 2022.

³⁴ Shobha Suri. [Nutrition Gardens: A Sustainable Model for Food Security and Diversity](#). Observer Research Foundation. ORF Issue Brief No. 369. June 2020.

Third, **how can education and economic empowerment translate into real decision-making power at the household level?** While higher levels of education correlate with increased autonomy, this does not always translate into women controlling what and when they eat. Are educated women more able to assert their nutritional needs, does economic dependency constrain their choices? Do direct cash transfers to girls and women influence how food is allocated, or are these resources also subject to male approval? Answering these questions requires piloting innovative economic interventions such as linking financial literacy programmes to nutrition awareness campaigns or implementing household dialogues on shared decision-making. Additionally, school-based nutrition interventions can also consider equipping girls with negotiation skills and knowledge that fosters voice and agency, so girls may grow up expecting and fostering equitable food access in their homes and communities.

Fourth, **how do caste and class shape the experience of girls and women eating last, and what targeted responses are needed?** Research indicates that Scheduled Tribe households are less likely to follow discriminatory food hierarchies, whereas Scheduled Caste and Other Backward Class households may adhere to them more rigidly as a means of social conformity. But what mechanisms drive these differences? Does food and nutrition insecurity play a larger role than caste-based norms, or do both factors reinforce each other? Before implementing broad policy solutions, granular, disaggregated data is needed to map how food hierarchies differ by region, social group, and economic status. Community-led, localised strategies must then be developed, ensuring that interventions respect cultural contexts while actively challenging harmful norms.

Finally, **how can policies be designed to not only redistribute food more equitably but also ensure long-term accountability?** Many nutrition programmes target children and women at the household level, but without mechanisms to monitor intra-household food distribution, their impact remains unclear. Should food support be distributed in ways that ensure women have direct access, or would this cause unintended resistance within families? How can we integrate intra-household gender indicators into national nutrition monitoring systems? A crucial first step is embedding gender-responsive tracking in large-scale nutrition programmes, ensuring that food security assessments measure not only household-level consumption but also individual-level access. Additionally, policy dialogues must bring together gender, nutrition, and social protection experts to create cross-sectoral strategies that go beyond food provision and address power dynamics within households.

The road ahead is not just about ensuring that girls and women eat enough - it is about transforming the systems that dictate who eat, when, and why. By asking the right questions, investing in foundational research, and designing context-driven pilot initiatives, we can lay the groundwork for lasting change. Only then can we dismantle the invisible hierarchies that have long defined food allocation and build a future where women and girls are not only fed but fully and well-nourished.