



Economic and Social Council

Distr.: General
13 January 2021

English only

Commission on Population and Development

Fifty-fourth session

19–23 April 2021

Population, food security, nutrition and
sustainable development

Statement submitted by International Planned Parenthood Federation (IPPF), a non-governmental organization in general consultative status, with the Economic and Social Council¹

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

¹ The present statement is issued without formal editing.



Statement

International Planned Parenthood Federation (IPPF) is honoured to co-sponsor this statement along with Catholics for Choice, DSW (Deutsche Stiftung Weltbevölkerung), Family Planning New South Wales, Guttmacher Institute, Ipas Inc., RFSU, Rutgers, and Soroptimist Internationala dea. The statement is endorsed by Sex og Politikk, a non-governmental organization on the roster with the Economic and Social Council.

1. Introduction

Nutrition is an essential part of maternal, child health, and sexual and reproductive health (SRH) services for adolescents and young people. Sexual and reproductive health and rights (SRHR) and nutrition play critical roles in the lives of girls and adolescents, directly impacting their development and future. As recognized in Agenda 2030 target 2.2, adolescent girls' nutrition is of particular importance, but due to gender discrimination, stereotypes, and harmful social and cultural norms, female children and adolescents are the most likely to be denied both SRHR and adequate nutrition.² As the current COVID-19 pandemic exacerbates existing inequalities, women and girls face additional barriers to accessing SRHR and adequate nutrition, in addition to compounding factors which have worsened during the pandemic, such as increased sexual and gender-based violence (SGBV). To meet their urgent needs, integrated services are necessary to address barriers resulting from gender inequality, stereotypes and discrimination, to tackle gender-based violence, and to ensure access to integrated SRH and nutrition education, information and services.

Integration of nutrition and sexual and reproductive health and rights is critical

At a time in their life cycle when they have higher iron needs, girls often face steep barriers to accessing adequate nutrition, including gender discrimination and negative social and cultural norms, meaning girls are more often malnourished as they eat last and least.³ Women and girls are twice as likely to suffer from malnutrition as men and boys, and adolescent girls are most at risk.⁴ Anaemia impacts 300 million adolescent girls and is one of the most off-track global health targets, despite the fact that iron and folic acid supplementation can efficaciously reduce anaemia and disability.⁵ Malnutrition, its consequences such as anaemia, and stigmatization of menstruation can make learning difficult, impacting girls' ability to learn in schools, achieve higher education levels, obtain fairly remunerated employment and participate actively in their communities.⁶ Undernutrition is strongly associated with less schooling, reduced economic activity, and lower infant birthweight.⁷ These violations negatively impact rights to life, health, food, education, and freedom of

² Nutrition International, *3 reasons why integrating nutrition and family planning is a game changer* (July 2017), <https://www.nutritionintl.org/2017/07/3-reasons-integrating-nutrition-family-planning-game-changer/>.

³ Nutrition International, *Bringing nutrition and sexual and reproductive health together for women and girls* (Oct 2019), <https://www.nutritionintl.org/2019/10/bringing-nutrition-and-sexual-and-reproductive-health-together-for-women-and-girls/>.

⁴ Nutrition International, *3 reasons why integrating nutrition and family planning is a game changer*.

⁵ Ibid.

⁶ Ibid.

⁷ C. G. Victoria et al, *Maternal and child undernutrition: consequences for adult health and human capital*, *The Lancet* 371(9609):302-302 (2008), [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(07\)61692-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(07)61692-4/fulltext).

expression.⁸ Compounding these facts are the gendered dimensions and feminization of poverty, in which women and girls experience poverty at disproportionate rates to men and boys, and patriarchal systems of oppression keeping them trapped in a vicious cycle of poverty across generations.

Nutrition is essential for women and girls' health, especially their SRH, and more so during pregnancy and lactation. During pregnancy, a critical period in terms of nutritional needs for both the pregnant woman and the fetus, a women's agency to make her own diet and nutrition decisions can often be robbed by spouses, family members, and others who dictate what and how much she can eat. This can endanger the health of the girl or women, and violates her rights, as well as endangering the pregnancy and new-born. Malnutrition during pregnancy, especially in high-risk adolescent pregnancies, can lead to low birthweight and stunting and increase the risk of death for both women and new-borns.⁹

SRH services and the exercise of sexual and reproductive rights have a major impact on nutrition and wellbeing on women and girls living with HIV.¹⁰ Chronic infections, including HIV, can lead to poor growth and may reduce appetite, food intake, and nutrient absorption at a time when the body needs good nutrition the most to fight the infection. Adolescent girls and young women are disproportionately affected by HIV, with young women 10-24 years old twice as likely to acquire HIV as young men the same age.¹¹ In eastern and southern Africa in 2017, 79 per cent of new HIV infections among 10-19-year-olds were girls,¹² which is mainly due to vulnerabilities created by unequal cultural, social and economic status.

2. SGBV and discrimination exacerbates violations of SRHR and nutrition

Sexual and gender-based violence compounds and exacerbates violations to women's and girls' rights and health, with particular impact on their SRHR. As the COVID-19 pandemic continues to deepen economic and social inequities, coupled with restricted movement and social isolation measures, violence against women and girls is increasing exponentially, leading to a "horrifying global surge"¹³ in SGBV. SGBV is a structural issue embedded in social systems and institutions, based on and reinforcing gender inequality and harmful, patriarchal gender stereotypes and social norms.¹⁴ For example, numerous laws and practices legitimize efforts to control women's sexual and reproductive behaviour, especially adolescent girls.¹⁵

⁸ Office of the High Commissioner of Human Rights, Open consultation on Youth & Human Rights, Joint submission by The YP Foundation, Queer Alliance, Network for Adolescents and Youth of Africa, Centre for Youth Empowerment and Civil Education, CHOICE for Youth and Sexuality, January 2018, available at <https://www.ohchr.org/Documents/Issues/Youth/ChoiceYouthSexuality.docx>.

⁹ Nutrition International, *3 reasons why integrating nutrition and family planning is a game changer*.

¹⁰ Ibid.

¹¹ Avert, *Women and Girls, HIV and AIDS* (last updated Oct 2019), <https://www.avert.org/professionals/hiv-social-issues/key-affected-populations/women>.

¹² UNAIDS, *Women and HIV: A Spotlight on Adolescent Girls and Young Women*, (2019) p. 3, available at https://www.unaids.org/sites/default/files/media_asset/2019_women-and-hiv_en.pdf.

¹³ Spotlight Initiative, "UN Secretary-General António Guterres calls for a 'ceasefire' in homes as violence against women and girls surges" April 5, 2020, <https://www.spotlightinitiative.org/fr/node/18943#:~:text=UN%20Secretary%2DGeneral%20Ant%C3%B3nio%20Guterres,and%20girls%20surges%20%7C%20Spotlight%20Initiative>.

¹⁴ Sinha et al, *Structural Violence on Women: An Impediment to Women Empowerment*, Indian J Community Med. 2017 Jul-Sep; 42(3): 134-137.

¹⁵ Report of the Working Group on the issue of discrimination against women in law and in practice, *Women deprived of liberty* (May 2019) UN Doc. A/HRC/41/33, para 33, available at <http://documents-dds-ny.un.org/doc/UNDOC/GEN/G19/139/27/PDF/G1913927.pdf?OpenElement>.

Discriminatory attitudes towards sex outside of marriage and the restricted social autonomy of women and young girls can reduce their ability to access sexual health and HIV services, including integrated GBV prevention and services and nutrition information and education. Comprehensive sexuality education and youth-friendly sexual and reproductive health services are critical tools to empower and educate girls so they can to make informed decisions, develop healthy relationships, protect themselves from sexually transmitted infections, and to understand their rights, consent and how to report sexual abuse.

Like other pandemics, COVID-19 is exacerbating the driving causes of child, early and forced marriage (CEFM). Economic insecurity and collapse, food shortages, interruptions to education, and increases in adolescent pregnancy, combined with factors like disruptions in ongoing prevention efforts aimed at the community level are expected to have dire consequences on efforts to end CEFM.¹⁶ Disruptions to planned efforts to end child marriage and cause wide-reaching economic consequences are expected to result in an additional total 13 million child marriages taking place that otherwise would not have occurred between 2020 and 2030.¹⁷

Gender-based violence and patriarchal gender norms also violate the rights of those who do not fit into a “traditional” gender binary or uphold societal gender norms. Young people who are or are perceived to be LGBTQI+ have often been excluded and ostracized, often face abuse and rejection from their families, and face high rates of poverty, homelessness and food insecurity as a result. Studies undertaken in several countries suggest that rates of poverty, homelessness and food insecurity are higher among LGBTQI+ individuals than in the wider community.¹⁸ Furthermore, research has documented high rates of disordered eating for lesbian, gay, bisexual and transgender youth linked to enacted stigma (the higher rates of harassment and discrimination sexual minority youth experience).¹⁹

3. Recommendations

- Strengthen the integration of nutrition services within SRH services to comprehensively address the SRH needs of women and girls and promoting healthy lifestyles.

Civil society organizations can provide good practices. For example, Reproductive Health Association of Cambodia includes anemia and nutrition as part of their SRH service delivery package,²⁰ and Myanmar Maternal and Child Welfare Association (MMCWA) provides nutrition education, counselling and free nutrition supplements during antenatal and postnatal care. In collaboration with the Ministry of Education and Ministry of Health, MMCWA provide mobile health education programs for youth at the government schools covering SRH knowledge on physical

¹⁶ Save the Children, “Beyond the Shadow Pandemic: Protecting a generation of girls from gender-based violence through COVID-19 to recovery” https://resourcecentre.savethechildren.net/node/17911/pdf/sc_covid19_gbv_brief_english.pdf.

¹⁷ https://www.unfpa.org/sites/default/files/resource-pdf/COVID_19_impact_brief_for_UNFPA_24_April_2020_1.pdf.

¹⁸ Report of the Office of the United Nations High Commissioner for Human Rights, *Discrimination and violence against individuals based on their sexual orientation and gender identity* UN Doc. A/HRC/29/23 (May 2015) http://www.ohchr.org/EN/HRBodies/HRC/RegularSessions/Session29/Documents/A_HRC_29_23_en.doc, para. 42.

¹⁹ Watson, Ryan J et al. “Disordered eating behaviors among transgender youth: Probability profiles from risk and protective factors.” *The International journal of eating disorders* vol. 50, 5 (2017): 515-522, available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5754211/>.

²⁰ https://cambodia.unfpa.org/sites/default/files/pubpdf/SRHRofGarmentFactoryWorkerLiteratureReview_2.pdf.

and psychological changes in adolescents, HIV/AIDS, narcotic and drug abuse, nutrition and injuries.²¹

- Implement preventive and evidence-based interventions for healthy youth development, including:
 - Comprehensive sexuality education in and out of school to encourage lifelong healthy behaviours;
 - Eliminating CEFM, and delaying age at marriage through education, poverty reduction and empowerment interventions;
 - Delaying age at first pregnancy through the provision of quality SRH services including contraceptive services and safe abortion.
- Ensure access to essential SRH services and information, including during the response to the COVID-19 pandemic and in its aftermath.

Governments should promote and adopt innovative approaches which will also assist in decongesting health services, such as: digital health (telemedicine, mobile apps, information through text messaging, etc.) for counselling, to deliver sexual health information and sexuality education and for follow up; self-care; providing counselling and selected SRH services outside the clinic setting (e.g. alternate contraceptive/abortion options from provider induced to self-managed), including through community based providers; mailing as well as doorstep distribution of contraceptives, medical abortion and other essential SRH products where appropriate.

Engage women, adolescents and girls in policy development, implementation and monitoring

Future success requires increased and meaningful engagement of young people, including young women and girls, in the formulation and implementation of policies and programs, along with increased investments to deliver at scale evidence-based, age-appropriate comprehensive sexuality education; health services that are youth-friendly and approachable and not judgmental; safe spaces programs, especially for vulnerable girls, adolescents and young women; and programs that engage families and communities.²² Stronger policy-making and programming also requires expanding the evidence on adolescent health and rights for both younger and older adolescents, boys and girls, and relating to a range of key health matters affecting adolescents.²²

- Eliminate harmful gender norms, discrimination and SGBV.

Harmful patriarchal gender norms that discriminate against women and girls must be eliminated through revising laws and policies which discriminate on the basis of gender in law or in practice, norms-changing educational campaigns, and gender-transformative social, legal, political, financial and other policies.

- Ensure that services and resources are available and accessible for victims and survivors of SGBV, and that SGBV services are included in the ‘essential services’ category.

²¹ <http://www.mmcwa-myanmar.org/unicef>.

²² Santhya, K. G., & Jejeebhoy, S. J. (2015). Sexual and reproductive health and rights of adolescent girls: evidence from low- and middle-income countries. *Global public health*, 10(2), 189–221, available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4318087/>.