



FIAN International  
International Baby Food Action Network (IBFAN)



**FIAN International and IBFAN's Submission on Adolescents' Right to Adequate Food and Nutrition and Related Rights**

***Input Towards the Elaboration of the General Comment on the Rights of Adolescents of the Committee on the Rights of the Child***

March 2015

FIAN International and IBFAN welcome the Committee on the Rights of the Child's decision to develop a General Comment on the Rights of Adolescents as well as its call for civil society submissions in the preparation of this General Comment. This contribution seeks to provide information and recommendations about the right to adequate food and nutrition of adolescents and related rights (e.g. the right to health, the right to sexual and nutrition education and the right to information). We hope that the Committee will consider the following issues and recommendations during the preparation of its General Comment.

The information contained in this submission is based, *inter alia*, on information obtained by FIAN International and IBFAN through exchanges with their national groups and affected communities during the course of their work, especially during the process of documenting cases of violations of the right to adequate food and nutrition and related rights.<sup>1</sup>

***The Right to Adequate Food and Nutrition, a Comprehensive Concept***

We understand the human right to adequate food and nutrition as a comprehensive concept intrinsically linked to the full realization of women's and children's rights, and within the conceptual framework of food sovereignty. As a result, States should be held accountable to respect, protect, and fulfil the right to adequate food and nutrition in an integrated manner by ensuring that all structural causes of hunger and malnutrition are addressed in all relevant governance and policy processes – from causes related to access, control, management and ownership of land, seeds, forests and water bodies, to food processing, marketing and promotion, protection in schools and in the workplace, promotion, protection and support of breastfeeding, and to decent income and consumption patterns, up until the very moment in which food is effectively consumed. Ignoring the holistic reality of the human right to adequate food and nutrition, as part and as result of social processes, leads to the fragmented

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<sup>1</sup> More information on this topic and the links between women's rights and the right to adequate food and nutrition can be found in Anne C. Bellows, Flavio L.S. Valente, and Stefanie Lemke. (Eds.) *Gender, Nutrition and the Human Right to Adequate Food: towards an inclusive framework*. New York: Taylor & Francis/Routledge. (Expected date of publication: 2015).

understanding of food and nutrition, creates gaps in human rights promotion and protection and overlooks the intertwined rights and subjectivities of mothers, infants and young children during pregnancy and lactation.

### ***The Right to Adequate Food and Nutrition under the CRC***

Under the Convention on the Rights of the Child (CRC), States Parties' obligations to respect, protect and fulfill the right to adequate food and nutrition are described under articles 24 and 27. More specifically, under article 24, States Parties "recognize the right of the child to the enjoyment of the highest attainable standard of health", which is elaborated in the article and perceived to encompass the right to adequate food and nutrition. Under this article, the CRC recognizes that the right to adequate food and nutrition in relation with the right to health goes beyond the provision of nutritious food and calls for the nutrition information and education of, as well as support to, those responsible for the children's care and well-being, in particular mothers and parents. In this context, the CRC states that in addition "to combat[ing] disease and malnutrition...through the provision of adequate nutritious foods"<sup>2</sup>, States Parties shall also take steps "to ensure appropriate pre-natal and post-natal health care for mothers"<sup>3</sup> and "ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding..."<sup>4</sup> In its article 27.3, the CRC further links the right to adequate food and nutrition to social protection measures by stating that States shall take steps "to assist parents and others responsible for the child to implement this right and shall in case of need provide material assistance and support programmes, particularly with regard to nutrition..."

### ***The Adverse Impact of Child Marriage and Early Pregnancies on Adolescents' Right to Adequate Food and Nutrition and Related Rights***

Central to the realization of adolescents' right to adequate food and nutrition is the understanding of the role of harmful acts and practices committed against adolescent girls, when they are deprived of the totality of their rights and their freedom to choose how to live their lives. Child, early and forced marriages as well as teenage surrogacy are harmful practices and a violation of human rights under article 24.3 of the CRC, with significant intergenerational implications for the right to adequate food and nutrition of the adolescent girl, the woman she will become, the children she might have and her community as a whole. They often result in the deprivation of the human rights (e.g. their right to education, reproductive rights, etc.) of the girls who are victims to these violations, and are linked to early and adolescent pregnancy, possibly associated with nutritional deprivation and stunting, risk of death, distancing from family, and increased workload and obligations. This scenario results in adolescent girls who become pregnant at an early age, many of them already stunted, to become chronically undernourished, further stunted and anemic.<sup>5</sup> Early or adolescent pregnancy places a severe burden on the

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<sup>2</sup> CRC Article 24.2(c).

<sup>3</sup> CRC Article 24.2(d).

<sup>4</sup> CRC Article 24.2(e).

<sup>5</sup> See United Nations Children's Fund (UNICEF), *Child under nutrition in India: a Gender issue*, 2009. Accessed March 31, 2015, <http://unicef.in/Story/108/Child-Undernutrition-in-India-A-Gender-Issue>.

nutritional well-being, growth, and development of the still growing girl, even if provided with an adequate diet because these have to compete with the nutritional demands of bearing a child. Furthermore, the risk of maternal malnutrition and mortality in these girls is increased by three to four times in comparison to the risk for an adult woman.<sup>6</sup> In fact, complications from pregnancy and childbirth are among the most important causes of death for girls aged 15-19 in low- and middle-income countries.<sup>7</sup>

For the child who is born as a result of a child, early and forced marriage and/or as a result of an early pregnancy, the realization of his or her right to adequate food and nutrition, and thus of other human rights, is severely impaired for his or her lifetime.<sup>8</sup> The infant mortality and malnutrition rates associated with adolescent pregnancies are higher than those of adult pregnancies.<sup>9</sup> Furthermore, adolescent mothers have a higher risk of having low birth weight babies.<sup>10</sup> Low birth weight babies have a much higher risk of dying before reaching age 5, of developing more severe malnutrition, specially stunting<sup>11</sup>, and of developing chronic degenerative diseases in adult age<sup>12</sup>. Low birth weight, wasting, stunting, and child malnutrition, has the further consequence of impaired cognitive development and malnutrition, including under-nutrition and obesity, in adulthood.<sup>13</sup> Therefore, policies and interventions aimed at addressing hunger and malnutrition need to place the emphasis on guaranteeing the needed social and legal protection against discrimination of girls, in particular against child marriage and early pregnancies. Policies need to take a more holistic approach, place the focus on the underlying structural causes and on the role of the realization of women's and girls' human rights throughout the lifespan, and capture the significant role that girls' good nutritional status has for the potential future offspring.

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<sup>6</sup> See United Nations Children's Fund (UNICEF), *State of the World Children – 2011*, 22. Accessed March 31, 2015, [http://www.unicef.org/adolescence/files/SOWC\\_2011\\_Main\\_Report\\_EN\\_02242011.pdf](http://www.unicef.org/adolescence/files/SOWC_2011_Main_Report_EN_02242011.pdf).

<sup>7</sup> See World Health Organization (WHO). *Women's health fact sheet*. Accessed March 31, 2015, <http://www.who.int/mediacentre/factsheets/fs334/en/>.

<sup>8</sup> For a specific country example of the impact of child, early and forced marriage on women's human rights throughout the life span, including the right to health and education, see Plan Nepal, Save the Children, and World Vision International, *Child Marriage in Nepal – Research Report*, 2012. Accessed March 31, 2015, <http://www.wvi.org/nepal/publication/child-marriage-nepal>.

<sup>9</sup> See United Nations Children's Fund (UNICEF), *State of the World Children – 2011*, 22. Accessed March 31, 2015, [http://www.unicef.org/adolescence/files/SOWC\\_2011\\_Main\\_Report\\_EN\\_02242011.pdf](http://www.unicef.org/adolescence/files/SOWC_2011_Main_Report_EN_02242011.pdf).

<sup>10</sup> See World Health Organization (WHO). *Adolescent pregnancy fact sheet*. Accessed March 31, 2015, <http://www.who.int/mediacentre/factsheets/fs364/en/>.

<sup>11</sup> Stunting, or low height for age, is usually caused by continued insufficient nutrient intake and frequent infections, higher prevalence below age 2. Wasting, or low weight for height, is a strong predictor of infant or child mortality, and is usually associated with acute lack of adequate nutrient intake and disease. For more information, see United Nations Children's Fund (UNICEF), *Progress for Children: A World Fit for Children Statistical Review*. Accessed March 31, 2015, [http://www.unicef.org/progressforchildren/2007n6/index\\_41505.htm](http://www.unicef.org/progressforchildren/2007n6/index_41505.htm).

<sup>12</sup> See United Nations Children's Fund (UNICEF), *State of the World Children – 2011*, 22. Accessed March 31, 2015, [http://www.unicef.org/adolescence/files/SOWC\\_2011\\_Main\\_Report\\_EN\\_02242011.pdf](http://www.unicef.org/adolescence/files/SOWC_2011_Main_Report_EN_02242011.pdf).

<sup>13</sup> See United Nations Standing Committee on Nutrition (UNSCN), *Sixth report on the world nutrition situation*. Accessed March 31, 2015, <http://www.unscn.org/files/Publications/RWNS6/html/>.

## ***The Importance of Sexual and Nutrition Education for the Fulfillment of Adolescents' Right to Adequate Food and Nutrition and Related Rights***

The promotion of girls' and women's overall rights across their life spans, which, among others, include access to self-determination and autonomy, education, productive resources, jobs, income, sexual and reproductive rights, adequate preventive and curative health care, fair and unbiased partnerships, and in particular the right to sexual and reproductive health education and counseling services, not only enables women and girls to freely decide whether and when to become mothers, but it also has a positive impact on their overall nutritional status, their pregnancy outcomes and for their babies' survival and health and that of their entire communities for present and future generations.<sup>14</sup> The CRC Committee already raised concerns about the high maternal mortality teenage and pregnancy rates linked with insufficient access by teenagers to reproductive health education and counselling services<sup>15</sup> and flagged sexual education as being an effective tool for the prevention of gender-based violence.<sup>16</sup> In 2010, the Special Rapporteur on the right to education stated that "[i]nternational human rights standards clearly establish the human right to comprehensive sexual education, which is indivisible from the right to education and is key to the effective enjoyment of the right to life, health information and non-discrimination, among others."<sup>17</sup> Therefore, it is crucial that all adolescents, and in particular girls, have access to sexual and reproductive health education. Sexual and reproductive health education constitutes indeed a key intervention to ensure that all adolescents are able to enjoy their sexual and reproductive rights to their fullest extent by empowering them to detect and denounce sexual abuses and harmful practices, make free, informed decisions about their sexuality, and adopt a responsible sexual behavior.

Pursuant to article 24.2 (e) CRC, all segments of society, in particular children and parents, should have access to information and education on the advantages of breastfeeding and should be provided with basic knowledge on child health and nutrition. The Committee further specified that "[i]nformation and life skills education should address a broad range of health issues, including: healthy eating ..."<sup>18</sup> and that "[s]exual and reproductive health education should include self-awareness and knowledge about the body, including anatomical, physiological and emotional aspects"<sup>19</sup>. Therefore, States should ensure that comprehensive,

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<sup>14</sup> For more information on the links between women's rights and the right to adequate food and nutrition, see De Schutter, Olivier. *Women's Rights and the Right to Food*. Report presented at the 22nd Session of the United Nations Human Rights Council. [A/HRC/22/50], 2012. Accessed March 31, 2015, [http://www.ohchr.org/Documents/HRBodies/HRCouncil/RegularSession/Session22/AHRC2250\\_English.PDF](http://www.ohchr.org/Documents/HRBodies/HRCouncil/RegularSession/Session22/AHRC2250_English.PDF).

<sup>15</sup> See CRC/C/15/Add.137, para 48.

<sup>16</sup> See CRC General Comment No 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health (art. 24), para. 60.

<sup>17</sup> See Singh, Kishore. *Interim report of the Special Rapporteur on the right to education*. Report presented at the 65<sup>th</sup> Session of the United Nations General Assembly. [A/65/162], 2010, para 75. Accessed March 31, 2015, <http://www.ohchr.org/EN/HRBodies/SP/Pages/GA65session.aspx>.

<sup>18</sup> See CRC General Comment No 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health (art. 24), para. 59.

<sup>19</sup> See CRC General Comment No 15 (2013) on the right of the child to the enjoyment of the highest

clear and unbiased information on optimal breastfeeding practices and their impact on child and maternal health is systematically included in sexual and reproductive health education of adolescents. In addition, adolescents should be provided with thorough information and education on healthy eating habits as well as on optimal child nutrition and health. These interventions would enable adolescents to take the best decisions regarding their own health and nutrition, and the way to feed their child. Thus, the inclusion of breastfeeding and healthy eating habits within sexual, reproductive health and life skills curricula of adolescents would help break the intergenerational cycle of malnutrition and enhance the overall health condition of all segments of the population.

### ***The Support to Breastfeeding Teenage Mothers, an Obligation for States***

The Global Strategy for Infant and Young Child Feeding, adopted by the World Health Assembly in 2002, calls on States to take concrete measures and to adopt, implement and monitor policies and programmes which aim to protect, promote and support appropriate infant and young child feeding and in particular breastfeeding. Protection of breastfeeding includes, among other interventions, the implementation and monitoring of the International Code of Marketing of Breastmilk Substitutes as well as the adoption and monitoring of a policy on adequate maternity entitlements. Support of breastfeeding requires interventions which aim at facilitating early, exclusive and continued breastfeeding, such as provision of skilled counselling on breastfeeding, promotion of good nutrition for pregnant and lactating mothers and provision of guidance on appropriate complementary feeding with emphasis on the use of suitable locally available foods which are prepared and fed safely.<sup>20</sup>

In the case of children living in exceptionally difficult circumstances, e.g. children born to adolescent mothers, additional and specific supporting measures are required. Teenage mothers are especially vulnerable and often face discrimination regarding their ability to pursue their school curricula. The lack of appropriate childcare and breastfeeding facilities in schools might affect their decision about the feeding of their child and thus, lead to adverse consequences for their health and development and the health and development of their child. In order to avoid such adverse consequences, and to fulfil their obligation to support these teenage mothers in their decision to breastfeed, States should develop policies which ensure that teenage mothers are able to continue studying while caring for their babies. They should therefore implement specific supporting measures such as availability of and access to childcare facilities and breastfeeding rooms in schools and provision of child-friendly skilled counselling on breastfeeding. In addition, pregnant and lactating adolescents should be provided with specific maternity follow-up such as the systematic and regular monitoring of their nutritional status and access to clean water. In case of any form malnutrition or lack of access to clean water, extra food rations and drinking water should be granted throughout the whole pregnancy and lactation period.

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attainable standard of health (art. 24), para. 60.

<sup>20</sup> See World Health Organization (WHO), *Global Strategy for Infant and Young Child Feeding*, 2003.

Accessed March 31, 2015, <http://apps.who.int/iris/bitstream/10665/42590/1/9241562218.pdf?ua=1&ua=1>.