

## Written Contribution on Rural Women's Right to Adequate Food and Nutrition

Submitted by the International baby Food Action Network (IBFAN)

To the Committee on the Elimination of Discrimination against Women

On its General Discussion on Rural Women

56<sup>th</sup> Session, 7 October 2013

### I. Introduction

The International baby Food Action network (IBFAN)<sup>1</sup> welcomes the Committee's decision to draft a General Recommendation on Rural Women. We much appreciate that the *Concept Note for the General Recommendation on Article 14 of CEDAW* contains the mention of rural women's role in food and nutrition security. We wish to contribute to the drafting process with some observations made regarding the Concept note and with the provision of further information as it relates, in particular, to the issues associated with social protection issues/maternity protection and access to services linked to infant and young child feeding,

We trust that the Committee will consider during its General Discussion the information and recommendations we offer, and we hope to continue contributing input to the Committee throughout this process of drafting the General Recommendation.

#### **Background:**

*When discussing rural women in the agricultural force, it is important from the point of view of Maternity protection to distinguish several categories: Women employed by an agricultural company or by a farmer; those working in a family enterprise; and those who own a piece of land and are thus "self-employed".*

**Employed:** under contract even if not written, should be entitled to **maternity protection (MP) legislation**. However, national MP legislation often excludes agricultural workers explicitly. They are considered more or less like informal workers and have little or no protection.

---

<sup>1</sup> IBFAN was founded in 1979. It is a network of 273 groups in 168 countries. Member groups include consumer organisations, health workers associations, parents' groups and diversity of organizations in the social justice movement. The network aims to protect, promote and support optimal infant and young child feeding practices worldwide in the framework of the WHA Global Strategy for Infant and Young Child Feeding and the International Code of Marketing of Breastmilk Substitutes, through networking, advocacy to influence policy decisions at all levels, capacity building and information sharing. We draw strength from the global diversity, resources and experience of IBFAN.

**Family enterprise:** Mostly not covered by MP legislation and this group of workers is often explicitly named as not entitled to MP leave and payment.

**Self-employed:** Generally not covered by national MP legislation. In some cases, self employed women do contribute to a security plan but these are mostly professional women; in agriculture the income is usually so small that this is not feasible.

Lack of access to basic health care should also cover preventive health care and nutritional counseling and support, incl. for pregnant and lactating mothers. Also social protection should be clearly defined and include Maternity protection.

**General Recommendation** when listing UN instruments should not omit to list also: *ILO Convention 183 on Maternity Protection (2000)*, *ILO Convention No 184 (2001)* and *Recommendation No 192 on Health and Safety in Agriculture*. C183 and R 191 cover MP provisions, including maternity leave, breastfeeding breaks etc. and thus this Convention is crucial to the fulfillment of the right to health and the right to adequate food and nutrition. The C 184 (2001) states in Article 18 on Women workers: “Measures shall be taken to ensure that the special needs of women agricultural workers are taken into account in relation to pregnancy, breastfeeding and reproductive health.” There are other ILO Conventions related to social security which also may be good to highlight as their provisions should be relevant to all women. Furthermore, the right to food as a legally binding obligation has been now accepted by many states, including the 160 States Parties to the International Covenant on Economic, Social and Cultural Rights (ICESCR), thus the ICESCR should be also referenced.

### **Main challenges**

Challenges faced by indigenous women/First nations mothers need to be specifically highlighted. This is a specifically vulnerable group within the group of rural women as far as disparity and support and services related to pregnancy, maternity leave and lactation support and child care are concerned. Similarly, this group should be highlighted specifically in the State Parties reports and not merged in the ‘disadvantaged groups of women’ with ‘older women’.

The description of the challenge related to social rights and basic services needs to go beyond *access to production and income generating opportunities*: Scope of education also needs to include health and nutrition so that women are informed about and can demand fulfillment of their right to adequate food, nutrition and other rights, such as maternity protection.

The challenge that human rights instruments and the systems in place to ensure the progressive realization of human rights adopted through these instruments, as presently constructed, do not adequately embrace the “intertwined subjectivities” of mother and child during pregnancy, childbirth, and breastfeeding needs to be recognized and highlighted. State Parties must be urged to create an environment in which rural women and mothers can take informed decisions related to infant and young child feeding in general, and breastfeeding in particular, and act on them. A woman’s decision to breastfeed or not

breastfeed, and her capacity to carry out this decision, have health, development, social, cultural and economic implications. Thus when social schemes are evoked, maternity protection should be added as it is a particular social measure aligned with women's reproductive health and rights and health, food and nutritional rights of their children.

*Access to health care:* Indeed, rural women are particularly disadvantaged with respect to their access to health care services. In some settings (e.g. Europe) there is a trend to close down small maternity units in rural areas, and in developing countries there are simply not enough facilities, especially in rural areas. Both phenomena lead to poor antenatal care, poor education and counseling services, incl. on optimal infant and young child feeding<sup>2</sup>. Furthermore, maternal<sup>3</sup> and child mortality thus continue to be strikingly high in rural areas, mostly due to the absence of skilled birth attendants, medical personnel and breastfeeding counselors.

*Access to food:* We believe that the **General Recommendation** needs to put emphasis on the right to adequate food and nutrition, not on meeting basic needs. Furthermore, when undernutrition is discussed, it should not be limited to the lack of food but also linked to its quality while emphasizing that deficiency in e.g. micronutrients cannot be solved through market-based approaches such as promotion and marketing of Ready-Uo-Use Foods (RUFs) for prevention of malnutrition but through sustainable approaches promoting food sovereignty.

While access to financial services may be crucial, the importance of local solutions that exist and are well documented, e.g. local community funds for maternity health (antenatal care, confinement, payment of skilled attendants, medication transportation, breastfeeding counselors) and extended to include maternity protection provisions such as payment of a maternity leave, should not be forgotten<sup>4</sup>.

When political participation of rural women is discussed or the lack thereof, a major constraint, the lack of knowledge and understanding the women have of their rights and thus their inability to claim them, must be highlighted.

Focus on Migration is welcome. However, presently it focuses only on the situations when men migrate and rural women are left behind. The **General Recommendation** should also cover situations of rural women who in the role of grandmothers become primary caregivers

---

<sup>2</sup> Early and exclusive breastfeeding for 6 months, continued breastfeeding for 2 years or beyond with adequate and safe complementary foods.

<sup>3</sup> Early initiation & increased frequency of breast-feeding could decrease the amount of blood loss during the fourth stage of labor.

<sup>4</sup> At local level, in villages (India, Thailand, and African countries), women's groups collect money for "hard times" including maternity: this is a form of a social security that is distributed for medical expenses related to birth (rather than as a salary during leave).

as their daughters, mothers of often very young children, migrate for work to the city. Support to these caregivers' rights (access etc.) needs to be emphasized as there are specific e.g. health and nutrition issues of the children involved.

### **States' reports**

States should be requested to report on:

- information regarding the involvement of rural women in peace negotiations and agreements, participation in courts, planning and implementation of gender sensitive recovery programmes for rural regions.
- Measures taken to support pregnant and lactating women as they constitute a specific group with increased vulnerabilities, such as health/safety in working conditions, job security, child care services etc.

### **Recommendations for Government action:**

R1: The comprehensive national strategy called for in these recommendations should include interventions that ensure social protection to rural women, including justiciable maternity entitlements to support mothers, following ILO C 183 as a minimum requirement. When transformation of policies is required, the recommendation should emphasize the importance of a human right impact assessment to ensure new policies, mechanisms etc. ensuring the progressive realization of rural women's rights.

R4: This recommendation should also cover grandmothers, heads of households.

R5: This recommendation is asking for inclusion of the Optional protocol but it also should, as a minimum, include the ILO C 184 (2001) on safety and health in agriculture.

### **Table of proposals for government actions**

#### **Existing CEDAW provisions:**

*(a): To participate in the elaboration and implementation of development planning at all levels:* ADD: undertake a human right impact assessment before entering into negotiations and before ratifying any international agreement that would affect rural communities and women in particular.

*(b) to have access to adequate health care facilities, including information, counselling and services for family planning:* While provision for basic needs (e.g. dietary needs, health needs) contributes to the progressive realization of rights, it would be more better to say: ensure that basic needs are addressed within the framework of the progressive realization of all rights. Furthermore, health care information should be widespread, easy to understand and should include family planning, health during pregnancy, breastfeeding feeding counselling, etc. as well as information regarding women's reproductive rights, traditional practices related to sexuality and reproduction/maternity and HIV.

States should recognize and invest in community/micro health insurance in order to ensure the fulfillment of women's rights to health, including sexual and reproductive, antenatal and postnatal care etc.

*(c) To benefit directly from social security programmes:* The action in this area should also cover implementation of the justiciable maternity entitlements for all women to ensure full coverage of rural women.

*(e) To organize self-help groups and co-operatives in order to obtain equal access to economic opportunities through employment or self-employment.* Measure to promote women's groups should also list specifically women's unions or women rights focused groups that represent and advocate for specific social protection issues such as maternity protection for rural female workers as well as community insurance schemes.

*(f) To participate in all community activities:* The government action under this provision could cover facilitation of incorporation of human rights' education within these activities: provision of support to women that claim their rights, support for women's groups to create micro-financing schemes to ensure access to adequate maternity protection measure etc.

*(h) To enjoy adequate living conditions, particularly in relation to housing, sanitation, electricity and water supply, transport and communications:* The scope of education in a community resource center, controlled by rural women, proposed as an action under this provision should also cover education and training on adequate food and nutrition for women and all members of their families. Such centers can also serve as crèches to support working rural women.

#### **Suggested new provisions to be included in the Art. 14:**

*Enabling environment:* ADD: Governments should ratify ILO C183 and strengthen and implement their relevant legislation, extending the scope to include all rural women/women working in agriculture . Governments should ratify ILO C184 and strengthen and implement their relevant legislation. Health matters are of particular concern to these women.

*National legislation should include all of the following:*

Women working in agriculture and all rural women in whatever form of employment should be included in MP legislation with same protection as other workers: same length of leave, cash benefits, medical benefits, health protection, non-discrimination, job protection, breastfeeding breaks and facilities, and with cash and medical benefits guaranteed.

*Decent rural employment:* 'all maternity protection provisions' should be also listed under facilitation of an institutional and policy environment.

*Climate change:* Breastfeeding protection, promotion and support needs to be included in the part calling for 'recognition and support of women as actors in climate change adaptation and mitigation, disaster risk reduction and resilience strategies. Currently it lists as examples only protection of water, fuel, energy and livelihoods. Breastfeeding helps with all that and goes a long way. By empowering and supporting women to optimally breastfeed their children, there is "less need for the diversion of foodstuffs through dairy animals to produce

breastmilk replacements, and less need for the use of materials and energy to modify, package and distribute animal milk to make it less unsafe for human babies.”<sup>5</sup>

---

<sup>5</sup> Myr, R.: Breastfeeding tackles both obesity and climate change; **BMJ 2008;336:1454.2**