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BRIDGING THE DIVIDE:

Linking Poverty Eradication, Food Sovereignty and Security, and Sexual and Reproductive Health and Rights

Poverty eradication, food security, and sexual and reproductive health and rights (SRHR) have been in the development discourse for a while now. However, discussions have been fragmented, and little effort has been made to connect this triad of issues. Moreover, discourses on addressing poverty and food security have also been mainly gender-blind, largely ignoring the central role women play in addressing the above issues.

An understanding of the links between these issues, while keeping human rights as its foundation, can lead to the appropriate interventions on all fronts of human development — social, economic, environmental sustainability, and peace and security.

There are multiple pathways showing the linkages between the three concepts, and the limited space in this bulletin may not allow for a full exploration on the connections. However, the links can best be understood if we put people, especially women and other marginalised groups, at the centre of the development discourse. A gender-based and rights-based analyses show the manifold ways in which these issues intersect, resulting in poor health and wellbeing.

Linking poverty and SRHR. Poverty is often understood in narrow terms of income poverty, leading to poverty reduction policies, programmes, and measurements that focus solely on increasing income, measured by Gross Development Product (GDP) 'growth' and 'poverty line income.'[1] As has been argued by many scholars[2], poverty is caused by complex social, economic, political factors, and therefore it should be tackled and measured through a multi-dimensional approach. Using the Multidimensional Poverty Index (MPI) (see Definition section, page 31), we are able to go beyond the mere income and consumption of individuals, and look at aspects related to health, education and living standards. As per the 2013 Human Development Report,[3] 1.56 billion people (in 104 countries covered), lived in multidimensional poverty, which exceeded the estimate of 1.14 billion people living below USD1.25 or less per day. Of the total multidimensional poor globally 51% live in South Asia. Using the MPI measure, it is not hard to infer that women and the marginalised population represent a majority of the poor, as they are deprived of education, access to quality healthcare services, and gainful employment, among other freedoms, such as political participation, and holding positions of power and decision making.

Links between poverty and health are well established. Poverty is the cause, as well as the consequence of poor health and wellbeing. The "poor are more likely to fall ill, but less able to find prompt and appropriate medical

Notes & References

1 The poverty line set by international standards was USD1 a day, which was revised and raised to USD1.25 in 2005 by the World Bank, based on the purchasing power parity of countries. However, this too is much debated as those who are even marginally above the poverty line are not counted as being poor.

2 Sen, A. (1999). *Development as freedom.* Barcelona and Oxford: Oxford University Press; Chambers, R. (2005). Participation, pluralism and perceptions of poverty. Paper for the International Conference on Multidimensional Poverty: Brasilia August 29-31 2005); the World Bank. (2000). *World development report 2000/2001.* Attacking Poverty; among others.

3 United Nations Development Programme (UNDP). (2013). *Human development report 2013. The rise of the South: Human progress in a diverse world.* New York: UNDP. Retrieved from http://hdr.undp.org/sites/default/files/reports/14/hdr2013_en_complete.pdf

help, care and support to deal with their ill-health, because of the systems put in place to deal with illness."[4] This is especially true for women, as they are less likely to be able to afford treatment when ill; suffer gender discrimination, time poverty and the burden of care; have low esteem due to socialisation, and therefore have less decision making power with regards their health. For instance, in terms of sexual and reproductive health, out-of-pocket expenditure is one of the reasons for lack of utilisation of Emergency Obstetric Care services, which is critical to the survival of the mother and child.

Apart from poor access to healthcare services, women are more likely to live in poor quality shelters, work in unsafe and unhealthy conditions, and are more likely to suffer violence from intimate partners and others, contributing to poor health, SRH, and wellbeing. For example, the places where poor live lack good sanitation facilities, such as clean toilets and water, making it difficult for the management of menstruation, resulting in urinary tract infections (UTI), and reproductive tract infections (RTIs). Apart from UTIs, lack for water also affects the use of barrier methods for contraception such as female condom and diaphragm.[5]

Access to modern contraception is limited among the poor.[5] This can be gleaned from the low contraceptive prevalence in low- and middle-income countries and the rural areas, and also from the fact that the burden of contraception lies heavily on women. Poor women are more likely to experience unwanted and multiple pregnancies. Lack of access to contraception also leads to unsafe abortions, especially where there are barriers to access to safe abortion services, leading to deaths or life-time disabilities.

Early and child marriage is another consequence of poverty.[6] Poor families, especially in South Asia marry daughters off at an early age because they are seen as a financial burden. Early and child marriage also consequently start the vicious cycle of persistent poverty, as young girls lack education and opportunities for formal employment. It also exposes girls to early sexual debut, pregnancies (when they are not physically ready for it), violence and exposure to diseases such as HIV and AID and other sexually transmitted diseases, and poor access to health, food and nutrition (as they are unable to negotiate).

Linking poverty and food (in)security. The four pillars for food security (*see* Definition section, page 31) are availability, access, utilisation, and stability. This means that all people at all times have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active healthy life.[7]

The links between poverty and food insecurity are also straightforward. A poor individual is less likely to have access to adequate food, especially when food has to be purchased. Even when food is cultivated, because food needs to be sold in the market, poor landless farmers, tend to be food and nutrition insecure. This phenomenon has been exacerbated with the corporatisation of the agriculture sector, where the farmers are losing their lands to corporations, have less access and control over their seeds, are forced to mono-crop and have to switch from food crops to cash crops. Dumping of subsidised and poor quality food in developing countries also affects rural farmers. Women farmers (who are not even counted as farmers) often bear the greatest brunt because of lack of access to vital resources that enable them to farm, and to have to bear the additional burden of reproduction and caregiving.

Food security encompasses nutrition security. A food secure, non-poor person may still have nutritionally inadequate caloric intake as for various reasons they may not consume adequate or appropriate food. Despite living in times of food surplus, an estimated 870 million people, accounting to one in eight, suffer from

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5 Ravindran, T.K.S. & Nair M.R. (2012). Poverty and its impact on sexual and reproductive health and rights of women and young people in the Asia-Pacific Region. In *Action for sexual and reproductive health and rights: Strategies for the Asia-Pacific beyond ICPD and the MDGs.* Kuala Lumpur: Asian-Pacific Resource and Research Centre for Women (ARROW). Retrieved from www.arrow.org.my/uploads/Thematic_Papers_Beyond_ICPD_&_the_MDGs.pdf

6 Khanna, T., Verma, R. & Weiss, E. (2013). *Child marriage in South Asia: Realities, responses and the way forward.* Washington DC: International Center for Research on Women (ICRW). Retrieved from www.icrw.org/files/publications/Child_marriage_paper%20in%20South%20Asia.2013.pdf

7 UN Food and Agriculture Organisation. (1996). Rome Declaration on Food Security and World Food Summit Plan of Action and World Food Summit Plan. Retrieved from www.fao.org/docrep/003/w3613e/w3613e00.htm

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chronic undernourishment. Of this population, Asia and the Pacific is home to 563 million hungry people.[8]

Links between food sovereignty/food (in) security and SRHR. Food sovereignty (*see* Definition section, page 31) as a concept has been in use for 20 years, but has gained more traction only recently as the negative impacts of neoliberal policies to food and agriculture have become more visible. It is an essential pre-requisite for food security and a vital entitlement if the right to adequate food for all is to be achieved.

Links between food sovereignty and sexual and reproductive health is less explored and more difficult to make compared to poverty. Access to food that nourishes us to enable us to fully enjoy physical and mental health is vital to our very existence. We are able to access and consume food that is suitable for our wellbeing only if we have control over what is produced, how it is produced, and the resources needed to produce it. As we lose control over the very production of food to global agribusinesses we have much less control over what we consume.

Malnutrition and undernutrition (*see* Definition section, page 32) is associated with poor health. Micronutrient deficiencies directly affect mental/cognitive growth and functioning. Undernutrition results in anaemia, wasting and stunting. It is estimated that half of all pregnant women worldwide suffer from iron deficiency anaemia, and this is made worse with repeated pregnancies, which deplete whatever little body reserve is available. If women experience blood loss during childbirth, they face the risk of dying or suffer long-term morbidities. Post-partum haemorrhage is the commonest cause of maternal death in developing countries. Malnutrition in girls results in poor growth and development of the body, and this too results is complicated labour, and having low birth-weight babies. Chronic undernutrition is also known to lead to infertility, although the exact mechanism is unclear, except for the fact that overall good health and nutritional status is required for physiological processes such as

Undernutrition results in anaemia, wasting and stunting. It is estimated that half of all pregnant women worldwide suffer from iron deficiency anaemia, and this is made worse with repeated pregnancies, which deplete whatever little body reserve is available. If women experience blood loss during childbirth, they face the risk of dying or suffer long-term morbidities. Post-partum haemorrhage is the commonest cause of maternal death in developing countries.

production of spermatozoa and ova. There is evidence to link infertility to eating disorders (anorexia and bulimia), which typically affect adolescents, especially girls. Nutritional status is critical to people living with HIV and AIDS (PLHIV), to deal with a compromised immune system less capable of absorbing nutrients due to damaged lining of the gut.

On the other hand, lack of nutritious food, and food preferences may lead to another kind of malnutrition — obesity. We are drawn to unhealthy food, i.e., food that may either be cheap, or seen as a sign of affluence due to aggressive advertisement and marketing. These kinds of food are more likely to be fatty and sugary, and excessive consumption of which leads to obesity and non-communicable diseases (NCDs), such as hypertension and diabetes. Diabetes in women, particularly during pregnancy (gestational) affects outcomes with intergenerational consequences. Nutritionally deficient pregnant women may have a foetus with intra-uterine growth restriction (IUGR) to which it responds with complex compensatory mechanisms, placing it at higher risk to NCDs in adult life. Most developing countries in Asia and the Pacific are grappling with the double burden of hunger and obesity.

Poor nutrition also affects sexual health. These can include sexual dysfunction in men and women, including lack of desire, painful

8 UN Food and Agriculture Organisation, the International Fund for Agricultural Development and the World Food Programme. (2012). *State of food insecurity in the world 2012. Economic growth is necessary but not sufficient to accelerate reduction of hunger and malnutrition.* Rome: FAO. Retrieved from www.fao.org/docrep/016/i3027e/i3027e.pdf

intercourse among others. Malnutrition can also lead to tiredness and illness and subsequent inability to lead a healthy sexual life.[9]

Pesticides are persistent organic pollutants that remain in the food we consume. Exposure to pesticides over a period of time is harmful not only to food producers but to all those who consume food produced using pesticides. Apart from increasing the risk of breast cancer, residues of pesticides have also been found in breast milk. Women working in the agricultural sector are more likely to be exposed to pesticides and herbicides, increasing the risks of miscarriages, infertility, cancers, and births of children with deformities.[10,11] The effects of pesticide exposure is also said to last for generations, thus having intergenerational consequences even for those not directly exposed to pesticides.

Intersectionality with gender and other factors. Gender discrimination is a critical element in access to adequate nutrition and food. A clear illustration of this discrimination is seen in the way food is distributed and consumed at the household level. For example, in most parts of South Asia, there is a hierarchy in taking meals in the house, wherein adult men eat first, followed by younger men and boys, and then the girls and women. Especially in poor households, since the girls and women eat last, there is very little food left, or the best parts are consumed by the menfolk. For this reason, hunger and malnutrition is higher among girls and women than boys and men in South Asia.

Sexuality is another critical aspect that has been systematically excluded from the development discourse. If poverty is seen as exclusion and lack of freedom, one can see how poverty's disadvantages are linked closely to sexuality (see 'Chamber's model of web of poverty's disadvantages').[12] Bodily rights of individuals are an important aspect of accessing resources and services. Many women and sexual minority groups, including sex workers, are deprived of their citizenship rights based on who they are. This greatly compromises their right to adequate food. For instance, in India, food is distributed at subsidised rates through government outlets. However, to access it one needs to have an identity card. Many poor women and sexual minorities are unable to avail of this benefit because they do not have a card. Moreover, family ration cards recognise the male member of the family as the head of the family, thereby many women who are single, widowed, divorced, young or too old fall outside the food subsidy scheme. Thus ignoring sexuality has critical negative consequences to poverty alleviation, eradication of hunger, and attaining right to adequate nutritious food.

Links to poverty, food and nutrition security, and health, including SRH, is also visible among the vulnerable and marginalised population, such as the disabled; sexual minorities;[13] displaced and migrant population; and people affected by disasters, conflicts and complex emergencies. Lack of opportunities for employment compromises both access to sustained adequate food and healthcare services. And conversely, poor health leads to difficulty in finding sustained gainful opportunities to earn a living.

Holding governments accountable to commitments to universal human rights and other international obligations. As citizens of this world, each and every individual irrespective of sex, age, race, and ethnic group have the right to a decent standard of living, health, adequate food and safe water, shelter,

Bodily rights of individuals are an important aspect of accessing resources and services. Many women and sexual minority groups, including sex workers, are deprived of their citizenship rights based on who they are. This greatly compromises their right to adequate food.

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13 Hawkins, K. et al. (2014). *Sexuality and poverty synthesis report.* IDS Evidence Report 53. Brighton: Institute of Development Studies. Retrieved from http://opendocs.ids.ac.uk/opendocs/bitstream/handle/123456789/3525/ER53.pdf?sequence=1

education, economic and political participation, security among others. These rights, enshrined in the United Nations Universal Declaration of Human Rights (UDHR) of 1948, are interrelated, interdependent and indivisible, and therefore a violation of one, is tantamount to the violation of the other. The right to food (see Definition section, page 32) was further endorsed in 1999 by the International Covenant on Economic, Social and Cultural Rights (CESCR). By signing to this covenant, governments are not just morally but legally bound to ensure each of its citizens have access to adequate and appropriate nutritious food.

The International Conference on Population and Development (ICPD) and its Programme of Action (POA) was a milestone in population and development by recognising SRHR. States in Asia and the Pacific by endorsing these rights are morally, ethically and in some cases legally bound to safeguard these rights. However, while these are committed to on paper, many States fail to secure the rights of their citizens. This failure of governments to fulfilling the rights of their citizens is seen with the increasing nexus between governments and corporations, where government policies are more often than not driven by corporate interests.

Apart from the rights to uphold the dignity of their citizens, States have also committed to the Millennium Development Goals, promising to eradicate extreme poverty and hunger; promote gender equality and empower women; improve maternal health; and combat HIV and AIDS, malaria and other diseases, amongst others. As we approach the deadlines for the ICPD POA (2014) and the MDGs (2015), we need to both reflect on the reasons for the failure to fully achieve these goals, and take steps in righting the wrongs when formulating the new development agenda for the post-2015 period.

The battle for the right to food should not leave out our rights to control over our bodies, personal consumption, ownership and control over resources. We cannot look at issues in isolation and need to increase our understanding of the linkages, and work together in claiming our individual and collective human rights.

What then needs to be done? This issue of the *ARROW for Change* bulletin aims not only to highlight the challenges we face as global citizens, but points to the need to secure the rights agenda. The battle for the right to food should not leave out our rights to control over our bodies, personal consumption, ownership and control over resources. We cannot look at issues in isolation and need to increase our understanding of the linkages, and work together in claiming our individual and collective human rights.

Our governments need to be more accountable to the citizens. We need to critically take stock of the current policies and programmes aimed at reducing poverty and hunger, and achieving gender equality and equity, access to universal health (including sexual and reproductive health) and education, and sustainable development. Furthermore, within the four pillars of the new agenda for development or the sustainable development goals being developed, we must not forget to be inclusive of all individuals, and recognise the rights of all to a life with dignity. Lastly, there is a need to bridge the divide across movements through strong alliances.

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POVERTY, FOOD INSECURITY, AND SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS IN THE POST-2015 AGENDA:

Considerations from the Philippines

Thirty-six-year-old Gina does multiple jobs, including that as laundrywoman, stones and sand hauler, fruit vendor among others, earning a monthly income of roughly P3,000.00 (US$70) per month. Her husband, a seasonal farm worker, earns even less, due to the dwindling productivity of the farms in their community. With five children aged four, five, seven, nine and 15, their joint income is barely enough to feed the entire family. Breakfast is a sachet of 3-in-1 coffee — a formulation of coffee, sugar and creamer — with more sugar added, stirred in a pitcher with a litre of boiled water. Children and parents partake of this beverage and off they go — the children to school and the parents to find available work. If luck has it, Gina is back before lunch with a kilo of rice and a can of sardines, or a pack of noodles for lunch and dinner. In worse times, the family goes to bed with only water to fill their empty stomachs. It is even worse when the children get sick, and Gina takes the last option of offering herself for sex to earn money for medicine. This used to be a one-night job when she was younger, but is now a vanishing option as she gets older.

Rea is five months heavy with her second child, even as she carries in her arms her eight-month-old child, born when she was 15. She got pregnant at a young age and had to marry her husband, her high school classmate, as having a child out-of-wedlock is looked down upon in their largely rural community. Forced to face the responsibility of raising a family, both had to discontinue their education, which could have been a way out of the cycle of poverty their families are trapped into. The couple lives with Rea's mother, a widower, together with her three siblings, all of school age and a one-year old nephew, the son of her sister who works as a domestic helper in Taiwan. The entire household, all eight of them, lives off the meager money sent monthly by her sister. Sometimes her husband lands a job as a labourer in construction sites in nearby communities. Rea's mother never complained, and at times even claims to be happy saying she does not mind being poor as long as what she considers her wealth — her children and grandchildren — are living with her.

Introduction. The stories of Gina and Rea and their families are all too familiar in many rural communities in the Philippines. Poverty and hunger inflict misery upon millions of teenage girls through unplanned pregnancies and adolescent parents with a large number of children. Teenage pregnancy cases in the Philippines rose by 70% in the past decade.[1] A recent UNFPA study showed that the country ranked third (53) in adolescent birth rate per 1,000 women aged 15-19 between 1991 and 2010, following Laos (110) and Indonesia (66).[2]

A host of factors determine high birth rates and unplanned pregnancies. Poverty, lack of food and proper nutrition, and inaccessibility of health services, including comprehensive sexuality education and sexual and reproductive health services, are significantly

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1 Malinao, T.M. (2012). PH tops teenage pregnancy in SEA. Inquirer.net. Retrieved from http://newsinfo.inquirer.net/186201/ph-tops-teenage-pregnancy-in-sea

2 United Nations Population Fund (UNFPA). (2013). *State of the World Population 2013. Motherhood in childhood: Facing the challenge of adolescent pregnancy.* New York: UNFPA. Retrieved from www.unfpa.org/webdav/site/global/shared/swp2013/EN-SWOP2013-final.pdf

linked to this issue. Cultural factors play an equally important role. Women's and young girls' limited education and opportunities for employment often lead to marriage, which is perceived as their destiny. As in many Asian societies, especially in rural areas, marrying young is seen as a culturally acceptable matter in the Philippines. While the legal marrying age in the Philippines is 18 years and the median age is 22 years, (Philippines, National Demographic & Health Survey, 2008) in the rural areas the pressure for girls to marry soon after reaching the age of 20 is high. Based on the experiences of women's organisations working on the ground, many girls in the rural areas marry even before reaching the legal age of 18 years. This feeds a pro-natalist economic view of children as extra farm hands and a source of support for their parents in their old age, buttressed by the belief that children are a gift from God. This further feeds into masculine pride, as the more offspring, the more fertile and strong the fathers are perceived to be.

Linking women's reproductive choices with other development issues. Women's reproductive choices of the number of children they want, and when they want them is not only a women's right but is also empowering, helping women out of the cycle of poverty and hunger. Having fewer children (or smaller families) has its benefits. It makes it easier for women to participate in economic and political work. Life can become less of a struggle amid the soaring prices of food, high costs of social services and continued erosion in the real value of money. The inability to make these critical life choices is a major obstacle for poverty reduction, food security and wellbeing for all and especially for women.

Nevertheless, it is critical to see that women's reproductive choices are not happening in isolation. Discriminatory laws continue to limit women's rights to land and other productive resources; they suffer higher unemployment than men and are relegated to jobs that are lowly paid, exploitative and leave them vulnerable to various forms of sexual violence; and they continue to be eased out of participation in public and political life.

Limited reproductive choices resulting in rising birth rates, deaths, malnutrition and other related maladies, are development and human rights issues that need to be brought to the global development agenda.

Neoliberal reforms, such as the removal of price controls and subsidies on food and basic commodities, and the withdrawal of public spending on healthcare (including reproductive healthcare services), child care and education, have increased the burden on poor women to put food on the table and take care of their children.

Investments and development projects, both by governments and private companies in rural areas continue to threaten the survival of farming families. Rampant land-grabbing, abetted by government agrarian reform programmes, has displaced peasant families from their lands. This leaves idle an army of farm hands, both men and women, with no lands to till. Massive conversion of farm lands into commercial and tourism uses and for biofuel production, which neglect climate and ecological imperatives, have swallowed up lands devoted for food production, putting at risk the country's food security and environment. Farming families fleeing from converted farm lands either go on exodus to congested cities ending up in slums and begging in the streets or in the highly unprotected informal sector amid tight labour market or compete for work on export crops plantations, paid with depressed wages, suffer long hours and poor working conditions and insecurity of tenure.

Imperatives for the post-2015 global development agenda. Limited reproductive choices resulting in rising birth rates, deaths, malnutrition and other related maladies, are development and human rights issues that need to be brought to the global development agenda. As governments negotiate to formulate the post-2015 development agenda with the termination of the timespan given for the achievement of the Millennium Development Goals

(MDGs), women civil society organisations (CSOs) call for "universal access to quality, affordable sexual and reproductive health information, education and services, with priority attention to women, adolescents and youth, and communities living in poverty and the development of enabling environments for the exercise of human rights, without discrimination, coercion or violence on any grounds; and the fulfilment of women's and girls' economic rights, including land and property rights, right to decent work and social protection, and their right to quality education across the life course."[3]

Further, these require fundamental, structural and transformational changes to the current neoliberal, extractive and exclusive development that perpetuates inequalities of wealth, power and resources between countries, and between men and women.[4]

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3 Women's Major Group position to the Open Working Group of the Sustainable Development Goals (OWG-SDGs). Retrieved from www.womenrio20.org/docs/Women-s-MG-response-to-Co-Chairs_19FOCUSAREA.pdf

4 Ibid. Retrieved from www.womenrio20.org/docs/Feminists_Post_2015_Declaration.pdf

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INTERDEPENDENT AND INDIVISIBLE

The Right to Adequate Food and Nutrition and Women's Sexual and Reproductive Rights

The realisation of the right to adequate food and nutrition for all is intrinsically linked to the recognition of women's and girls' human dignity and the full realisation of all other rights, especially of self-determination, autonomy and bodily integrity.

The Global Network for the Right to Food and Nutrition is an initiative that mobilises civil society organisations and international social movements, including peasants, fisherfolk, pastoralists, indigenous peoples, and food and agricultural workers to hold states accountable for their obligation to realise the right to food and nutrition.[1] It recognises the invisible structural violence by the states and corporations that impedes the realisation of women's and girls' human rights. This ethos is enshrined in the Network Charter, which states that "[s]tructural violence and discrimination against women are often invisible or ignored, magnifying the violations of women's rights and hindering their capacity to participate actively in the realisation of the right to adequate food and nutrition. Network members support women in their struggle for equal rights with men, for their right to self-determination, for their sexual and reproductive rights, including the right to choose their partners and whether or not they want to procreate."[2]

An understanding of, and addressing the links between women's, girls' and children's rights, including their sexual and reproductive rights (SRR), and the human right to adequate food and nutrition is fundamental to the eradication of hunger and malnutrition. These links can clearly be shown by looking at two outcomes of human rights violations – child marriage

1 For more information about the network and members see: www.fian.org/news/article/detail/launch_of_global_network_for_the_right_to_food_and_nutrition/

2 Access the Global Network for the Right to Food and Nutrition Charter at www.fian-nederland.nl/pdf/GNRtFN_-_Formatted_Charter.pdf

and adolescent pregnancies, which are still prevalent across Asia-Pacific, particularly in South Asia.[3]

Early and child marriage and adolescent pregnancies deprive young girls of education and employment opportunities, leaving them in poor bargaining positions and excluding them from critical decision making. These deny them of the right to play and education by imposing the burden of care, limit their access to adequate food and nutrition, increase their exposure to sexual violence, and leave them with less power for negotiating on sexual and reproductive matters. These in turn increase their chances for a risky pregnancy and childbirth, including infant and maternal morbidity and mortality. Additionally, pregnant young women have to compete with the nutritional demands of bearing a child – a double burden on their own development, as well as the development of the child growing in them. They are often stunted as a result of undernutrition, and in turn bear undernourished children.[4] Deaths and disabilities from unsafe abortion are also particularly higher among unmarried adolescents, due to several socio-political and structural barriers to access to safe abortion services.[5]

Sexual and reproductive rights violations not only affect individuals', but their families' and community's overall health and wellbeing. Moreover, as has been mentioned earlier, these have intergenerational consequences on health, perpetuate poverty, keep women from participating in public life, and prevent them from making informed sexual and reproductive health (SRH) decisions.[6] In order to bridge the gaps in inequalities and to facilitate achieving the right to adequate food and nutrition, women and marginalised groups should be guaranteed all other human rights. Fulfilling the rights in one area has spill-over effects in others. This has been illustrated in a recent study, which shows how women's right to land can help tackle child malnutrition in India.[7]

The members of the Network are committed to supporting the struggles of social movements, communities and groups, fighting against violations of the right to adequate food and nutrition and related human rights, sexual and reproductive health and rights.

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4 See FIAN's submission on child, early and forced marriage to the Office of the High Commissioner for Human Rights for the preparation of its Report to the Human Rights Council at its 26th Session in June 2014. Retrieved from www.ohchr.org/Documents/Issues/Women/WRGS/ForcedMarriage/NGO/FIAN.pdf

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7 For an example of a discussion on this topic, see The Guardian, Land rights for women can help ease India's child malnutrition crisis, Retrieve from www.theguardian.com/global-development/poverty-matters/2012/jan/20/land-rights-india-women-ease-malnutrition

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WHAT IT TAKES:

Addressing Poverty and Achieving Food Sovereignty, Food Security, and Universal Access to Sexual and Reproductive Healthcare Services[1]

The Asia-Pacific region appears to have made impressive gains in poverty reduction during the past three decades, with the proportion of poor in 2011 at less than 20% as compared to more than 50% in 1990.[2] However, poverty reduction was accompanied by a sharp rise in income inequality: in the past two decades starting in the mid-1990s, the Gini coefficient

1 This article is a summary of the paper by the author with the same title. The full paper is available at www.arrow.org.my/publications/ARROW%20Thematic%20Paper%2001.pdf

2 United Nations Economics and Social Commission for Asia and the Pacific (UNESCAP). (2013). *Income poverty and inequality. In Statistical Yearbook for Asia and the Pacific 2013. Bangkok: UNESCAP.* Retrieved from www.unescap.org/stat/data/syb2013/ESCAP-syb2013.pdf

has risen sharply in Asia from 38 to 47. Furthermore, with every 1% of GDP growth, employment grew only by 0.4%.[3]

Levels of hunger and malnutrition did not decline at the same pace as the decrease in the proportion of the region's poor. South Asia not only had the highest number of malnourished children under five (30%) in 2011-12,[4] but also exhibited marked inequalities in the decrease of child malnutrition between the richest (37% in 1995 to 26% in 2009) and the poorest (64% in 1995 to 60% in 2009).[5] Eleven of 14 Asian countries were reported to have "serious" or "alarming" levels of hunger in 2011 as measured by the Global Health Index (GHI).[6, 7]

Progress in poverty reduction and hunger during the new millennium was hampered by an unprecedented hike in food and fuel prices in 2007 and 2008, followed by the worst economic and financial crisis since the Great Depression of the 1930s. Around the same time, the high cost of healthcare prevented about 1.3 billion poor globally from accessing healthcare services. A hundred and fifty million people faced catastrophic health costs; too ill to work and spending beyond their means to get well, and 100 million people were driven below poverty line.[8]

Against this backdrop, it is not surprising that universal access to sexual and reproductive health (SRH) services remains an elusive goal, as reported by a recent study of selected countries in the Asia-Pacific region.[9]

Poverty, food security, and universal access to healthcare are linked through multiple pathways. Improvement in one will have spill-over effects on the other two. However, a more insidious and crucial link between these three is neoliberal globalisation. Neoliberal globalisation as used here refers to a set of structural adjustment policies outlined in the 'Washington Consensus' of 1989. Low-income countries were required to adopt these if they were to receive new loans from the World Bank and IMF to make debt repayment. These policies required governments to reduce and eliminate budget deficits even when this meant cutting essential public investments; promote liberalisation of trade and foreign investments; promote privatisation of state-run enterprises, including health and educational services; and uphold the protection of private property and the creation of private wealth through reductions in wealth and income taxes.[10]

Neoliberal economic policies run contrary to the goal of poverty reduction. They have led to a reduction in public expenditure on all public goods including agriculture, education, health, sanitation, water supply, energy, and public infrastructure, such as roads, transport and others. Economic growth based on trade liberalisation removed restrictions on imports and exports, and also of tariffs, duties, and taxes related to trade. While this benefitted countries whose economies are based on exports, it negatively affected small enterprises and farmers. Further, the removal of taxes reduced public revenue for developing countries.

A series of global institutions such as the World Trade Organisation (WTO), and agreements have been created to enforce neoliberal economic policies. For example, the WTO Agreement on Agriculture (AoA) has resulted in: the dumping of highly subsidised agricultural products from high-income countries in countries of the global South;[11] large-scale land acquisitions of the South by investors in the North; seed monopolies; financial speculation in the food commodity market; and diversion of agricultural produce and land towards bio-fuel production. These have been at the root of the global food crises of the late 2000s.

Neoliberal economic policies have treated nature as a never-ending resource involving zero cost and have exploited natural resources beyond sustainability. Burning of fossil fuels to produce energy, deforestation, industrial processes, and some agricultural practices

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4 United Nations. (2013). *The Millennium Development Goals report 2013.* New York: United Nations. Retrieved from www.un.org/millenniumgoals/pdf/report-2013/mdg-report-2013-english.pdf

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6 GHI = (PUN+CUW+CM)/3: where PUN = proportion of population undernourished (%), CUW = prevalence of underweight in children below 5 years of age (%), and CM = proportion of children dying before the age of 5 (%).

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11 von Werlhof, C. (2008). *The consequences of globalisation and neoliberal policies: What are the alternatives?* Global Research, 01 February 2008. Retrieved from www.globalresearch.ca/the-consequences-of-globalization-and-neoliberal-policies-what-are-the-alternatives/7973

have resulted in the emission of large amounts of carbon dioxide and other greenhouse gases into the atmosphere, contributing to climate change, with unpredictable and erratic climate making the lives of farmers even more insecure than they already were, with droughts and floods alternately hampering agricultural production.

The influence for neoliberal globalisation on health and healthcare services has been by two different routes: through the effects of neoliberal economic policies on social and economic conditions, such as food crises, poverty, and inequality; and through direct changes within the healthcare system. Apart from increasing healthcare costs, cuts in public expenditure in health and the 'marketisation' of healthcare have contributed to the deterioration of the public health system – firstly through internal brain drain of health providers from the public to the private sector; and secondly through reduced investments by the state, and private for-profit insurance. This has created a two-tier system of healthcare services in which only those who are insured are assured healthcare services.

Neoliberal globalisation also brought in Global Health Initiatives (GHIs) and Trade-Related Aspects of Intellectual Property Rights (TRIPS). The GHIs moved the clock to vertical interventions, with scant attention to social determinants of health or seek to redress inequities in health. This has contributed to the fragmentation of ICPD's comprehensive SRH agenda into narrow silos of "maternal health," "HIV/AIDS," and "other sexual and reproductive health." On the other hand, TRIPS increased the cost of drugs creating further financial barriers to access to healthcare.

Women have been more negatively impacted by marketisation compared to men. On average, women are reported to incur higher out-of-pocket expenditure than men, probably because of the greater need for healthcare related to reproduction and because of a greater burden of chronic diseases. Using services for delivery, abortion and reproductive tract infections can cost close to a household's average monthly income and could be several times more than the monthly household income of households living below the poverty line. Vulnerable groups without access to financial resources, e.g., adolescents, the elderly, and women not engaged in the formal economy have greater sensitivity to price changes.[12] Women also have limited access to private health insurance as a health financing mechanism, as many women are not employed in the formal sector of the economy. Routine reproductive health services, such as contraception, abortion, and child delivery are considered 'non-insurable' as stand-alone benefits, because these are high-probability and non-random events. Many plans do not cover maternity services, and those who wish to be covered may have to pay an additional premium and yet have coverage only for a limited number of maternity-related services. Likewise, many plans cover only some of the reversible contraceptive methods for women.[13] These policies affecting reproductive health services run counter to and undermine the International Conference on Population and Development (ICPD) goal of achieving universal access to reproductive health by 2015.[14]

It is time for a new agenda for action towards achieving universal access to SRH services, one that strikes at the root causes of poverty, inequity, hunger, and disease. Movements for SRHR, poverty eradication, food sovereignty, right to adequate food and nutrition, and human rights need to forge alliances to counter neoliberal globalisation and present alternatives. These include:

- changing the current national and global economies, which entails, as Chhibber et al. suggest, reinvesting the proceeds of economic growth into poverty reduction, especially in areas in which the poor work (agriculture) and live (rural, remote and relatively backward regions), factors of production which they possess (unskilled labour) and outputs which they consume (food), needed without undue concern about inflation; and cancelling external debts of low- and middle-income countries;

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14 Ravindran, T.K.S & de Pinho H. (2005). *The Right Reforms: Health sector reforms and reproductive health.* Johannesburg: School of Public Health, University of Witwatersrand.

. . . universal access to SRH services cannot be achieved unless two formidable barriers are confronted and removed. The first is legislative restrictions on safe abortion services and policies that restrict the access of adolescents and young people to several SRH services, and health system blindness to gender-power inequalities in society.

- changing current systems of food production and agricultural policies, by upholding food sovereignty and the right to adequate food and nutrition for all; and
- changing current health sector, marred by privatisation, by giving way for universal access to healthcare services especially SRH services.

In addition, universal access to SRH services cannot be achieved unless two formidable barriers are confronted and removed. The first is legislative restrictions on safe abortion services and policies that restrict the access of adolescents and young people to several SRH services, and health system blindness to gender-power inequalities in society.

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STRENGTHENING CROSS-MOVEMENT ALLIANCES TO ADDRESS POVERTY, FOOD INSECURITY AND SRHR

Twenty years after governments committed to the International Conference on Population and Development Programme of Action (ICPD POA) and 19 years after they agreed to the Millennium Development Goals (MDGs), many countries in the Asia and the Pacific region still fall short of achieving most of the critical development goals.

While Asia has seen rapid economic growth, it still holds a majority of the world's poor and inequalities in the region has increased. This is evident from the latest MDG progress report for Asia and the Pacific, which states that over 740 million people in the region still live in abject poverty. It also highlights that the population-weighted mean Gini coefficient (a common measure of inequality) for the entire region rose from 33.5 to 37.5 between 1990s and 2013.[1] The region is also home to a majority of hungry people. Asia alone has over 563 million[2] with South Asia bearing the majority (60%) of Asia's hungry people.[3] Sexual and reproductive health outcomes continue to be poor, and sexual and reproductive rights denied, for many.[4]

Notes & References

1 UN Economic and Social Commission for Asia and the Pacific (UNESCAP), Asian Development Bank (ADB) & United Nations Development Programme (UNDP). (2013). *Asia-Pacific aspirations: Perspectives for a post-2015 development agenda. Asia-Pacific Regional MDGs Report 2012/13.* Bangkok: UNESCAP, ADB, & UNDP. Retrieved from http://asia-pacific.undp.org/content/dam/rbap/docs/Research%20&%20Publications/mdg/RBAP-RMDG-Report-2012-2013.pdf

2 UN Food and Agriculture Organisation (FAO), the International Fund for Agricultural Development (IFAD) and the World Food Programme (WFP). *State of food insecurity in the world 2012.* www.fao.org/docrep/016/i3027e/i3027e00.htm

3 Asian Development Bank. (2012). *Food security and poverty in Asia and the Pacific: Key challenges and policy issues.* Mandaluyong City, Philippines: Asian Development Bank. www.adb.org/publications/food-security-and-poverty-asia-and-pacific-key-challenges-and-policy-issues

4 For more information, please see: Thanenthiran, S., Racherla, S.J.M., & Jahanath, S. (2013). *Reclaiming & Redefining Rights - ICPD+20: Status of Sexual and Reproductive Health and Rights in Asia-Pacific.* Kuala Lumpur, Malaysia: Asian-Pacific Resource & Research Centre for Women (ARROW). www.arrow.org.my/publications/ICPD+20/ICPD+20_ARROW_AP.pdf

The ICPD+20 and MDGs+15 review processes provide opportunities to revitalise and strengthen the sexual and reproductive health and rights (SRHR) agenda. As the new post-2015 development agenda is being created, it is also a time to integrally link the SRHR agenda with other socio-political development agendas, and work together across social movements to achieve our collective goals of poverty reduction, food sovereignty, and SRHR for all. A better understanding of the complex linkages of the various issues we face today is needed to ensure that the new development agenda is able to adequately address these. To this end, the Asian-Pacific Resource and Research Centre for Women (ARROW), with funding support from David and Lucile Packard Foundation, launched a multi-year project in June 2012 on *Revitalising and Strengthening the SRHR Agenda through Inter-Movement Work to Impact the ICPD+20 and the MDG+15 Processes.*[5]

As part of this project,[6] ARROW organised the meeting, *Intersectional Understandings: A Regional Meeting to Build Inter-movement Linkages in Poverty, Food Sovereignty, Food Security, Gender and SRHR in South Asia*, in Bangkok on 10-11 September 2013. This was one of the first efforts to bring together activists, advocates, and organisations and networks working on poverty, food sovereignty, food security, women's rights, gender justice, and SRHR issues in and across Asia-Pacific. The meeting aimed to deliberate on the intersectionalities of issues and find common grounds to influence the post-2015 development agenda.

The meeting resulted in the Bangkok Cross-Movement Call on Poverty, Food Sovereignty, and SRHR,[7] which was endorsed by the participants. The Call affirmed that achieving social justice for all requires addressing issues of poverty, hunger, landlessness, gender inequality, their root causes, and SRHR, together. It recognised that the rights to adequate food and nutrition is intrinsically linked to all other human rights, including the rights to water, housing, education, property, decent work, livelihood, social security and social welfare. Only if individuals are free from hunger and malnutrition, including the hidden hunger of micronutrient deficiencies, are they able to enjoy a good health, and well-being; a critical pre-requisite to leading a complete life, enabling participation in all domains of the society: economic, social, political and cultural. Similarly, the rights to adequate food and nutrition cannot be separated from women's self-determination, autonomy and bodily rights, and the right to health.

The Call prompted for the urgent implementation of existing instruments and agreements of all human rights; repeal of laws and policies that criminalise and marginalise specific groups in the society; monetary, financial and trade reforms; and creation and implementation of strict, gender-sensitive anti-corruption policies. It also called for investing in public goods such as agriculture, health, including SRHR, and education that benefit all especially the poor and marginalised. It further called for ensuring the right to adequate, culturally appropriate and safe food and nutrition of all; while giving specific attention to critical groups of women, such as the pregnant, lactating, and those living with HIV and AIDS, who have specific needs to food.

To ensure the momentum of the work on intersectionality is kept up, and to take the message from the Bangkok Call to Action to a wider SRHR audience, ARROW organised a satellite session at the 7th Asia Pacific Conferences on Reproductive and Sexual Health and Rights (APCRSHR) on 23 January 2014, Manila, Philippines. The session was titled *"The Right to Food and Sexual and Reproductive Rights: Building Inter-movement Linkages to Revitalise and Strengthen the Agenda, and Impact of the ICPD +20 and Post-2015 Processes."*[8] The session emphasised how women in different contexts experience poverty and food

Notes & References

5 More information on the project is available at: www.arrow.org.my/?p=revitalising-and-strengthening-the-srhr-agenda-through-inter-movement-work-to-impact-the-icpd20-and-the-mdg15-processes

6 In addition to the meeting and advocacy interventions to bring together key stakeholders in these three different movements under one umbrella, several knowledge products for policy advocacy are also being produced. Thematic papers are currently under production under a series, titled Bridging the Divide: Thematic Paper Series on Linking Gender, Poverty Eradication, Food Sovereignty and Security, and Sexual and Reproductive Health and Rights. The first paper in this series, "What It Takes: Addressing Poverty and Achieving Food Sovereignty, Food Security, and Universal Access to Sexual and Reproductive Health Services" by TK Sundari Ravindran is available on ARROW's website at www.arrow.org.my/publications/ARROW%20Thematic%20Paper%2001.pdf.

7 To access the full call, the signatories, and who to contact about this at ARROW, please visit: www.arrow.org.my/?p=bangkok-cross-movement-call-on-addressing-poverty-food-sovereignty-rights-to-food-and-nutrition-and-srhr

8 The panel was moderated by Marilen Danguilan, a medical doctor and independent researcher; and had three expert speakers: Imrana Jalal, Asian Development Bank; TK Sundari Ravindran, Professor of Health Science Studies, Achutha Menon Centre for Health Science Studies, Trivandrum, India; and Narimah Awin, Consultant to Myanmar's Ministry of Health.

insecurity. It highlighted that SRHR does not exist in isolation, and that SRHR for all would not be possible when people are deprived of basic human rights, such as the right to food and nutrition. At the same time, the right to food and nutrition is intrinsically linked to the recognition and attainment of women's and girls' self-determination and autonomy in relation to their lives and bodies, and of their SRHR.

Sustaining the thrust for strengthening cross-movement analyses and alliances, a workshop session was co-organised by ARROW at the ASEAN Civil Society Conference/ASEAN Peoples' Forum (ACSC/APF) with the Asia-Pacific Network on Food Sovereignty (APNFS); the Asia Pacific Forum on Women, Law and Development (APWLD); the Asian Rural Women's Coalition (ARWC); and the Pesticide Action Network Asia Pacific (PAN AP).[9] Held prior to the ASEAN Summit, ACSC/APF is an important venue for civil society organisations to take up critical issues such as sustainable peace, development, justice and democratisation that affect the people in the ASEAN countries. The conference was held in Yangon, Myanmar on 21-23 March 2014 with participation by approximately 3,000 delegates from civil society, peoples' and grassroots organisations and individuals in Myanmar, the ASEAN region and beyond.

The ACSC/APF session, *"Building Cross-movement Alliances for Food Sovereignty, Ending Poverty and SRHR in the ASEAN,"* resulted in the following three concrete recommendations for governments:

1) Given the status of uneven progress on SRHR in the ASEAN, governments must show political commitment and provide sustained financial investments to ensure SRHR for all, including women, young people, people of diverse sexual orientation, gender identities, and gender expression, people with disabilities, migrants, displaced peoples, sex workers, indigenous peoples, and other marginalised groups. These include reviewing, amending and implementing laws and policies to uphold human rights, including sexual and reproductive rights, and ensuring universal access to comprehensive, affordable, quality, gender-sensitive health services at all stages and across all locations, to achieve the highest standard of sexual and reproductive health; services include contraception; safe abortion services; services to ensure maternal health and nutrition; diagnostic and treatment services for STIs, HIV, infertility and reproductive cancers; counselling; and comprehensive sexuality education (CSE).

2) Ensure the right to and access to adequate, culturally appropriate, nutritious and safe food for all. Pursue a common policy of food sovereignty, and increase investment in rural infrastructure, technology, research, education for small-scale farmers, including women. Review and withdraw unjust free trade agreements; put a stop to land grabbing; provide equitable access to and control of water and land; promote sustainable agricultural practices; regulate investments in agriculture; and implement a truly just land reform and administration program to secure land rights and tenure of peasants, fishers and indigenous peoples. Develop cooperation among agriculture producers in the region and consumers; pursue sustainable agriculture to address resource degradation arising from monocropping and the impacts of climate change.

3) Support development of intersectional analyses and research on food sovereignty, poverty and SRHR. Ensure meaningful engagement of civil society in shaping the future of ASEAN, and create platforms for cross-movement alliance building.

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Notes & References

9 These were Titi Soentoro (APWLD), Arze Glipo (APNFS), Maria Melinda Ando (ARROW), Narimah Awin (Consultant), and Jazminda Lumang (ARWC).

THE COURAGE TO CHANGE:

In Conversation with Nanu Ghatani

In this feature article, Maria Melinda Ando, Programme Manager for Information and Communications and the ARROW for Change Managing Editor of the Asian-Pacific Resource and Research Centre for Women (ARROW) talks to Nanu Ghatani, a farmer and the Kavre District Chairperson of the Himalayan Grassroots Women's Natural Resource Management Association (HIMAWANTI)[1] Nepal. The interview focuses on Nanu's journey as a farmer and community leader, the challenges she and the women like her face in the village with respect to gender biases, food security, nutrition security, gender, and sexual and reproductive health and rights.

This interview was held during the *Asia and the Pacific Regional High-level Consultation on Gender, Food Security and Nutrition: Ensuring the Other Half Equal Opportunities* in Bangkok, Thailand held on 24-26 July 2013.[2] The three-day regional consultation jointly organised by Women Organizing for Change in Agriculture and Natural Resource Management (WOCAN), United Nations Food and Agriculture Organisation (FAO) and the Asian Development Bank (ADB) brought together more than 70 representatives from some 18 Asia-Pacific countries, representing governments, INGOs and CSOs, in an effort to boost food security by improving gender equality, particularly in agriculture sector and food production. Dr. Olivier de Schutter, UN Special Rapporteur on the Right to Food, gave the keynote address. At the consultation, Nanu Ghatani also shared her testimonial[3] during the Panel Discussion on the Strategic Approaches: Options to address gender dimensions of food and nutrition security.

Below is the excerpt from the interview:

Malyn: Can you please tell us about yourself?

Nanu: My name is Nanu Ghatani. I am a farmer from Kavre, Nepal. I have been farming for 15 years now. We have five members in the family – 2 girls, my husband and mother-in-law. I am 35 years old. My children are in college now.

Malyn: Can you tell us how you got involved in community work, and what inspired you to be a community leader and a woman farmer?

Nanu: I come from an underprivileged, socially excluded and poor group in the community. I also married into a poor family. I could not tolerate the differential treatment and humiliation faced by my community time and again. I believed this was not right and had to do something myself and so I embarked on this work.

Malyn: What were the kinds of things that enabled you along the way in terms of your journey, and who have helped you in that journey? Also, please talk more about HIMAWANTI — what does the collective do? How many members does it involve?

Nanu: I initially started on my own. During this journey I have been inspired by many persons, especially other women. Over the years I was introduced to organisations, such as Nari Chetna, WOCAN, HIMAWANTI, and other government bodies, who have been supportive of our work in many ways, including with funding. We started as a 3-member group by contributing ten Nepali Rupees (about USD

Notes & References

1 For more about HIMAWANTI visit: www.nhimawanti.org.np/

2 For more information on the consultation visit: www.wocan.org/news/wocan-fao-adb-conduct-asia-and-pacific-regional-high-level-consultation-gender-food-security#sthash.ou7tc3Kl.dpuf

3 To listen to Nanu's testimonial visit: www.youtube.com/watch?v=iPvXOgbnnlw

0.10) per person. Now the membership has expanded to 614 women [from one village development committee (VDC) which covers 9 wards/*wadas*].

Malyn: What are the issues that women farmers face in general in your community, in Nepal?

Nanu: Women get very little support from their families; they face restrictions in movement outside their homes. Women also have little money at their disposal. Even if they are supported by families, women have very little time left for themselves after housework and caregiving responsibilities towards their family. Also, women receive little news and information either through radio or television, as they do not have the time for it nor access. The government also does not seek women's participation in planning and decision making. Even if women show interest in, and participate at these sessions, their voices are not heard and opinions are disregarded by the government personnel.

Malyn: Why do you think these challenges are happening from the individual to community level? Is it because of certain expectations of women in the Nepalese society? What is expected of women?

Nanu: In Nepal, women who take care of the house, take care of children and old persons, make delicious food for the family, make the house look attractive, have children, and take care of household responsibilities, including the fields, are considered good women. And those women who move out of the house or speak out are not considered good women. Men do outside work, get food for the family and are expected to protect the family, and women are the beauty of the house. So women are encouraged [socialised] to be within the boundaries of the house. This is applicable even to educated women.

Malyn: How did you manage to get outside the box of expectations placed on woman?

Nanu: Firstly, I had to garner my own courage. I was slowly accepted by the family and society as I was seen as doing positive things — a good social worker, manager, motivator, as well as managing the house and household responsibilities, fields and cattle in a balanced manner. The house was not disturbed by my outside work, which was seen as positive as I had not given up my responsibilities towards my family. My husband was initially not happy with me working outside the house, but started supporting me gradually. When I am successful in one work I am encouraged to take on more. That is what keeps me going.

Malyn: What are the specific issues faced by women/farmers in terms of food security, nutrition security, all things we have been discussing in the meeting?

Nanu: As per the tradition, women eat last after everyone in the family has eaten. So if there is no food left, women sometimes go hungry. Women are realising that they don't have to go far to look for nutritious food, as most of it is found in our own kitchen. If we are able to eat locally available foods, such as grains, milk, animal protein, and vegetables, it can meet our nutritional requirements, especially of pregnant women, menstruating girls and women. Things are changing today. We have 21 women groups now. So women can get information on nutrition, health, hygiene etc. We also invite experts from the local government to talk to the women about certain health and nutritional related matters. We sell milk, vegetables, corn seeds through our income-generating programmes for women. So there is more exposure and awareness among women about nutrition today.

Malyn: Is there a difference between what women eat generally and when they are pregnant? Are there food restrictions (or special foods) for pregnant women? Is there a difference between food consumption for pregnant women before and now – any changes?

Nanu: Of course there are a lot of changes. Before, there was little awareness of specific nutritional requirements for pregnant women. The misconception was that if you ate too much and the baby grew too big, delivery would be difficult. But today there is awareness regarding the food consumption and about pregnancy as they go for antenatal and postnatal checks. They receive iron folate tablets and vaccines to protect against infections such as tuberculosis. There are women health volunteers who provide information to the community about maternal and child healthcare.

Malyn: How far is the nearest maternity clinic to the village? Do they give birth at home or in the institutions?

Nanu: For the antenatal checks it is an hour's walk to the health post. But the health post does not have facilities to provide delivery services. It take about three hours (partly walking and by car) to the hospital. However, the expenses are high, (transport as well as hospital fees) so women prefer to deliver at home. They believe that money can be used for food. The health volunteers however recommend that if the labour exceeds 24 hours then the woman should be taken to the hospital for emergency obstetric care.

Malyn: Are their complications (obstructive birth), mortalities and morbidities (fistula)? Also, difficulties for pregnant farmers when working in the fields?

Nanu: Yes, there are some cases. But, these incidents are lower than before. The problems happen after the birth because of placenta retention. In general, women go to the hospital only if there is a problem. Health seeking behaviour among women is very low in the village.

Malyn: Is it usual in the community only to have two children? Do you think they have the right and exercise the right to making choices on the number of children they would like to have?

Nanu: We are poor and it would have been difficult to educate and care for them if we have more children. I also realised when I was exposed to the outside world that it is better to have fewer children – because of the financial burden etc.

Malyn: Do you and women in the community have access to contraception? What about male responsibility to contraception use?

Nanu: Men think it is the responsibility of the women so the burden of contraception often falls on the women. Hormonal pills are not easily available so women get Norplant at the hospital facility. Women also prefer Norplant because it is private.

Malyn: In this conference it was said that women are the secret weapon to ending hunger and addressing food security? What do you think?

Nanu: I fully agree with the statement. Women are responsible to manage food and food distribution in the household.

Malyn: What are the achievements of the years that you are most proud of as a woman leader and what your organisation has achieved?

Nanu: Everyone knows me as Nanu, the social activist and leader; this gives me great satisfaction. When my suggestions are heeded to and when I see the changes in the women of my community, I feel very proud.

In the community, as part of HIMAWANTI's work there are positive changes. Women have recognised their own strengths and feel they are able to do things. Also, they are more economically empowered and can recognise injustice in the society and towards them, and are not afraid to speak out.

Malyn: What are your key asks from your government?

Nanu: Whatever budget allocations are made towards agriculture, it should take into account women farmers and it should be beneficial to them. Money should go directly to the women farmers. Skill development training also should be provided directly to the women - not just for hotel management but also for women in the house so they learn how to cook without losing the nutritional value of the food.

Malyn: What is your advice to other women farmers who also want to organise?

Nanu: Change has to start with the self. Change can happen only if women get outside their homes.

The translation from Nepali to English was facilitated by Kopila Thapa, Gender and Development Studies, Asian Institute of Technology, Thailand. Nanu Ghatani can be contacted at: nhimawanti@gmail.com

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MONITORING REGIONAL AND COUNTRY ACTIVITIES

THE TRAVELLING JOURNAL ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Rural women from the Global South are creatively empowering themselves in claiming their rights especially their sexual and reproductive health and rights (SRHR). In Asia and Africa they are documenting their lived realities in an effort to empower themselves, change their current realities and thereby lend their collective voices in ensuring SRHR remains a critical agenda in the post-2015 development plan.

With the successful implementation of the first rural women's travelling journal of the Asian Rural Women's Coalition (ARWC) last year[1], the Asian-Pacific Resource and Research Centre for Women (ARROW) joins hands with ARWC for the second travelling journal project, "Our Stories, One Journey: Empowering Rural Women in Asia and Africa on Sexual and Reproductive Health and Rights."

The travelling journal was launched in early 2014, and it is hoped that the stories will highlight not just the impoverished conditions of rural women and their lack of access to resources, but also of the food and nutrition insecurity they experience and its consequences to sexual and reproductive health. The stories will shed light on the linkages between the issues, thus providing evidence to advocate for the need to address the central issue of women's control over their bodies while claiming their rights to food and food sovereignty.

The journal has travelled to seven countries[2] and will journey on to ten more[3] until September to gather stories about the inter-linkages of SRHR with poverty, nutrition and food sovereignty; issues rural women face in their households, villages and

Notes & References

1 "Our Stories, One Journey: Empowering Rural Women in Asia" ran from March through October 2013 with 8 women writers from 8 countries in Asia. Each woman expressed through prose, poems, drawings and photos her daily activities in her home, farm and community for a period of 10 days while reflecting on issues of food security, sustainable agriculture and economic development.

2 Philippines, Indonesia, Thailand, Laos, Vietnam, Sri Lanka, and Nepal

3 Mongolia, Malaysia, Burma, India, Pakistan, Bangladesh, Maldives, Benin, Mali and Senegal

Notes & References

organisations. These stories will also include their perspectives on how these concerns should be integrated in the SRHR framework of the on-going discussions on the post-2015 development agenda.

Lillian Falyao, a 37-year old leader in a mining community in the province of Benguet, Northern Philippines shared in the journal about the deplorable living conditions in miners' bunkhouses, where incidences of rape and wife-swapping is commonplace. Despite her frail health due to food scarcity, lack of social services, and stress, Lillian devotes most of her time to educating the community in the fight for women's rights, workers' welfare, and against the further expansion of mining in the region. "There is a need to continue educating ourselves and not to be easily dismayed by problems encountered along the way. If we are not going to act, who will act for us?" Lillian wrote in the journal.

After completing its first overseas journey, the journal was passed on to Lina, a high school student from the province of Bondowoso, East Java, Indonesia. In her journal, Lina shared her personal battle against forced child marriage. Thankfully, it is a battle that women in her community are helping to wage through SRHR education, lobbying for child marriage prohibition, and through campaigns to ensure sustained livelihoods.

The journal's third stop was with 30-year old Ma Ee in the Tak Province of Thailand. Ma Ee is a Burmese migrant working in a garments factory. When she became pregnant, her employer refused to allow her to visit the doctor for pre-natal care. In most garments factories, women are fired when they become pregnant, a clear violation of Thailand's Labour Protection Act. Unlike many, Ma Ee was able to retain her job after asserting her reproductive health right to visit a doctor. However, she resigned anyway before giving birth, fed up with the discriminatory practices against women, such as denial of paid maternity leave. Ma Ee now works for the Yaung Chi Oo Worker's Association, running a safe house for illegally dismissed women or women in need of emergency assistance. Her personal experience helps her when caring for migrants who are also often victims of sexual abuse, and have little knowledge of and access to contraceptives and healthcare services.

These stories and a video documentation of all the woman writers will be produced together with advocacy materials that will form part of policy intervention of ARROW and ARWC for the International Rural Women's Day and ARROW anniversary later this year.

For more information on the project visit http://travellingjournal.asianruralwomen.net/srhr/

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WOMEN FARMERS IN ASIA SPEAK OUT

Rural women constitute about 40 to 50 percent of the agricultural labour force in Asia.[1] Yet, they are alienated from the basic resources needed to farm, such as land, forests, seeds, and water. They also experience unfair competition with global markets, price volatility, high production costs, land grabbing, decreasing control over seeds, and climate variability. Women farmers experience the double burden of production and reproduction including care giving and household chores. The agricultural activities done predominantly by women include planting, harvesting, storing, processing and spraying fertilisers, which are physical, labour intensive, and have specific health hazards for women. These challenges have resulted in poverty, unemployment, limited livelihood

1 Food and Agricultural Organisation (FAO). (2014). *The State of Food and Agriculture in Asia and the Pacific 2014.* Bangkok: FAO Regional Office for Asia and the Pacific. Retrieved from www.fao.org/docrep/019/i3625e/i3625e.pdf

“The role of women [is] not only in the well, mattress, or kitchen. Women also can determine the advancement or deterioration of an organisation.”- Suryati, Farmer and Community leader, Indonesia

opportunities, low income, increased work load, food insecurity, and malnutrition, all contributing to poor health outcomes, including sexual and reproductive health.

Our Stories, One Journey: Empowering Rural Women in Asia, A Travelling Journal,[2] is an initiative jointly launched on 8 March 2013 by the Pesticide Action Network Asia Pacific (PANAP), the Asian Rural Women's Coalition (ARWC) and Oxfam's GROW campaign with the objective of empowering rural women farmers by documenting their lived realities and views. The journal travelled to eight countries – the Philippines, Indonesia, China, Cambodia, India, Sri Lanka, Malaysia and Vietnam, recording daily experiences of eight women for 10 days. The women farmers wrote about their everyday schedules, life in the communities, and how they organised themselves to tackle the issues faced by their society. They expressed themselves in prose, poems, drawings, photographs, and songs.

Their message is simple, yet powerful, which is to transform agriculture into a more equitable, fair and sustainable system. Featured here are two of the eight stories.

Thirty-six-year-old **Suryati** is a farmer and community leader in Pangalengan, Bandung, Indonesia, and has been a member of the organisation Seruni for eight years, working on land rights issues. Hailing from a poor peasant family, she recognises the importance and multiplicity of women's roles in society. She writes, *“The role of women [is] not only in the well, mattress, or kitchen. Women also can determine the advancement or deterioration of an organisation.”* In her poem, she captures the daily struggles of rural women and calls on her fellow rural women to *“...arise united clench your hand to fight anti-people regime.”*

Li Zizhen of China is a 50-year-old farmer who advocates for reduced usage of chemical fertilisers and pesticides. She writes: *“With vegetables especially, pesticides are used sparingly. Pregnant women in particular avoid using pesticides. More attention is paid to human health. ....”*

To make their voices heard by national and international policy makers, the journal was presented at the 40th Session of the Food and Agriculture Organisation's Committee on Food Security held in Rome on 7-11 October 2013. It was further discussed in the session on small holder agriculture for food security and nutrition. The demands were also the centre of coordinated actions in different countries leading towards International Rural Women's Day on 15 October, and the World Food Day commemorations on 16 October 2013.

After its successful maiden journey, the journal is now in its second phase travelling to 17 countries in Asia and Africa – the Philippines, Indonesia, Thailand, Laos, Vietnam, Sri Lanka, Nepal, Mongolia, Malaysia, Burma, India, Pakistan, Bangladesh, Maldives, Senegal, Benin, and Mali. The Asian-Pacific Resource and Research Centre for Women (ARROW) is partnering with ARWC in the second phase of the journal, which focuses on rural women's sexual and reproductive health and rights.

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Notes & References

2 For more information on the Asian Rural Women's Travelling Journal and to read other stories visit: http://travellingjournal.asianruralwomen.net/

LOCAL SOLUTIONS TO COMBAT NUTRITIONAL ANAEMIA:

A Case from India

An estimated 289,000 maternal deaths occurred in 2013 globally. India and Nigeria account for a third of the global maternal deaths with India at 17% (50,000) and Nigeria at 14% (40,000).[1] While haemorrhage continues to be the leading cause of maternal death globally and in South Asia, maternal anaemia is a critical indirect cause of maternal deaths and leads to lifelong morbidities.

Nutrition deficiency anaemia is one of the most prevalent forms of anaemia. These nutrients are especially critical for pregnant girls and women, as lack of iron and folate can lead to morbidity and mortality, cardiac failure, haemorrhage, and obstetric complications.[2] In India, anaemia is chronic among women of reproductive age (15-49), with every second woman (56%) being anaemic.[3] About 17% of maternal deaths is attributed to anaemia.[4]

Nutritional anaemia, unlike other forms of anaemia, can be tackled by ensuring a diet rich in iron, protein, and vitamins C and A. Iron rich foods are available locally in most parts of the world and therefore iron fortification through appropriate diet is an achievable goal. However, lack of knowledge of nutrition, local foods, and other social, and structural barriers particularly poverty, gender inequalities, lead to the persistence of nutritional anaemia in India.

To prevent anaemia among the Indian population, the Ministry of Health and Family Welfare introduced the National Nutrition Deficiency Prophylaxis Programme in 1970. This initiative was followed by the National Nutritional Anaemia Control Programme in 1991 with the specific aim of reducing anaemia in pregnant and lactating women, and pre-school children. However, these programmes did not put much emphasis on consuming indigenous foods and using indigenous health systems, such as AYUSH (Ayurveda,[5] Yoga, Unani,[6] Siddha[7] and Homeopathy).

Despite rapid economic growth, Gujarat is among the states in India with poor health and nutrition status. While its MMR declined from 172 in 2001 to 122 per 100, 000 live births in 2013,[8] more than half (55%) the women in reproductive age suffer from anaemia; 36.3% women have below normal body mass index (BMI); and 21.3% women are overweight or obese.[9]

In 2004-2006, the Centre for Health, Education, Training and Nutrition Awareness (CHETNA) and her partners[10] implemented a community-based project in Gujarat to address nutritional deficiency anaemia. This was done by re-introducing locally grown food and herbs in the daily diet of the population. The project was implemented in 49 communities in Malpur, Satlasna blocks of Sabarkanthaand Mehsanain Gujarat, based on the poor health and nutrition status of women and children, and income poverty. Women, including those who were pregnant and breast feeding, *dais* or traditional birth attendants, children, and adolescents, were the key target groups for the intervention. Over 100 AYUSH doctors supported the project.

As a first step, women's understanding of anaemia, its causes, prevalence and treatment was assessed by interviewing over 100 local women. The women recognised anaemia as a form of weakness caused by overwork, stress, and irregularity of eating meals. They identified seven cereals, four leafy vegetables, and five herbs as antidotes to anaemia.[11] This information was incorporated in the education and awareness materials developed for the health communication intervention. Basic principles of Ayurveda for treatment

Notes & References

1 World Health Organisation (WHO) et al. (2014). *Trends in maternal mortality: 1990 to 2013; Estimates by WHO, UNICEF, UNFPA, The World Bank and the United Nations Population Division.* Geneva: WHO. Retrieved from http://apps.who.int/iris/bitstream/10665/112682/2/9789241507226_eng.pdf

2 Thanenthiran, S., Racherla, S.J. & Jahanath, S. (2013). *Reclaiming and redefining rights: ICPD+20: Status of sexual and reproductive health and rights in Asia.* Kuala Lumpur: ARROW. Retrieved from www.arrow.org.my/publications/ICPD+20/ICPD+20_ARROW_AP.pdf

3 International Institute for Population Sciences (IIPS) & Macro International. (2007). *National Family Health Survey (NFHS-3), 2005-06: India: Volumes I. & II.* Mumbai: IIPS. Retrieved from www.rchiips.org/nfhs/nfhs3_national_report.shtml

4 Racherla, S.J. (Ed.). (2009). *Reclaiming and Redefining Rights- Thematic Series 4: Maternal Mortality and Morbidity in Asia.* Kuala Lumpur: ARROW. Retrieved from www.arrow.org.my/publications/ICPD+15Country&ThematicCaseStudies/MaternalMortality&MorbidityinAsia.pdf

5 Ayurveda is a system of traditional medicine native to the Indian subcontinent and a popular form of alternative medicine.

6 Unani is a system of traditional medicine practiced in South Asian countries, based on Ancient Greek and Roman medical practices.

7 Siddha is one of the oldest traditional treatment system originated from South India.

8 Sample Registration System Bulletin, December 2013

9 International Institute for Population Sciences (IIPS) and Macro International. (2008). *National Family Health Survey (NFHS-3), India, 2005-06: Gujarat.* Mumbai: IIPS. Retrieved from www.rchiips.org/nfhs/NFHS-3%20Data/gujarat_state_report_for_website.pdf

10 Partners include Social Action for Rural and Tribal In-Habitants of India (SARTHI), Vikram Sarabhai Centre for Development Interaction (VIKSAT), Young Citizens of India Charitable Trust, and Government Departments, Gujarat State and District AYUSH Departments, and District Horticulture and Education Departments.

11 For details of the local iron-rich foods see www.mdg5watch.org/CHETNA/12-Food%20and%20Herbs.pdf

of anaemia was referred to, and food and herbs rich in iron were further identified and shortlisted.

The communication strategy also included holding community level meetings and fairs to disseminate information on how to prevent and treat anaemia. Weekly yoga classes were held in schools, and participants were taught how to assess their haemoglobin status through physical symptoms such as the pallor of their skin. In addition, nutritious food was provided for the entire family, and free herbal medicines were distributed to women at Ayurvedic dispensaries. Another strategy was to reach out to the farmers in the community, especially women farmers. More than 200 farmers were encouraged to cultivate food crops and herbs identified as 'nutritious.' They were also oriented and motivated to farm organically without the use of harmful chemicals; and were provided saplings of nutritive local plants for cultivation.

The intervention raised the awareness on the use of locally available foods and herbs to address anaemia, and demonstrated that iron deficiency could be addressed effectively locally. Within six months of the change in diet, eating behaviour, and taking herbal medicines increased levels in Haemoglobin (up by two gram percentage) was seen in 80% of the 50 women. Women also reported being 'less tired.' The results of the project were shared with feminist organisations at the state, National and International levels through meetings such as the International Women and Health Meeting (IWHM), and with the Department of Health and Family Welfare, Government of Gujarat; the Director-AYUSH; and newspapers.

As this pilot project indicates, addressing nutritional anaemia is possible through local initiatives, and political will. National and local government policies must recognise anaemia as a critical nutritional issue affecting the large Indian rural population, especially women. Consumption of locally available iron-rich foods along with herbal medicines needs to be integrated into strategies to tackle malnutrition. Such interventions are inexpensive, and empower communities, especially women to take nutrition and health into their hands. Additionally:

- The AYUSH department needs to invest in multi-centric collaborative research on natural and locally available foods and herbs and herbal preparations for reducing anaemia;
- The Ministry of Environment, in its efforts for biodiversity conservation, must initiate programmes to document, analyse, and promote conservation of local nutritious food; and
- The National Medicinal Plants Board and the agriculture ministry need to promote cultivation of herbs that help combat nutritional anaemia.

Collaboration and coordination between government agencies is a necessary pre-requisite to improving the lives, health and wellbeing of all.

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RESOURCES FROM THE ARROW SRHR KNOWLEDGE SHARING CENTRE

ARROW's SRHR Knowledge Sharing Centre hosts a special collection on women's sexual and reproductive health and rights. It endeavours to make critical SRHR information accessible to all. To contact the centre write to dc@arrow.org.my or arrow@arrow.org.my

For a fuller list of resources with annotations see **ARROW's Annotated Bibliography on Poverty, Food Sovereignty and Security, and SRHR,** produced as an accompaniment to this AFC bulletin. Available at: http://arrow.org.my/IDC/Bibliographies/Poverty_FoodSov_SRHR_Annotated.pdf

Asian Development Bank. (2013). *Gender equality and food security: Women's empowerment as a tool against hunger* Manila: ADB. Retrieved from www.adb.org/sites/default/files/pub/2013/gender-equality-and-food-security.pdf

Gender is a key determinant to access to food, through own-production of food for those who have access to land, access to waged employment, or social protection. Yet, it has received little attention, and integration into strategies that deal with gender equality and food security in Asia and the Pacific regions. The report, written by Olivier De Schutter, the United Nations Special Rapporteur on the Right to Food, examines the current global challenges of hike in food prices, economic and financial crises, and the ecological crisis that intersect with gender dimensions with dire consequences especially to women and girls. Using the three pillars of food and nutritional security — availability, access, and use — it presents successful strategies to food and nutritional security in Asia-Pacific and other parts of the world and highlights how gender-sensitive approaches can be more effective. The report calls for an urgent need to transform traditional gender roles, redistribution of roles in the discharging of family responsibilities, and the need for complementarity in the strategies.

Caro, A. (2011). *Feminist perspectives towards transforming economic power. Topic 1: Food sovereignty: Exploring debates on development alternatives and women's rights.* Toronto, Mexico City, Cape Town: Association of Women's Rights in Development (AWID). Retrieved from http://awid.org/content/download/120099/1363617/file/FPTTEC_FoodSovgty_ENG.pdf

First in the series, it presents an analysis of the current debates about food sovereignty from a gender perspective. It explores the history of the concept, in which the international and Latin American peasant women's movement played a central role, and presents the aims and challenges of promoting the debate among gender equality advocates on how to connect with the peasant's movement vision of food sovereignty and peasants' rights.

Hawkins, K. et al. (2014). *Sexuality and poverty synthesis report. IDS evidence report 53*. Brighton: Institute of Development Studies (IDS). Retrieved from http://opendocs.ids.ac.uk/opendocs/bitstream/handle/123456789/3525/ER53.pdf?sequence=1

This report draws on learnings from audits conducted as part of a larger project that focuses on understanding the links between sexuality, gender plurality and poverty with the aim of improving socioeconomic policy and programming to support people marginalised because of their sexuality. The poverty and policy audits were conducted during 2012-13 in five focus countries — Philippines, Brazil, China, India, and South Africa. The audits looked at the relationships between people, resources, discourses, ideas/knowledge, spaces and power. Findings show that sexuality is linked directly to the physical, social and economic wellbeing, political participation and socioeconomic inclusion, and the realisation of human rights, particularly for the poor and most marginalised.

Jolly, S. (2010). *Poverty and sexuality: What are the connections?* Sweden: Swedish International Development Agency (Sida). Retrieved from www.sxpolitics.org/wp-content/uploads/2011/05/sida-study-of-poverty-and-sexuality1.pdf

The links between sexuality and poverty have not been systematically documented, despite evidence showing

the vulnerability of the poor towards sexual rights abuses, and how it can further entrench poverty. This study brings together this vital evidence of the role of sexuality in economic policies and poverty reduction efforts. It cautions that ignoring sexuality in the development policies and programmes will only exacerbate exclusions and inequalities, making such efforts less effective. The paper is written for donors, policy makers and activists working in the areas of economic policy and poverty reduction.

Koehler, G. and Chopra, D. (Eds.). (2014). *Development and welfare policy in South Asia.* New York: Routledge.

This book examines social policies in six South Asian countries — Bangladesh, India, Maldives, Nepal, Pakistan and Sri Lanka — introduced between 2003 and 2013. It looks at ways in which these policies have come about, and what this reflects about the nature of the state in each of these countries. The focus is on social policies or policies designed to address poverty and deliver welfare at the level of programming and design, i.e. the stated intent of these policies. The book presents an analysis of the fiscal space available in each of the six countries, thereby drawing conclusions about the financial feasibility of a 'developmental welfare state' model in the region.

Mathur, A. (2011). *Women and food security: A comparison of South Asia and Southeast Asia.* Asia Security Initiative Policy Series No. 12. Singapore: RSIS Centre for Non-Traditional Security (NTS) Studies. Retrieved from www.rsis.edu.sg/NTS/resources/research_papers/MacArthur_Working_Paper_Arpita.pdf

The study shows the vulnerability of women as a social group to food insecurity despite being the primary actors in the food chain. Vulnerability to food insecurity has a definite effect on the health of women and children, as well as social and economic impacts in terms of fewer opportunities for education and greater instances of early marriages. While women in both South and Southeast Asia experience high levels of insecurity, the study shows the overall situation in South Asia is worse than that in Southeast Asia. It concludes that a bottom-up approach is needed to tackle the vulnerability of women when it comes to food insecurity, from the household to the national and regional levels.

Oxfam. (2013). *Universal health coverage: Why health insurance schemes are leaving the poor behind.* 176 Oxfam Briefing Paper. Oxford: Oxfam. Retrieved from www.oxfam.org/sites/www.oxfam.org/files/bp176-universal-health-coverage-091013-en_.pdf

This paper highlights some of the key issues in relation to financing for universal health coverage. The programmes, it says may reinforce inequality by prioritising people who are formally employed and excluding the most poor and marginalised who cannot afford to pay premiums, especially women. It presents approaches that work, makes recommendations, and calls for global solidarity to stem tax evasion by multinational companies, and increase targeted aid to low-income countries.

Paruzzolo, S. et al. (2010). *Targeting poverty and gender inequality to improve maternal health.* Washington DC., New Delhi: International Centre of Research on Women (ICRW). Retrieved from www.icrw.org/files/publications/Targeting-Poverty-Gender-Inequality-Improve-Maternal-Health_0.pdf

The paper draws attention to two critical root causes of maternal mortality and overall poor maternal health. Poverty and gender are two key determinants of maternal health, which creates the conditions for inadequate, inaccessible and costly maternal health services in poor and underserved areas, and privilege the health of the male population. In its analysis how poverty and gender discrimination create barriers to access and utilisation of maternal healthcare, the paper reviews strategies designed to improve maternal healthcare utilisation, and proposes that future policies must necessarily remove financial barriers to access and improve quality and availability of maternal health services. It is important also to look at the overall health of women, put women's needs and realities as the central drivers of policies and programmes, transform gender norms that undermine the ability of women to seek maternal healthcare and foster and support the empowerment of women.

Raghuram S. (2012). *Reclaiming and redefining rights: Thematic series 5: Poverty, food security and reproductive health and rights – integrating and reinforcing state responsibilities, integrating societal action.* Kuala Lumpur: Asian-Pacific Resource and Research Centre for Women (ARROW). Retrieved from www.arrow.org.my/publications/ICPD+15Country&ThematicCaseStudies/Poverty_FoodSecurity_SRHR.pdf

The book explores the linkages of poverty, food security and sexual and reproductive health and rights (SRHR), underscoring the need to take a synoptic

view regarding the vulnerability of women's lives in the Asia-Pacific region when assailed by poverty while simultaneously accounting these factors in SRHR. It suggests action pathways borne from the world views of people affected at the grassroots, where SRHR workers take into account the broader ramifications of poverty and develop strong linkages with broader development and social movements. It underscores the need for a world view which integrates all these aspects of human needs and political governance, resulting in integrated national plans for equitable development. It suggests a way forward which will bring into focus a holistic understanding of the issues and foster social movements dealing with poverty eradication, food security, and SRHR to work with affected populations and governments in a synergistic fashion.

Ravindran, T.K.S. (2014). Poverty, food security and universal access to sexual and reproductive health services: A call for cross-movement advocacy against neoliberal globalisation. In *Reproductive Health Matters,* 22(43), 1–14. Retrieved fromwww.rhmjournal.org.uk/publications/paper-of-the-month/RHM43-751-Ravindran.pdf

Universal access to sexual and reproductive health (SRH) services is one of the goals of the ICPD POA of 1994. Universal access to health and healthcare services are also among the goals being considered for the post-2015 agenda, replacing the MDGs. Poverty and lack of food security have, through their multiple linkages to health and access to healthcare, deterred progress towards universal access to healthcare services, including for SRH needs. A more insidious influence is neoliberal globalisation. This article is based on a longer paper written by the author published earlier this year. It describes neoliberal globalisation and the economic policies it has engendered, the ways in which it influences poverty and food security, and the often unequal impact it has had on women as compared to men. It explores the effects of neoliberal economic policies on health, health systems, and universal access to health care services, and the implications for access to sexual and reproductive health. To be an advocate for universal access to health and healthcare is to become an advocate against neoliberal globalisation.

Ravindran, T.K.S. (2014). *What it takes: Addressing poverty and achieving food sovereignty, and universal access to sexual and reproductive healthcare services.* Bridging the divide: Thematic paper series on linking gender, poverty eradication, food sovereignty and security, and sexual and reproductive health and rights. Kuala Lumpur: Asian-Pacific Resource and Research Centre for Women (ARROW). Retrieved from www.arrow.org.my/publications/ARROW%20Thematic%20Paper%2001.pdf

The paper is the first in the series of thematic papers looking at the links between gender, poverty eradication, food sovereignty and security, and sexual and reproductive health and rights (SRHR). It argues that the issues of poverty, food insecurity, food sovereignty and universal access to sexual and reproductive health (SRH) services are interconnected issues, and cannot be adequately addressed in isolation. While on the one hand achieving universal access to SRH services is not possible without tackling the root causes of poverty, hunger, and of recurring economic and food crises, resulting from neoliberal globalisation; on the other hand SRHR is integral to development and achieving basic human rights, such as the right to adequate food and nutrition. It calls for all social movements — working for the right to food and against poverty and neoliberal globalisation, and SRHR — to join forces to challenge and dislodge the root causes.

Ravindran, T.K.S. & Nair, M.R. (2012). Poverty and its impact on sexual and reproductive health and rights of women and young people in the Asia-Pacific Region. In *Action for sexual and reproductive health and rights: Strategies for the Asia-Pacific beyond ICPD and the MDGs.* Kuala Lumpur: Asian-Pacific Resource and Research Centre for Women (ARROW). Retrieved from www.arrow.org.my/uploads/Thematic_Papers_Beyond_ICPD_&_the_MDGs.pdf

This paper is part of the thematic papers presented at the regional meeting – *Beyond ICPD and the MDGs: NGOs Strategising for Sexual and Reproductive Health and Rights in the Asia-Pacific Region on 2-4 May 2012 in Kuala Lumpur.* The paper presents several pathways linking poverty and sexual and reproductive health and rights. Using data on poverty and sexual and reproductive health from close to 21 countries in the Asia and Pacific regions, the paper highlights the poverty situation and its impact of SRHR outcomes of women and young girls.

Shiva, V. & Singh, V. (2011). *Health per acre: Organic solutions to hunger and malnutrition.* New Delhi: Navdanya & Research Foundation for Science, Technology & Ecology. Retrieved from www.navdanya.org/attachments/Latest_Publications5.pdf

This report is in response to the current measure of agricultural outputs in terms of yield. It argues that when yield is the sole objective and measure of agricultural production, the focus in on quantity with agricultural systems that are monoculture, chemical intensive and not on quality, nutrition, and biodiversity. It shows that a shift to biodiverse organic farming and ecological intensification increases output of nutrition while reducing input costs. It claims that not only it is a good strategy for protecting the livelihoods of farmers, but also the right to food and right to health of all our people. This proposed shift, it states, will address the multiple crises related to food systems. It shows how we can protect the environment, while protecting our farmers and our health.

Smiles, S. (Ed.) (2012). *Breaking through the development silos: Sexual and reproductive health and rights, Millennium Development Goals and gender equity. Experiences from Mexico, India and Nigeria.* Quezon City: Development Alternatives with Women for a New Era (DAWN). Retrieved from http://www.dawnnet.org/uploads/documents/SRHR.pdf

The publication presents case studies from Mexico, India and Nigeria that highlight how certain national poverty reduction strategies in the economic south have failed to challenge the root causes of gender inequality, have perpetuated gendered divisions of labour and have been very limited in integrating poverty and SRHR. Furthermore, these policies have fragmented the development agenda, wiping out the achievements made in Cairo and Beijing.

Standing, G. (2012). *Cash transfers: A review of the issues in India. New Delhi: Unicef India & SEWA Bharat.* Retrieved from www.guystanding.com/files/documents/Unicef_cash_transfers_India_published.pdf

This paper provides a review of the arguments for and against 'cash transfers' in India. It begins by identifying changes in the Indian family and household as providing the context for a discussion on increased economic vulnerability, inequality and social protection reforms in the country. It then considers the principles by which any social policy should be judged and briefly reviews the arguments on the two main types of policy on poverty in India. The paper goes on to discuss cash transfers alongside other instruments of social policy such as the Public Distribution System (PDS) and Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS). The debates draw upon international experiences and are also explored in the context of corruption, financing and the role of cash transfers in the aftermath of ecological, social or economic shocks. It concludes with a discussion on the viability of cash transfers in enabling choice and in changing individual attitudes and behaviour, especially with regard to demand for quality public services.

UNDP. (2013). *Humanity divided: Confronting inequality in developing countries. New York. United Nations Development Programme.* Retrieved from http://www.refworld.org/docid/52fcc3fe4.html

This report revisits the theoretical concepts of inequalities including their measurements. It analyses the global trends in inequalities, presents the policy makers' perception of inequalities in 15 countries and identifies various policy options in combating this major development challenge of our time. The key message of the report is that in spite of the impressive progress humanity has made on many fronts over the decades, it still remains deeply divided. It is intended to help development actors, citizens, and policy makers contribute to global dialogues and initiate conversations in their own countries about the drivers and extent of inequalities, their impact, and the ways in which they can be curbed.

UN Food and Agriculture Organisation (FAO). (2013). *2012 Guidance note: Integrating the right to adequate food into food and nutrition security programmes.* Rome: FAO. Retrieved from www.fao.org/docrep/017/i3154e/i3154e.pdf

The publication outlines practical guidance on how to integrate the right to adequate food into food and nutrition security programmes, focusing on a number of key entry points identified by practitioners as the most relevant to their work. By looking at specific cases, it shares good practices and highlights some of the challenges encountered, thus offering important elements of how to translate international commitments to reality.

UN FAO, the International Fund for Agricultural Development and the World Food Programme. (2013). *State of food insecurity in the world 2013: The multiple dimensions of food security.* Rome: FAO, IFAD & WFP. Retrieved from http://www.fao.org/docrep/016/i3027e/i3027e.pdf

The theme of the 2013 report 'the multiple dimensions of food security' presents a broader suite of indicators to measure food deprivations with the objective of having a nuanced understanding of the current state of food security in the countries, in order to design and implement targeted interventions to eradicate hunger, food insecurity and malnutrition. The report continues to be optimistic about achieving the 2015 MDG target. It examines the food security dimensions in six countries – Bangladesh, Ghana, Nepal, Nicaragua, Tajikistan, and Uganda.

UN Human Rights Council. (2012). *Report submitted by the Special Rapporteur on the Right to Food: Women's rights and the right to food, 24 December 2012, A/HRC/22/50.* Retrieved from http://www.refworld.org/docid/511cae602.html

The report discusses the threats to women's right to food, identifying the areas that demand the most urgent attention. It examines the obstacles women face in access to employment, social protection, and the productive resources needed for food production, food processing and value chain development. It makes recommendation specifically to States to effectively respond to women's and girls' needs and priorities in their food security strategies, and to relieve women's unpaid work burden in the household, while at the same time addressing the specific constraints women face and transforming the existing gendered division of roles.

Watt, M. (2013). *Breast cancer, pesticides and you!* Penang: Pesticide Action Network Asia and the Pacific. Retrieved from www.panap.net/sites/default/files/Breast-cancer-pesticides-and-you.pdf

The publication highlights the links between exposure to pesticides and the risk of getting breast cancer. It claims over 98 pesticides are linked to breast cancer, and that women are especially vulnerable and predisposed. Malnutrition enhances the adverse effects of pesticides. The lack of government accountability and regulations, and the nexus between corporations selling pesticides and breast cancer drugs make it hard to tackle the problem. It presents several recommendations in addressing the issue and urges that 'the rights of women to health, including reproductive health, must be given primacy in national and international policies and processes'.

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DEFINITIONS

Poverty (multi-dimensional): Up until recently, poverty has been measured in terms of income or consumption at the household level, and expenditure. In 2010, the Multidimensional Poverty Index (MPI), an international poverty measure, was developed for the United Nations Development Programme's Human Development Report, by the Oxford Poverty and Human Development Initiative (OPHI). The index reflects the multiple deprivations that a poor person faces with respect to education, health and living standards. These three dimensions are measured using 10 indicators such as for education – years of schooling, school attendance; health – child mortality, nutrition; and living standards – electricity, drinking water, sanitation, flooring, cooking fuel; and assets. A person is identified as multidimensionally poor if he or she is deprived in one third or more of the dimensions. The MPIs can be deconstructed by region, ethnicity and other groupings and dimensions, making it a useful tool to measure poverty.[1]

Food Sovereignty: The concept was defined and brought to the public debate by a grassroots movement La Via Campesina at the World Food Summit in 1996. It represents an alternative to neoliberal policies and is defined as "the right of people to healthy and culturally appropriate food produced through ecologically sound and sustainable methods, and their right to define their own food and agriculture systems." It is based on the principles that recognises: food as basic human right; value for food producers, their knowledge and skills and the need for them to be part of all food-related decision making; the imperative for agrarian reforms that reinstates control over all resources of production; protection of natural resources; food as a source of nutrition for consumption and not as a commodity for trade or as a weapon to control people; and the need to oppose multinational corporations and agencies that have taken control over global agriculture and food production. It also acknowledges the central role of women in food production and the creation of new social relations free of oppression and inequality.[2] Food Sovereignty along with the Rights of Peasants is seen as new human rights, those that go beyond individual food and nutrition security. It is a collective right claimed by communities, states, people or regions.[3] Food sovereignty is an essential pre-requisite for food security.

Food Security: "Exists 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". Based on this definition, four dimensions of food security are identified: food availability, economic and

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2 Declaration of the Forum for Food Sovereignty, Nyéléni 2007. Retrieved from www.nyeleni.org/spip.php?article290

3 Claeys, P. (2013). *From food sovereignty to peasants' rights: An overview of La Via Campesina's rights-based claims over the last 20 years.* Paper No. 24 for discussion at "Food sovereignty: A critical dialogue," International Conference, September, 2013. Yale, USA: Program in Agrarian Studies, Yale University. Retrieved from www.yale.edu/agrarianstudies/foodsovereignty/pprs/24_Claeys_2013-1.pdf

physical access to food, food utilisation and stability over time (World Food Summit, 1996). *Food availability entails the availability of sufficient quantities of food of appropriate quality, supplied through domestic production, imports or food aid. Food access necessitates individuals' entitlement to adequate resources for acquiring appropriate foods for a nutritious diet. Utilisation of food through adequate diet highlights the need to include non-food inputs in food security such as clean water, sanitation and healthcare to reach a state of nutritional wellbeing where all physiological needs are met. Lastly, stability refers to both availability and access to food at all times, even as a consequence of sudden shocks from economic or climatic crisis or seasonal food insecurity.*[4]

Food Insecurity: "Exists when people lack secure access to sufficient amounts of safe and nutritious food for normal growth and development and an active and healthy life." It may be caused by the unavailability of food, insufficient purchasing power, inappropriate distribution or inadequate use of food at the household level. Food insecurity, poor conditions of health and sanitation and inappropriate care and feeding practices are the major causes of poor nutritional status. Food insecurity may be chronic leading to hunger, seasonal or transitory.[5]

Undernutrition: Is the outcome of undernourishment, and/or poor absorption and/or poor biological use of nutrients consumed as a result of repeated infectious disease. It includes being underweight for one's age, too short for one's age (stunted); dangerously thin for one's height (wasted); and / or deficient in vitamins and minerals (micronutrient malnutrition).[5]

Chronic Undernourishment or Hunger: Is a state, lasting for at least one year, of inability to acquire enough food, defined as a level of food intake insufficient to meet dietary energy requirements. Hunger is defined as being synonymous with chronic undernourishment.[5]

Malnutrition: Is an abnormal physiological condition caused by inadequate, unbalanced or excessive consumption of macronutrients and/or micronutrients. Malnutrition includes undernutrition and overnutrition as well as micronutrient deficiencies.

Right to Food: "The right to adequate food is realised when every man, woman and child, alone or in community with others, has the physical and economic access at all times to adequate food or means for its procurement." It was first recognised as a human right by the United Nations Universal Declaration of Human Rights (UDHR) Article 25 in 1948, as a part of the right to a decent standard of living. In 1999, it was formally acknowledged in Article 11 of the International Covenant on Economic, Social and Cultural Rights, as a binding instrument for those states having ratified it.[6] In addition, the United Nations Special Rapporteur on the Right to Food also defined the right to food as "the right to have regular, permanent and unrestricted access, either directly or by means of financial purchases, to quantitatively and qualitatively adequate and sufficient food corresponding to the cultural traditions of the people to which the consumer belongs, and which ensure a physical and mental, individual and collective, fulfilling and dignified life free of fear."[7]

Sexuality: A central aspect of being human throughout life, it encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors.[8]

For the definitions of **reproductive health, reproductive rights, sexual health** and **sexual rights**, see: Ando, M.M. (2009). Definitions. *ARROWs for Change*, 15 (2 & 3): 19.

For the definition of **universal access to sexual and reproductive health services**, see: Ando, M.M. (2010). Definitions. *ARROWs for Change*, 16 (1): 22.

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5 Basic definitions from FAO's Hunger Portal retrieved from www.fao.org/hunger/en/

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7 UN Special Rapporteur on the Right to Food. Retrieved from www.srfood.org/en/right-to-food

8 World Health Organisation (WHO). (2006).Defining sexual health: Report of a technical consultation on sexual health, 28-31 January 2002. Geneva: WHO. Retrieved from www.who.int/reproductivehealth/publications/sexual_health/defining_sexual_health.pdf

TAKING STOCK OF THE RIGHT TO FOOD AND NUTRITION POLICIES IN SOUTH ASIA:

Do They Include Gender and SRHR?

The right to adequate food and nutrition is a universal right explicitly recognised in the Universal Declaration of Human Rights in 1948, and further acknowledged in the International Covenant on Economic, Social and Cultural Rights (ICESCR) in 1966. However, it took 30 years more before it received legal status with the incorporation of Article 11[1] into the Covenant.[2] It is intrinsically linked to all other human rights that affect our very survival. Implicit in the right to food, is the right to nutrition, as lack of micronutrients leads to malnutrition, which is the hidden hunger millions are suffering from worldwide.

As per the 2013 Global Hunger Index[3] calculated for 130 countries, the South Asian countries[4] rank poorly on the hunger score card, with India (63) lowest, followed closely by Bangladesh (58), Pakistan (57), Nepal (49), and Sri Lanka (43).

The reason why millions go hungry in South Asia is not because of food shortage, as countries such as India and Pakistan have had years of food surplus, and Bangladesh and Sri Lanka have also substantially reduced their food deficit. It is mainly due to poor food distribution, especially to the most marginalised groups; food wastage because of lack of safe storage facilities; food price speculations; and flawed policies related to poverty, food and agriculture, and food security among others.

In response to the financial crises of the late 1990s and the introduction of the Millennium Development Goals (MDGs) at the start of the millennium, governments in South Asia have initiated a number of specific social policies and programmes aimed at reducing poverty, food insecurity and hunger among others. While it is too early to assess the outcomes of these policies, a review of these policies at the conceptual level and the language used may provide some insights into how these policies will deliver in addressing gender inequalities and other marginalisations, women's empowerment, and consequently their sexual and reproductive health and rights (SRHR).

Briefly reviewed here are some of the recent social policy interventions in three South Asian countries — Bangladesh, India and Nepal — to ensure food security, and to reduce poverty.

Language of Human Rights. The governments of Bangladesh, India and Nepal formally recognised the right to food and nutrition by signing to the ICESCR, and therefore are duty bound to guarantee food availability, accessibility, utilisation, and stability for its citizens.[5] In addition, they are constitutionally bound to ensure its citizens right to adequate food — Bangladesh (15)[6], India (21, 39, 41, 43, 47), and Nepal (26). More recently, with the aim of ensuring universality of reach of social benefits, the language of rights has permeated into the social policies.

The Government of India passed the National Food Security Act (NFSA) in 2013[7], which aims "to provide food and nutritional security in human life cycle approach, by ensuring access to adequate quantity of quality food at affordable prices to people to live a life with dignity and for matters connected therewith or incidental thereto." The Act makes the right to food a legal entitlement with justiciable provision. India passed other complimentary laws such as the right to cooked school meals, information, education, to work (Mahatma

Notes & References

1 Article 11 of the ICESCR refers the right to adequate food as part of the right to an adequate standard of living; and the fundamental right to be free from hunger.

2 UN Food and Agriculture Organization (FAO). (2013). *2012 Guidance note: Integrating the Right to Adequate Food into food and nutrition security programmes.* Rome, FAO. Retrieved from www.fao.org/docrep/017/i3154e/i3154e.pdf

3 Von Grebmer et al. (2013). *2013 Global hunger index. The challenge of hunger: Building resilience to achieve food and nutrition security. Bonn, Washington DC, and Dublin: Welthungerhilfe, International Food Policy Research Institute (IFPRI) and Concern Worldwide.* Retrieved from www.ifpri.org/sites/default/files/publications/ghi13.pdf

4 Bhutan and Maldives are not included in the GHI assessment because no data is available.

5 Bhutan is the only South Asian country that has not signed on to ICESCR.

6 Figures in the brackets correspond to the article or section in the Constitution with reference to the right to food.

7 Access the Act from: www.lawyerscollective.org/wp-content/uploads/2013/09/167830870-National-Food-Security-Act-2013.pdf

Gandhi National Rural Employment Guarantee Act (MGNREGA), and to health (National Rural Health Mission). The Protection of Plant Varieties and Farmers' Rights (PPV&FR) Act, 2001 presents aspects of food sovereignty.

In Nepal, the move towards enacting the right to food sovereignty followed the filing of a case in the Supreme Court (SC) in 2008. The ruling of the SC in 2010 clearly states the justiciability of the right to food. Policies, such as the universal old age pension, Employment Guarantee Act (EGA), and the recognition of the rights of sexual minorities support for more citizenry rights.

While the right to food is enshrined in the constitution of the Bangladesh, it does not yet have a legal justiciable status, wherein the government will not be taken to court for not fulfilling its obligation.

Reference to Gender and Women. The NFSA of India and the MGNREGA specially target women. The NFSA makes special provision for women with the ration cards being provided to the eldest woman in the family (above 18 years of age). The MGNREGA promotes women's participation in the workforce by reserving one-third quota in each state for women. Further, it provides for crèche facilities, and gives preference to single women to work close to home, equal wages to men and women under the Equal Remuneration Act 1976 (Ministry of Rural Development, 2008).[8] However, there is no mention of sexual minorities and other marginalised groups in both the documents. The Supreme Court of India has recognised the legal status of the 'third gender' prohibiting discrimination based on gender identity earlier this year.[9] It is hoped that the right to food and nutrition will be extended to this group.

One of the three objectives of the national food policy of Bangladesh 2006 is to ensure adequate nutrition for all, especially women and children. Again, since gender is not explicitly mentioned the likelihood that people marginalised based on their sexual orientation are not specifically targeted in the policy implementation.

Reference to Other Groups. The policies in India and Bangladesh specifically mention people with disabilities. Nepal's policy on disabled person rights calls for non-discrimination in health, education and employment, but does not specifically mention food or nutrition of disabled persons. Since NFSA uses a lifecycle approach, adolescent and young people are included. Adolescents are also a key target population in Bangladesh's food policy. There is no specific mention of adolescents in the right to food sovereignty in Nepal; however food security policies and programmes have included adolescent groups in programmatic interventions.

Reference to SRHR. While SRHR is not specifically mentioned in the food and nutrition policies of the three governments under review, health of women, especially of pregnant and lactating women is referred to. India's NFSA, based on national and state level schemes, makes provision for the nutrition of pregnant woman and lactating mothers — provision of free meals for pregnant and lactating women, and children through the child care centres *(Anganwadi)*; as well as maternity benefit of not less than rupees six thousand, in instalments. However, no specific mention is made to the nutritional support to people living with HIV and AIDS, or other aspects of malnutrition such as obesity, which have strong links to women's sexuality and reproductive health. Meanwhile, Bangladesh's food policy also only mentions the food and nutrition of pregnant and lactating women.

The focus of the food security policies in the three countries have primarily been reducing hunger and poverty of the poor population. In this regard, provision of food at subsidised prices has been through public distribution systems (PDS), to vulnerable populations living the poverty line. Policies in these countries are not universal in its reach, with much scope for lack of transparency, accountability and corruption.

Recommendations. Sound policies are essential to tackle poverty, inequalities and food insecurity on one hand, and strong political will and accountability is needed to implement these policies on the other hand. Specific recommendations include:

1. States must lay the foundation of an inclusive society. Guaranteeing the right to food should come hand-in-hand with securing other rights, such as the right

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8 Holmes, R. Sadana, N. & Rath, S. (2011). *An opportunity for change? Gender analysis of the Mahatma Gandhi National Rural Employment Guarantee Act. Project Briefing,53*. London. ODI. Retrieved from www.odi.org.uk/sites/odi.org.uk/files/odi-assets/publications-opinion-files/6301.pdf

9 See the new ordinance at: www.lawyerscollective.org/wp-content/uploads/2014/04/Transgender-judgment.pdf

to education, health, especially sexual and reproductive health and rights, land, inheritance, employment, water, sanitation, shelter, and civil and political participation among others; they should put in place policies and programmes to respect, protect and fulfill these. Governments must increase their spending on the social sector — education, health, food and agriculture — by expanding the tax base[10], but also put in place mechanisms to ensure transparency and accountability in its delivery. This is especially true for the judicial system which must remain unbiased and quick in meting justice.

2. Gender equity and equality should be a key element in all policies and programmes that address the right to food and nutrition. Marginalised groups, based on gender, caste, class, sexual orientation and identity, education, remoteness of residence among others need to be specifically targeted to ensure universality of coverage of benefits. For this reason policies need to complement each other and not be implemented in isolation. This will also enable for transparency and accountability of governments in the implementation of policies and avoid possible corruption.

3. Food sovereignty and the rights of the farmers must be upheld. Governments must recognise the critical role of women and small farm holders, and seeds must be put back into the hands of women farmers. It is well established when women have control over seeds, it not only empowers them and ensures food and nutrition security, but also ensures the safety and sustainability of indigenous seed varieties. Policies on redistribution of land to the landless must be implemented, and farmlands and forests must be protected from being grabbed by large corporates.

4. While some governments may need external funding support for development purposes, it is important for them to put people before the corporates and donors. There also needs to be a shift in thinking from 'growth-driven policies' to 'people-centric policies' that are above profits. Food and agriculture cannot be commoditised, and therefore seeds and other consumables should neither be patented nor tampered with.

5. With evidence of links between pesticide usage, the quality of food we consume and poor SRHR outcomes, governments need to play a bigger role in enforcing stricter regulations in the sale and use of pesticides. In addition, food and public health campaigns must increase the awareness of the population on the food they consume. This can be done in collaboration with civil society organisations, schools, media, ensuring proper labelling of food and beverages.

6. The policies on food and nutrition security, food sovereignty and poverty reduction often look at SRHR issues of women only in terms of their reproductive health, particularly related to pregnancy. This narrow focus on maternal health overlooks the wide range of issues that are covered under sexual and reproductive health. Policies need to comprehensively cover all aspects of SRHR, including contraception, sexuality, fertility and infertility, and reproductive cancers, as well as cover the SRHR of young people and old, and issues of universal, equitable access to services, among others.

7. Lastly, a strong people's movement needs to be sustained, including by strengthening farmer collectives, especially women farmer collectives. Civil society organisations working on different development issues, including women's rights, SRHR, addressing poverty, food sovereignty, must also work together to sustain the counter pressure on the corporatisation of the social sector, and call for social justice.

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Notes & References

10 Expanding the tax base will entail increasing revenue for public expenditure through collection of tax especially from the rich, and will include reducing tax exceptions and waivers from corporations.

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