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Quarterly Bulletin of the Vienna NGO Committee on the Family

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Dear Readers of 'Families International',

In this 130th issue of the committee's Quarterly Bulletin, you will find four different texts that could be of interest to you or your organisation(s).

First, in honour of the 30th anniversary of the International Year of the Family, you will find the United Nation's background note on the observance of the 2024 International Day of Families. Then, on page 7, we have provided the World Bank's Climate and Health Program with a focus on putting health at the centre of climate investment and action. Similarly from the World Bank, a research brief on the topic of unequal food scarcity in regards to gender in the Middle East and North Africa is included.

Our member organisations are represented as well, namely by Make Mothers Matter (MMM) and their report on MMM's activities to promote mothers' role and rights.

As always, a list of recent and upcoming events concludes the issue of Families International.

With kind regards,
Karin Kuzmanov, M.Sc.
Executive Editor

| |
|--------------------------|
| Table of Contents |
|--------------------------|

From the United Nations

| | |
|--|---|
| Observance of the 2024 International Day of Families & the 30th anniversary of the International Year of the Family Background Note | 3 |
|--|---|

From the World Bank

| | |
|---|---|
| World Bank Climate and Health Program: Putting Health at the Center of Climate Investment and Action | 7 |
|---|---|

| | |
|---|----|
| Unequal Scarcity: A Gendered Analysis of Food Insecurity in the Middle East and North Africa | 14 |
|---|----|

From Member Organisations of the Vienna NGO Committee on the Family

Make Mothers Matter (MMM)

| | |
|--|----|
| MMM Activities to Promote Mothers' Role and Rights | 22 |
|--|----|

| | |
|-------------------------------------|----|
| Recent & Upcoming Events | 29 |
|-------------------------------------|----|

| | |
|------------------|----|
| Impressum | 30 |
|------------------|----|

From the United Nations



**United
Nations**

Department of
Economic and
Social Affairs



INTERNATIONAL
DAY OF FAMILIES
15 MAY [2024]



[2024] THIRTIETH
ANNIVERSARY OF THE
INTERNATIONAL
YEAR OF THE FAMILY

Families and Climate Change

International Year of the Family + 30

**Observance of the
2024 International Day of Families
& the 30th anniversary
of the International Year of the Family
*Background Note***

The 2024 in-person observance of the International Day of Families aims to raise awareness of the impact of climate change on families and the role of families in climate action.

Climate change negatively impacts the health and well-being of families through increased pollution, while extreme weather events exacerbated by climate change, such as hurricanes, droughts and floods, often lead to forced displacement and loss of livelihoods for families and individuals. Such events impact agricultural productivity and access to water, intensifying hunger and vulnerability. They cause economic disruption in industries sensitive to climate impacts such as agriculture and fisheries.

Our lifestyles have a profound impact on the planet. Our use of power, choice of transportation, what we eat and what we consume, from clothing to plastics and electronics, all contribute to greenhouse gas emissions. For instance, in the United States close to 20 per cent of energy-related greenhouse gas emissions come from heating, cooling and powering homes, and the average carbon footprint of the wealthiest households is over five times that of the poorest.

Without drastic action, adaptation to and mitigation of the impacts of climate change will become increasingly difficult and costly. Consequently, there is an urgent need for more ambitious climate action by governments, the private sector and citizens. Through family and community initiatives, we can foster climate action with education, access to information, training and community participation.

The Climate Ambition Summit held at the United Nations last year demonstrated that action to cut emissions and deliver climate justice is possible and practical by aligning sectoral, local, national and international plans and policies to accelerate decarbonization and advance climate justice through increased coordination and cooperation, with a focus on accountability.

Focusing on the impact of climate change on families and the ways that families can contribute to climate action through education, changing consumption patterns and advocacy is indispensable in finding solutions to challenges posed by climate change. Empowering families for environmentally friendly decision-making, supporting community initiatives and integrating family-centred and intergenerational approaches into policies can ensure more meaningful and effective climate action.

Access to education and information is critical in addressing climate change and fostering climate action. By providing families with tools to form strong foundations and habits regarding climate change, civic awareness and activism can increase. If sustainable habits and climate awareness are present within the family, parents and children can learn from each other. Policies that support and advocate for family empowerment within the context of climate change are crucial in securing a safe, resilient and sustainable future for all.

The concept of a **circular economy** has been suggested as a sustainable model to be adopted in place of the current linear, consumption-based economies of many nations. A circular economy can lead to a sustainable reduction in GHG emissions by 2050. A circular economy aims for sustainable development by decoupling economic growth from natural resources. With proper implementation and management, it is possible to achieve minimal waste and promote the sustainable use of natural resources. A more sustainable economic future can be achieved with innovative technology, smart product design, longevity of use, recycling and regeneration. Families can contribute to a circular economy by being conscious consumers and by recycling and reusing materials. By integrating ideas of circularity into early childhood education, parents can ensure that their children grow up with these ingrained values and practices. Families can also advocate for climate-friendly solutions in their communities and demand climate action at the local and national levels.

The DESA background paper to be launched at the observance, ***“Climate Change and Families,”*** stresses that families, as central building blocks of society, have a significant role in achieving the Sustainable Development Goals. As norms and values are learned in families, with proper education about climate action and sustainable living, families can pass on these values through multiple generations. Additionally, families are emerging actors in environmental protection and lobbying, through which they can advocate for sustainable food production, public policy and biodiversity, helping to ensure a healthy, clean and sustainable environment for future generations.

Another publication to be launched at the observance, ***Home, Family, and Climate Change: Understanding the power of home to transform societies in the face of climate emergency,*** resulting from the DISD/DESA collaboration with Nottingham Trent University and the Home Renaissance Foundation, emphasizes that to limit global warming, efforts should be concentrated on household activities and limiting CO2 emissions. The publication addresses the following key themes: care of the planet, climate change and public health, consumption, ecological footprint, remote economy and home-based work, connected locality and building climate resilience.

The 2024 observance of the International Day of Families and the commemoration of the IYF+30 will include the launch of the publications noted above and offer recommendations concerning families and climate action.

Moreover, the observance will focus on the achievements of the IYF+ 30 preparatory process, featuring outcomes of the major regional expert group meetings, symposia and awareness- raising events organized in preparation for IYF+30. Numerous civil society initiatives, including the Civil Society Declaration on IYF+30, will be featured, followed by an interactive discussion.

The commemorative event will include the following:

- ✚ Launch of the Background Paper on **“Climate Change and Families.”**
- ✚ Launch of the Study on **“Home, Family and Climate Change.”**
- ✚ Presentation of the outcomes of the **regional expert group meetings and events organized in preparation for the IYF+30.**
- ✚ An **overview of recommendations on family-oriented policies** in response to climate change.
- ✚ Presentation of **civil society initiatives for IYF+30**, including the **Civil Society Declaration on IYF+30.**
- ✚ **Interactive discussion** with audience participation.

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From the World Bank



World Bank Climate and Health Program

PUTTING HEALTH AT THE CENTER OF
CLIMATE INVESTMENT AND ACTION

WORLD BANK CLIMATE AND HEALTH PROGRAM
PUTTING HEALTH AT THE CENTER OF CLIMATE INVESTMENT AND ACTION

| 2



As the climate crisis escalates, evidence is mounting about its growing harm to human health and well-being. Indeed, this relationship between climate change and human health is now one of the defining challenges of our era, and, at current trajectories of change, it will remain so for some time to come. No one anywhere around the globe is beyond its reach, though staggering numbers of people – especially women, children, the elderly and those living in poverty – are more vulnerable than others.

Our only option is to act immediately, tenaciously, and creatively to address this growing challenge. If we can maximize climate-health financing and scale up collective action to strengthen health systems' defenses against climate change, we can save and improve the lives of millions of people.

For these reasons, the World Bank has launched a new Climate and Health Program whose aim is to slow and blunt the force of climate change's dangerous collision with human health. The program pivots on three foundational components that will: **assess country climate-health vulnerabilities and impacts** to design country-tailored solutions; **scale up investments to build low-carbon resilient health systems**; and **build and deepen partnerships** at global, regional, and country levels to multiply and magnify these efforts.

The World Bank has committed to substantially expand investments in climate and health across its entire existing health portfolio (currently \$34bn in health systems projects in over 100 countries) and into new

initiatives designed to build high-quality, climate-resilient and low-carbon health systems. The Bank will use the full range of its financing instruments for both adaptation and mitigation activities.

AN ALARMING AND STEADILY EXPANDING THREAT TO HEALTH



Climate change is increasingly undermining every pillar of good health and compounding the health impacts of multiple crises.

Climate change is a major risk multiplier. It is contributing to the emergence and reemergence of new and previously controlled infectious diseases; greater global food insecurity; and economic crises exacerbated by conflict. Changing climate conditions are increasing the likelihood of heat-related illnesses, altering the patterns of infectious disease transmission, and heightening health risks that emerge from extreme weather events. They are also depriving more and more people of basic human needs such as water, sanitation, and nutrition.

The 2022 report of the *Lancet* Countdown, an international research collaboration that independently monitors the evolving impacts of climate change on health, highlighted the need to put health at the center of climate action.ⁱ The report and its updated 2023ⁱⁱ edition stress that a low-carbon, resilient future can avoid the health harms of climate change and deliver improved health outcomes.

WORLD BANK CLIMATE AND HEALTH PROGRAM
PUTTING HEALTH AT THE CENTER OF CLIMATE INVESTMENT AND ACTION



Climate change threatens to push millions of people into extreme poverty, particularly in the poorest countries.

A recent World Bank analysis estimates that, over the current decade ending in 2030, an additional 132 million people could be living in extreme poverty due to climate change.ⁱⁱⁱ More than half of these people live in sub-Saharan Africa and South Asia. The analysis, which considered the impacts of climate change on extreme poverty from five different channels (health, agriculture, labor, disasters, and food prices), concluded that the health impacts of climate change are the largest contributor to increases in the poverty headcount (44 million people).

The World Bank has also estimated that by 2050 at least 21 million more people could die due to health risks triggered by climate change – risks such as malnutrition, malaria, dengue, diarrhea, and heat stress. Most of these additional deaths will occur in low-income and lower-middle income countries in Sub-Saharan Africa and South Asia, and this estimate does not even include deaths from other climate change-exacerbated risks such as floods, droughts, wildfires, and other extreme events.



Climate affects health through direct, ecosystem-mediated, and indirect pathways.

Direct impacts can occur as a result of rising temperatures and heatwaves, in addition to poor air quality. High temperatures can lead to heat stroke and dehydration and exacerbate non-communicable diseases. Of course, people who spend much of their working days outside or who lack sufficient cooling in their homes are especially exposed to these risks. Flooding and severe storms intensified by climate shocks also subject people to traumatic injury.

As temperature and precipitation patterns change, they also trigger **ecosystem-mediated** impacts. These can include increased risk of vector-borne diseases (e.g., malaria and dengue), water-borne diseases (e.g., cholera), and food-borne illnesses due to shifts in agricultural practices and food safety. As climate change raises the likelihood of infectious disease outbreaks, global health security risks also rise, as the COVID-19 pandemic devastatingly demonstrated.

Indirect impacts on health due to climate change include deterioration of mental health from climate-related population displacements, or malnutrition resulting



from disruptions in agriculture and food systems. The magnitude of these impacts has been steadily mounting over time. For example, prior to 1970, dengue fever caused severe outbreaks in only nine countries; today, it is endemic in more than 100, causing at least 100 million infections every year.^{iv,v}



Climate change weakens and compromises health systems.

Climate shocks increase the need for health services and put greater strains on health systems' capacity to meet those needs. With the increase in the incidence, severity, and distribution of climate-driven health issues, health systems experience greater demand for essential services. Also, as climate change is making extreme weather events – such as hurricanes, floods, and wildfires – more frequent and intense, there is a greater likelihood of damage to health facilities, interference with supply chains that deliver critical medications and other health products, and disruptions to workforces that provide health services.

It is already clear that most health systems will need new technologies and models of service delivery to withstand the growing stresses climate imposes on them. Additionally, climate-induced large-scale migration

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| 4



All members of a community will feel the effects of climate change, but the poorest and most vulnerable will bear the biggest brunt.

People living in poverty are disproportionately affected by climate change largely because they tend to be more exposed and vulnerable to it than others. Climate change also worsens gender inequality. It reduces women's ability to be financially independent and weakens their social and political rights, especially in economies heavily based on agriculture.^{vi} Moreover, pregnant women, children and the elderly are among those whose health is most affected by climate change.



The health sector also contributes to the magnitude of the crisis, as it produces around five percent of greenhouse gas (GHG) emissions globally.

While GHG emissions are likely much lower in lower-income countries, data confirming this are limited, and emissions may also increase in some countries, where access to quality care is particularly low. Still, there is an opportunity even in low-income contexts, to support countries' efforts to avoid locking in to high-carbon pathways and to build more sustainable and resilient health systems.

For example, the electrification of health facilities through renewable energy sources not only reduces health systems' GHG emissions but also supports the continuity of essential health services should electricity lines be compromised when disasters strike. Furthermore, the promotion of high-quality, person-centered clinical care can save lives and minimize carbon output. Evidence from the United Kingdom, for example, has found that good asthma control results in one-third the carbon footprint of uncontrolled asthma and that an effective primary prevention program for diabetes could reduce emissions by a third^{vii,viii}.

THE PROGRAM: OUR TASK AHEAD



There is a strong and urgent need to take collective action and a tremendous opportunity to build on global momentum to rein in climate change's impacts on health.

Today's choices and actions will determine the extent to which current and future generations will suffer the health impacts of climate change. We must build the evidence that guides investments, mobilize sufficient funding, and support countries to make their health systems more sustainable and resilient.

WORLD BANK CLIMATE AND HEALTH PROGRAM

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With these ends in mind, the World Bank launched its Climate and Health Program on the Health Day of the Conference of Parties (or COP28) gathering in December 2023. Through the Program, the Bank has committed to:



Generating evidence about 'countries' needs and about the most cost-effective interventions to address the climate and health crisis.



Investing in country-tailored and evidence-based solutions and scaling-up investments for low-carbon resilient health systems.



Working in partnership with other organizations to advocate for and mobilize additional resources in support of global, regional and country-level efforts to scale up climate-health actions.

A closer look at each of these priorities:



Generating evidence about the most cost-effective interventions to address the climate and health crisis.

Much more must be done to identify country-tailored investments in climate and health that provide countries maximum payoffs for the most reasonable costs. Such a “best buys” approach improves health outcomes for specific climate-sensitive diseases as it reduces their associated carbon footprint and climate-driven health outcomes.

The Bank’s Climate and Health Program will also support a Climate and Health Investment Framework that qualifies, quantifies, and drives climate-health investments. For this part of the program, the Bank will, in collaboration with partners, be guided by a “3 by 3” framework that considers activities and related financing needs and the potential sources of financing.

Figure 1 below presents a summary, and conceptual view of the “3 by 3” framework. It focuses on three goals and actions to allow countries, financiers, and partners to identify country-tailored investment opportunities and maximize finance for climate and health.

Climate and Health Investment Framework: A ‘3 by 3’ Matrix of Action and Goals

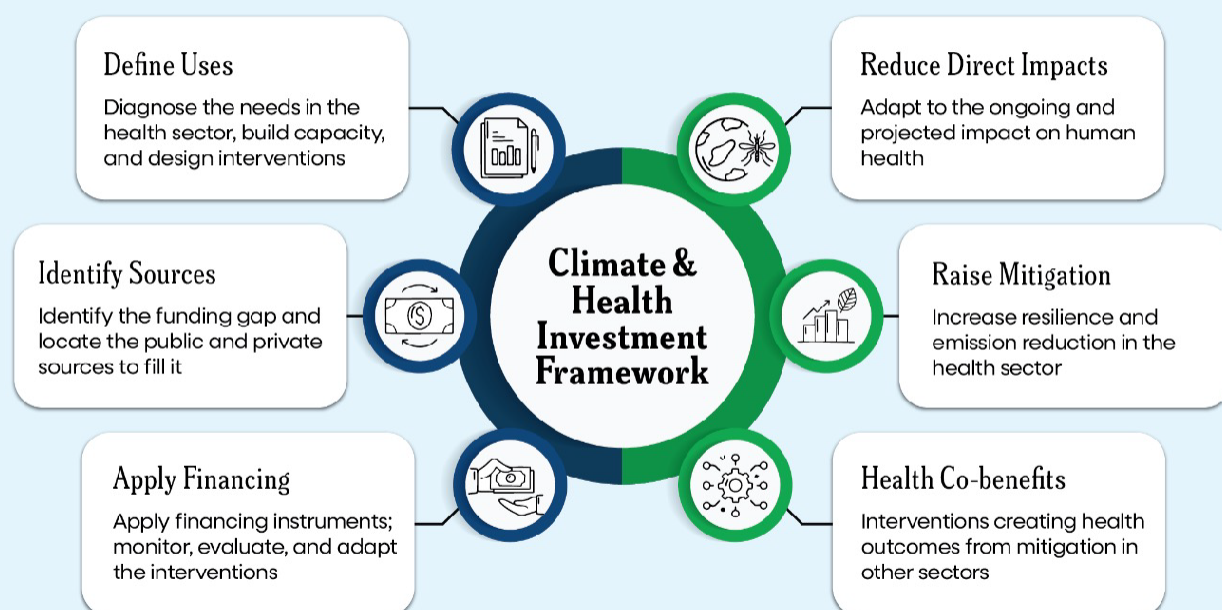


Figure 1: 3 by 3 Climate and Health Investment Framework

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Investing in country-tailored and evidence-based solutions and scaling-up investments for low-carbon resilient health systems.

The Climate and Health Program will help countries implement evidence-based, locally tailored interventions that address the intersection of climate change and health system resilience and sustainability. It will:



conduct country diagnostics such as climate and health vulnerability and carbon footprint assessments;



support national-level policy dialogues and implementation of proven new approaches in World Bank-financed projects aimed at building climate-resilient health systems;



mobilize technical assistance and financing from various domestic and international sources to support promising reforms;



and gather real-time data for monitoring of implementation progress, generating country evidence of impact, and facilitating cross-country learning.

Such investments include building strong leadership and governance, improving the quality and reliability of service delivery, expanding the capacity of the health work force, integrating information systems, and promoting sustainable and uninterrupted supply chains for medical products.

The World Bank will use its current US\$34 billion portfolio of health system investments to transition in the coming years to be fully responsive to climate needs.



Working in partnership with other organizations to advocate for and mobilize additional resources in support of global, regional and country-level efforts to scale up climate-health actions.

The Climate and Health Program will focus on strengthening and building upon its partnerships and convening power.

This can lead to better and more effective advocacy for policy reforms and a coordinated mobilization of additional needed financing to transform health systems affected by the climate crisis.

The Program will work in close collaboration with country leaders and champions, World Health Organization (WHO) and its Alliance for Transformative Action on Climate and Health (ATACH) network, the Global Fund, and Gavi, the Vaccine Alliance, as well as leading foundations, other development banks, and bilateral donors. These collaborations will focus on joint advocacy, development of global and country evidence, and the mobilization of financing to support the country level agenda.

The World Bank has also established and is co-convening the Development Bank Working Group for Climate-Health Finance, which is working to align development banks around a common agenda, namely: how to raise and prioritize development bank investments and drive climate and health commitments at the scale needed to sustainably finance essential climate and health actions.

The Working Group includes multilateral development banks and representative members of the Finance in Common network that incorporates key Public Development Banks.

The Working Group's objectives include:

- Elevating health as a climate investment priority;
- Demonstrating substantial financial commitment to support the health sector's adaptation and mitigation needs;
- Directing resources to the highest-impact interventions to improve health outcomes and reduce net greenhouse gas emissions;
- Building capacity in climate change and health at the sub-national, national, regional, and global levels, including building capacity in the private sector to help companies and investors to make the investments needed to mitigate climate change and adapt to its effects, wherever appropriate and relevant within respective mandates;
- Facilitating coordination and communication with other stakeholders, including Finance in Common, governments, other international organizations and Working Groups relevant to climate-health, academia, the private sector, and other partners.

The role of development banks in addressing climate change's impacts on health is crucial. They are uniquely positioned to mobilize significant financial resources, technical expertise, and policy influence, making them indispensable actors in driving climate action.

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Given the critical importance of strong leadership in any crisis response and reform agenda, the Climate and Health Program will also support and leverage country leaders and champions to drive the climate-health agenda worldwide. It will enable leadership capacity building and the establishment of cross-country and regional platforms for leaders and champions to exchange critical knowledge and experiences.

The program is also exploring the creation of a platform for public-private dialogue on climate and health to foster collaboration and pivot private sector investments towards climate and health. The platform will seek to define the climate-health transactions most conducive to private sector investments and delivery, as well as the conceptualization of mechanisms for blended financing to leverage private capital for climate and health financing.

The World Bank will also work closely with the Global Financing Facility for Women, Children and Adolescents (GFF) in order to incorporate evidence about diagnostics and best buys in the country-led investment cases, particularly as they relate to the impact of climate change on women and children. Complementary financing from the Pandemic Fund will likewise help strengthen surveillance and outbreak control given that climate change is raising the likelihood of infectious disease outbreaks. The Program will also include strong collaboration with external partners such as UNICEF, WHO, and UNDP, among others.

Multi-sectoral action is essential for maximum impact, and close collaboration will take place across the World Bank including with teams working on Water, Energy, Social Protection, Agriculture and the International Finance Corporation, the World Bank's private sector arm.

ⁱ Lancet Countdown Report November 5, 2022 Health At the Mercy of Fossil Fuels

ⁱⁱ The 2023 Global Report of the Lancet Countdown, November 14, 2023, [https://doi.org/10.1016/S0140-6736\(23\)01859-7](https://doi.org/10.1016/S0140-6736(23)01859-7)

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^v Zeng Z, Zhan J, Chen L, Chen H, Cheng S. Global, regional, and national dengue burden from 1990 to 2017: A systematic analysis based on the global burden of disease study 2017. *EClinicalMedicine*. 2021 Jan 6;32:100712. doi: 10.1016/j.eclinm.2020.100712.

^{vi} Eastin, Joshua. July 2018 Climate Change and Gender Equality in Developing States. *World Development*, 107 289-305

^{vii} *European Respiratory Journal* 2021; 58: Suppl. 65, OA76. https://erj.ersjournals.com/content/58/suppl_65/OA76; Sustainable Markets Initiative. Decarbonising patient care pathways

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Unequal Scarcity: A Gendered Analysis of Food Insecurity in the Middle East and North Africa

May 2023

This policy brief presents an update on the state of food security and the gender gap in food insecurity in the Middle East and North Africa (MENA) region during the COVID-19 pandemic using findings from a large-scale phone survey in 10 MENA countries, conducted by the World Values Survey (WVS) Association.^{1,2} The survey interviewed 12,366 respondents, distributed almost equally across Algeria, Palestine, Iran, Iraq, Jordan, Lebanon, Morocco, Saudi Arabia, Tunisia, and Egypt.

Key Findings

- 1 In all countries, but one, more than 70% of individuals reported experiences of not being able to afford food
- 2 Women are disproportionately affected by food insecurity, with a higher likelihood of sacrificing food within the family
- 3 Experiences of female heads do not necessarily reflect the experiences of females in male-headed households
- 4 Gender attitudes permeate unequal experiences of food insecurity between men and women
- 5 Consequences of food insecurity include lower well-being and a higher incidence of gender-based violence

Context

Recent crises of the COVID-19 pandemic and current rapid inflation expose fault lines in the sustainability and affordability of food supply. Low- and middle-income countries are especially at risk. The recent MENA Economic Update (April 2023) has highlighted the issue of rising food price inflation, particularly for the poor, and the pathways through which this exacerbates food insecurity and child malnutrition, resulting in long-run effects. MENA has one of the highest prevalence of severely food insecure people in the world, comparable to South Asia (18 percent) and behind Sub-Saharan Africa (22 percent); more than double the prevalence in East Asia & Pacific (7 percent).³ Child malnutrition is

Middle East and North Africa Gender Innovation Lab

The Middle East and North Africa Gender Innovation Lab (MNAGIL) carries out impact evaluations and inferential research to produce rigorous evidence on what works in closing gaps in assets, economic opportunities, and agency between women and men, and how closing these gaps can help achieve other development outcomes. Ultimately, MNAGIL promotes the adoption of policies and interventions that are shown to close gender gaps and improve the well-being of women and men in the Middle East and North Africa.

- 1 The policy brief summarizes the results of a more comprehensive World Bank Policy Research Working Paper, examining the relationship between gender and food security in MENA (Chaudhury, El-Shal, and Halim, 2023).
- 2 Food insecurity is usually measured and defined using FAO's Food Insecurity Experience Scale (FIES). Questions in the World Values Survey hint at food insecurity, but they may not capture the extent of food insecurity consistent with FAO's definition.
- 3 Andree, B.P.J. (2022): Machine Learning Guided Outlook of Global Food Insecurity Consistent with Macroeconomic Forecasts.

#2

not just an immediate concern but lowers education/learning outcomes, health outcomes, and earnings well into adulthood. These effects may also be intergenerational.⁴

However, due to a lack of sex-disaggregated data, few studies could speak to the unequal impacts of food insecurity by gender. Sex-disaggregation is almost exclusively limited to the contrast between female- and male-headed households. Previous studies have highlighted the inadequacy of this comparison.⁵ The composition of female-headed households—which usually lacks a male income earner due to migration, widowhood, or divorce—is uniquely different from male-headed households. Further, scarcity is often experienced differently by different members of the same household, where due to gender norms, women and girls tend to get lower priority in food consumption during economic crises. As highlighted in the MENA Economic Update, mothers play a crucial role given that the long-term effects occur through child malnutrition. Thus, the differential effects by gender are important.

What did we do?

We use a novel survey collected in collaboration with the World Values Survey (WVS) amidst the COVID-19 pandemic in 2021 to analyze the gender differences in experiences of food insecurity by women and men. World Values Surveys are cross-sectional surveys that assess individual attitudes and values, such as cultural values; attitudes and beliefs towards gender, family, and religion; attitudes and experience of poverty; education, health, and security; social tolerance and trust; and attitudes towards multilateral institutions. In addition to the standard WVS modules, this round includes questions related to COVID-19, such as perceptions of COVID-19 effects on the respondent, of their family, and in the community. The survey covers 10 countries in the Middle East and North Africa (MENA) region: Algeria, Palestine, Iran, Iraq, Jordan, Lebanon, Morocco, Saudi Arabia, Tunisia, and Egypt. A total of 12,366 adult respondents (aged 18+) were interviewed via phone between March and June 2021.⁶ The survey is representative at the national level.⁷

Importantly, given the individual focus of WVS, this survey offers a rare perspective on the individual experiences of women and men inside the household.

To explore how gender attitudes permeate experiences of food insecurity, we construct an index of “Attitudes toward Gender Equality” from 11 questions in the survey. For more details on the construction of this index, please refer to Chaudhury, El-Shal, and Halim (2023; henceforth, referred to as CEH 2023).

What did we find?

The impact of the COVID-19 pandemic on food security in MENA communities has been devastating, with high-income countries being no exception. More than three quarters (77 percent) of respondents in 10 MENA countries reported an increase in the number of families not affording to buy enough food to eat in their community since the beginning of the COVID-19 pandemic in March 2020. The largest increase was reported in Lebanon (88 percent of respondents), followed by Iraq (87 percent), Tunisia (83 percent), Iran (83 percent), Morocco (82 percent), Jordan (80 percent), Palestine (76 percent), Egypt (74 percent), and Algeria (70 percent). In March 2021, communities continued to struggle as many people had lost their jobs or their ability to earn income, and some had lost their businesses. Even in high-income countries such as Saudi Arabia, a little less than half of the respondents (46 percent) reported an increase in the number of families unable to afford enough food to eat since the beginning of the pandemic. Female respondents tend to report more of an increase in the number of families unable to afford to buy enough food to eat in their community since the beginning of the pandemic, except for Iran. The most significant gender differences in responses are observed in Algeria, Egypt, and Saudi Arabia (Figure 1). This could be associated with the pattern that women tend to be in charge of food purchases, and may be more aware of the community’s inability to purchase as much food since the pandemic.

The impact of the COVID-19 pandemic on food security in MENA communities has been devastating, with high-income countries being no exception.

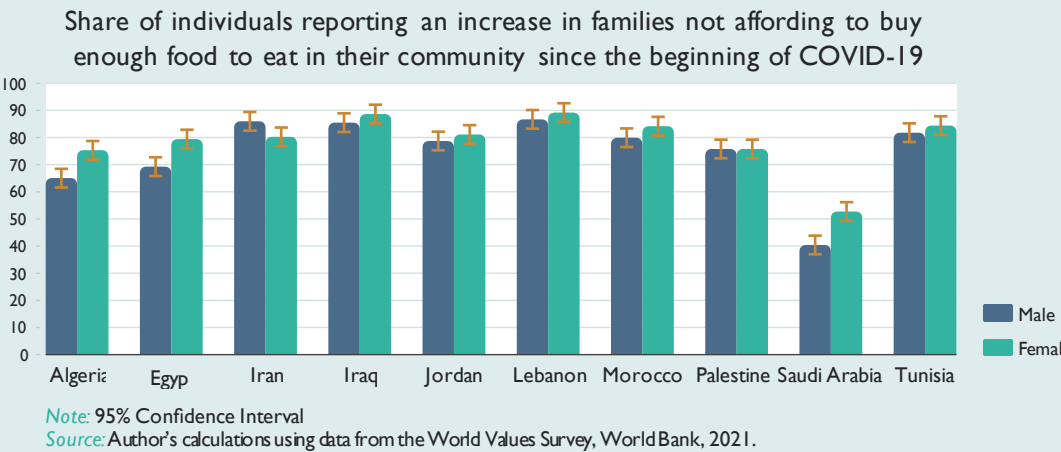
4 Gatti, Roberta; Lederman, Daniel; Islam, Asif M.; Bennett, Federico R.; Andree, Bo Pieter Johannes; Assem, Hoda; Lotfi, Rana; Mousa, Mennatallah Emam. 2023. Altered Destinies: The Long-Term Effects of Rising Prices and Food Insecurity in the Middle East and North Africa. MENA Economic Update; April 2023. Washington, DC: World Bank. <https://openknowledge.worldbank.org/entities/publication/bb648ce6-7265-4290-8ffc-52292de35065>

5 See for example World Bank Poverty and Shared Prosperity Report Chapter 5 (2018).

6 There are slight differences in the interview timeframe. For example, in Lebanon, the survey was concluded in a week (April 2-8), while it took two months to finish the survey in Iran (April 14-June 19). All 10 country surveys started in a similar timeframe, between March 28 and April 17.

7 Stratified random sampling was used to minimize selection bias. However, it is worth noting that the response rate varies across countries, from a low of 8 percent in Iran to a high of 79 percent in Lebanon and Morocco.

Figure 1

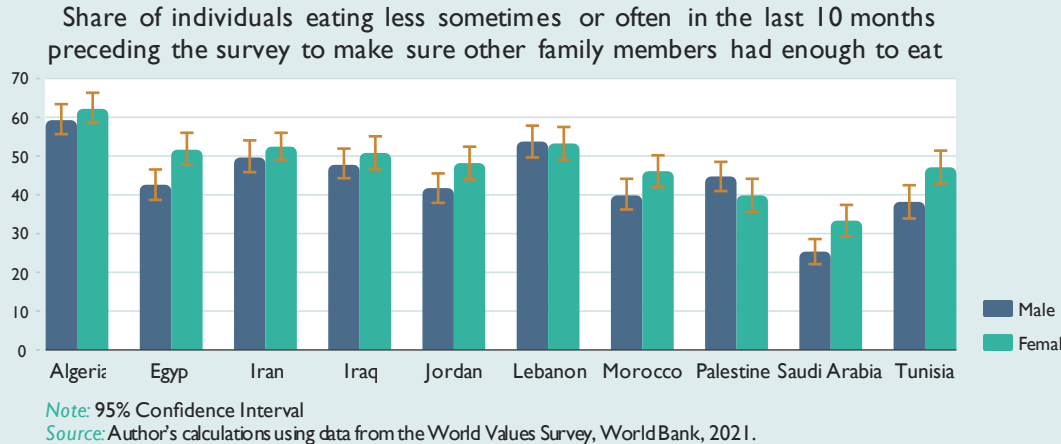


The COVID-19 pandemic unevenly impacted women's food security in MENA: women often eat less, sacrificing for their families. The WVS does not distinguish individual vs. family experiences of food scarcity. The best indicator to capture individual vulnerabilities inside the household is the likelihood of sacrificing individual food consumption for other household members. With the exception of Lebanon and Palestine, larger shares of female respondents (than of male respondents) reported that they ate less sometimes or often in the 10 months preceding the survey to make sure other family members had enough to eat (Figure 2). The most significant gender differences are observed in Egypt and Tunisia. In Egypt, more than half of female respondents

(52 percent) reported eating less compared to 42 percent of male respondents. In Tunisia, female respondents are 9 ppts more likely to report eating less than their male counterparts. Regression estimates on all 10 MENA countries suggest that, on average, women are about 2 ppts and 4 ppts more likely to say they have sometimes or often eaten less for the sake of other family members, respectively (CEH 2023).

The COVID-19 pandemic unevenly impacted women's food security in MENA: women often eat less, sacrificing for their families.

Figure 2



#4

Women experience greater disadvantages inside the household than across male- and female-headed households. Due to social norms, the patriarch of household is more often considered as the head of household than the matriarch. Female-headed households often represent a minority share of households without a patriarch, due to divorce, widowhood, or migration. In our sample, 7 out of 10 households are male-headed. In addition, there are more women in male-headed households (44 percent) than female-headed households (29 percent). Estimates of gender-differentiated impacts on food insecurity that rely on comparison between male and female-headed households are problematic for two reasons. First, it misrepresents the experience of the average female in the population. Further, it could miss out on additional disadvantages,

which are often greater in magnitude, that women inside the household face relative to other male household members. Female-headed households are around 2 ppts more likely to sacrifice food consumption than male-headed households (2.6 ppts and 2.2 ppts among male and female respondents, respectively). However, this gap is smaller in comparison to the gap between male and female respondents within the household. In male-headed households, female respondents are 5.8 ppts more likely to sacrifice food, while in female-headed households, female respondents are 5.5 ppts more likely to sacrifice food than male respondents.

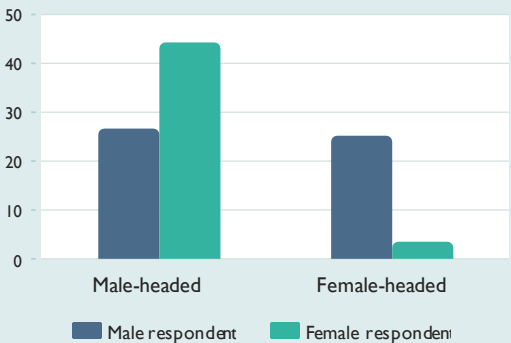
Women experience greater disadvantages inside the household than across male- and female-headed households.

Figure 3

Panel A.

Due to gender norms, households are more commonly considered as male-headed than female-headed

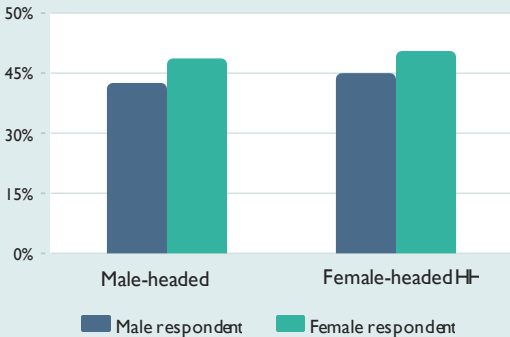
Distribution of respondents by gender of respondent and of household head (%)



Panel B.

Gender gap in the likelihood of sacrificing food consumption is greater within household than between households

Likelihood of eating less for other household members (%)



Attitudes to gender equality permeate household behaviors toward female food insecurity. In all 10 countries, male respondents tend to share slightly more traditional gender

roles (less gender equal) than female respondents. Regression estimates controlling for the gender of the respondent, an index for gender-equitable values,⁸ and

8 The gender-equitable values index takes a simple average of 11 ordinal questions on attitudes and values towards equality between men and women. All 11 questions have a Likert scale (1-4) ranging from “Strongly Disagree” to “Strongly Agree”. We reverse the order on some of the questions to ensure that larger values consistently point to more equal gender values and attitudes. The list of questions includes: (i) safety perceptions of public transport for women and girls, (ii) relative importance of university education for boys vs. girls, (iii) perception of business performance by the gender of executives, (iv) role of men as money earners and women as caregivers, (v) women studying and working in STEM field areas, (vi) rights of men vs. women to jobs when jobs are scarce, (vii) girls/women engaging in income generation activities outside the house, (viii) societal scrutiny faced by married women who work outside of home and returns after 5 PM, (ix) possibility of adult females to work (or start own business) to help their families recover after the Corona pandemic, (x) pre-school children suffer if their mothers work, and (xi) stigma against women putting their children at childcare centers to work.

#5

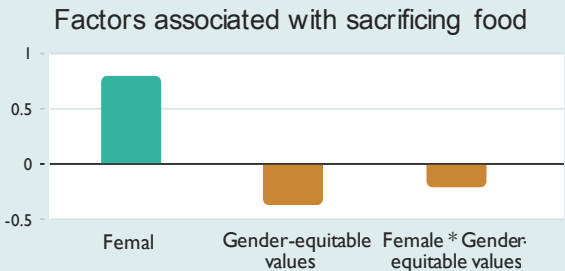
Unequal Scarcity: A Gendered Analysis of Food Insecurity in the Middle East and North America

the interaction between the two confirm the previous finding that women are more likely to sacrifice food than men (Figure 4). Moreover, it indicates that higher levels of gender-equitable values and attitudes are associated with a significantly lower likelihood of food insecurity. Interestingly, higher gender-equitable values and attitudes appear to mitigate the negative effects of being a woman on her or her family's food insecurity. This suggests that gender values are correlated with the allocation of resources, including food, and therefore, women's disadvantages (relative to men) inside the household.

Food insecurity is linked to increased risks of domestic violence against women. In all countries, except Algeria, respondents reporting food insecurity are more likely to report heightened risks of domestic violence against women in their community since the beginning of COVID-19 (Figure 5). The relationship between domestic violence and food insecurity might run in both directions. On one hand, economic hardships and food scarcity could heighten stress levels within the household, which increases the likelihood of verbal and physical arguments.⁹ On the other hand, sacrificing women's food consumption could be a manifestation of domestic violence. While this analysis is not able to establish a causal relationship in either direction, the pattern suggests a close correlation between the two factors, which may underscore the long-term impacts of a food crisis, especially among women.

Attitudes to gender equality permeate household behaviors toward female food insecurity.

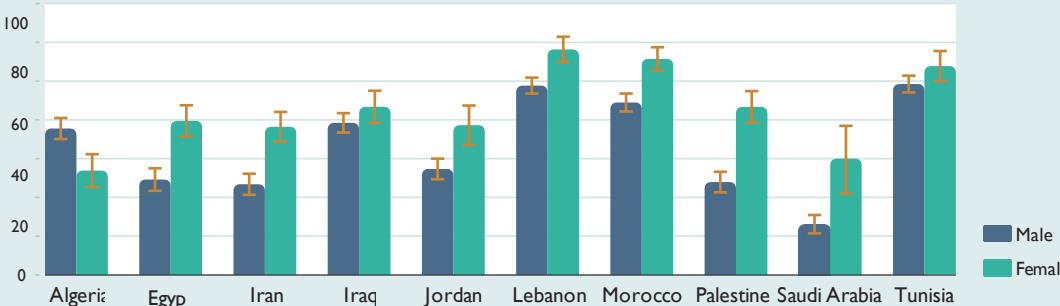
Figure 4



Note: the chart shows coefficients from an ordered logit regression of sacrificing food consumption for other household members on a female respondent dummy, an index of gender-equitable values, the interaction of the two, country fixed effects, demographic characteristics (age, urban residence, educational attainment, marital status, and household size), income level, and a dummy for experiencing an income decline since COVID-19 pandemic. Positive (negative) coefficients indicate an increase (decrease) in the likelihood of sacrificing food.

Figure 5

Share of respondents and/or their families reporting an increase in domestic violence against women in their community since the beginning of COVID-19 by food security state



Note: 95% Confidence Interval

Source: Author's calculations using data from the World Values Survey, WorldBank, 2021.

Food insecurity is linked to increased risks of domestic violence against women.

9 A similar pattern is observed among migrant communities in Indonesia at the onset of the COVID-19 pandemic. Food insecurity is one of the strongest predictors of exposure to gender-based violence (Halim, Can, and Perova 2020).

Government response and state aids were inadequate in protecting households from food insecurity during the COVID-19 crisis. On average, only 13 percent of respondents reported receiving additional income from state aid, which pales in comparison to the 70 percent of respondents who reported increased risks of food insecurity. Regression estimates reveal that perceptions of adequate government response in curbing the spread of the COVID-19 pandemic are not associated with lower food insecurity nor have it mitigated household income decline.¹⁰ In addition, while male respondents and female-headed households relying on state aid are more likely to be food insecure, state aid has not managed to mitigate the negative effect of household income decline on food security. Only in two countries did state aid have a significant mitigating effect: Saudi Arabia and Tunisia. Interestingly, in both countries, state aid was associated with a reduced negative effect of household income decline on the food security state of female-headed households in particular. Saudi Arabia provided the strongest income support for households, replacing 50 percent or more of lost salary. As for Tunisia, the World Bank estimates are consistent with previous findings that those who received emergency government support in Tunisia were 15 ppts less likely to be unable to buy their typical amount of food due to price increases than those who did not receive support, and that no similar associations were detected in Egypt, Jordan, nor Morocco. The effectiveness of state aid in Tunisia may be justified by its early and strong economic support in general—providing a comprehensive package of more than just income support. One hypothesis to be examined in further work is that the design and targeting of state aid in Tunisia may have been more efficient than the rest of the MENA region.

Government response and state aids were inadequate in protecting households from food insecurity during the COVID-19 crisis.

Women are more reliant on state aid and relatives as a coping strategy than men, with the latter significantly reducing risks to food security during COVID-19. On average, female respondents are more likely to rely on state aid and relatives as compared to males who were more likely to rely on their own business, bank loans, and savings. Around 18 percent of female respondents reported help from relatives, a key informal social safety net, as the income source their family used to live during COVID-19 days in 2021 compared to 14 percent of male respondents. Taking money out of savings is another coping strategy in a time of shock. Around 31 percent of male respondents reported savings as the income source their family used to live during COVID-19 compared to 30 percent of female respondents. This pattern may be due to the fact that women in MENA lack access to credits and savings compared to men.¹¹ Regression estimates on all 10 MENA countries suggest that help from relatives significantly mitigated the effect of income decline since COVID-19 on food security for both men and women (and for male-headed households). Savings reduced risks to food security for women but not for men (and male-headed households) (CEH 2023).

Women are more reliant on state aid and relatives as a coping strategy than men, with the latter significantly reducing risks to food security during COVID-19.



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¹⁰ The regression estimates food insecurity on household experiencing income decline, respondent perception of the adequacy of the government's response in curbing the spread of COVID-19, and the interaction between the two, in addition to household and individual characteristics.

¹¹ However, it is possible that households pool resources such that while male and female household members seek assistance from different sources, they both benefit from the assistance (equally or unequally).

#7

Unequal Scarcity: A Gendered Analysis of Food Insecurity in the Middle East and North America

Insights for policy

Persistent food insecurity in MENA post COVID-19 and the global ramifications of the ongoing war in Ukraine will have serious gendered implications on domestic violence, wellbeing, and aspirations. Using machine learning projections, the prevalence of food insecurity in MENA is estimated to be 17.6 percent, predicting that almost one in five people in MENA are likely to be food insecure in 2023.¹² Given that in most MENA countries, women experience higher levels of food insecurity, food price inflation will further exacerbate gender disparities. Negative shocks can not only have immediate effects on domestic violence against women, wellbeing, and aspirations, but also multi-generational effects on development outcomes in education, health, income—among other areas.

Persistent food insecurity in MENA post COVID-19 and the global ramifications of the ongoing war in Ukraine will have serious gendered implications on domestic violence, wellbeing, and aspirations.



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Policymakers should calibrate and prioritize responses such as expanding cash and in-kind transfer programs where beneficiaries are predominantly women and agriculture programs where there is potential to boost food production/ availability and increase female economic empowerment. Our results suggest a few implications for policy:

Policymakers should calibrate and prioritize responses

1. Rapid welfare monitoring, such as through phone surveys, should be adapted to ensure individual representation of men and women in the population. Many women reside in male-headed households, and their vulnerabilities are not captured by surveys that could only contrast male and female-headed households.
2. The expansion of adaptive social protection programs should pay attention to the needs of women in male-headed households. These women are often not well-targeted by social protection programs because of the preconceived notions that female-headed households are the “only” vulnerable group.
3. Expanding access to credits and savings to women can help build their resilience to negative economic shocks. In the absence of state aid or financial services to smooth consumption, women may resort to negative coping mechanisms such as reducing their food consumption for other household members.

12 Andree, Bo Pieter Johannes. 2022. “Machine Learning Guided Outlook of Global Food Insecurity Consistent with Macroeconomic Forecasts.” *Policy Research Working Papers*, October. Washington, DC: World Bank. <https://doi.org/10.1596/1813-9450-10202>

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From Member Organisations of the Vienna NGO Committee on the Family

May 2024



MMM ACTIVITIES TO PROMOTE MOTHERS' ROLE AND RIGHTS

MMM @ CSW68 – Investing in Mothers as They Run the Most Demanding Start-up: the Family

Organised online on the margins of the 68th UN Commission on the Status of Women (CSW), our online event “Let’s change the narrative: invest in mothers”, brought together professionals from civil society, academia and the private sector to discuss why investing in mothers, who account for over two billion women worldwide, makes sense, and how to go about achieving this. Here are the key takeaways.

Empowered and supported mothers have significant influence as catalysts for societal progress, actively contributing to the collective endeavour of shaping a more promising future. Across various spheres, multifaceted initiatives are being implemented to foster their recognition, empowerment and engagement.

One such initiative, the [Mother Centers International Network for Empowerment](#) (MINE), a member association of Make Mothers Matter (MMM), unites over 1000 Mother Centres worldwide, spanning more than 20 countries. MINE’s main mission is to facilitate the empowerment and connection of mothers within community settings conducive to shared parenting, knowledge exchange, self-care practices and mutual support. **Emese Dömösi, Director of the Board at MINE**, advocates for recognising motherhood as a transformative investment. She emphasised the manifold roles mothers undertake, highlighting their skills in leadership, economic management, crisis navigation, diplomatic negotiation, and the promotion of sustainable practices such as recycling and reusing.

In her words: **“By managing the intricacies of domestic dynamics, mothers effectively operate the world’s most challenging start-up: the family.”**

In the realm of policy formulation, investments in initiatives targeting mothers yield substantial returns and societal benefits. According to **Farah Arabe, the founder of itotheN**, a New York-based international development consulting firm, the enduring impacts of motherhood on peace, health and economic prosperity are patently evident. She highlighted the pivotal role of early maternal-child relationships in shaping lifelong mental well-being, citing Nobel Prize laureate Professor Heckman’s research, which emphasises the significant returns on investment in nurturing early environments.

Misty Heggeness, Co-director of the Kansas Population Center and Associate Professor at the University of Kansas, took the argument further by advocating for increased research into the societal impacts of maternal roles. She noted the oversight in traditional economic metrics, such as the GDP, which fail to account for the substantial contributions mothers make in economic growth through household production. To rectify this oversight, she is developing a “Care Board”, i.e. a statistical dashboard aimed at quantifying the contributions of the care economy.

From a corporate standpoint, **Michelle Davis, Principal at Deloitte Tax LLP**, underscored the progress

made in supporting mothers and caregivers within private firms. She outlined various initiatives, including rewards programmes, paid parental leave, adoption and surrogacy benefits, emergency leave provisions, sabbatical programmes, flexible work arrangements, and integrated mental health services offered by her company. Despite these advancements, she stressed the ongoing imperative to persist in efforts towards greater inclusivity and support for mothers and caregivers.

To elevate the visibility of the invaluable contributions of mothers and caregivers, Emese advocated for abolishing the “perfect mother” archetype, and showing authentic and diverse maternal experiences instead. By fostering empathy and solidarity among women, she envisions the cultivation of a more inclusive and supportive society.

Echoing this sentiment, Misty Heggeness suggested that adopting an “acting as if” approach could accelerate societal change, while Michelle Davis emphasised the necessity of elevating mothers’ issues to the forefront of public discourse and fostering an open dialogue. More women in positions of power and leadership will help change the narrative.

Read more and watch the recording on [Mothers Run the Most Demanding Start-up: the Family](#).

Among those necessary investments in mothers, MMM’s written statement for CSW68 focused on the importance of their **financial inclusion**. Read more on [Financial Inclusion, Key to Empower Mothers](#).

MMM @ HRC55 – Mainstreaming the Issue of Unpaid Family Care Work with Other Topics

MMM took an active part in the 55th session of the Human Rights Council (HRC) in March 2024, speaking at different meetings to stress the educational, social and economic impact of parents, in particular mothers, and the need to better recognise, support and redistribute the underlying unpaid care work they do on a daily basis.

As part of the HRC’s annual day of the rights of the child, one of the key topics of the session was **inclusive social protection for children**.

Speaking at the **Panel on the right to social security**, MMM called on governments to take a long-term approach with a particular focus on the realisation of child rights when investing in social security and quality public services. **MMM’s key messages:**

- Realising children’s human rights, in particular during early childhood, and ensuring that every child thrives and develops to their full potential, would contribute to building strong and well-educated communities and inclusive and productive societies. In the long term, it would also reduce poverty and inequalities and drive economic development. In turn, this would expand much needed fiscal space to enhance social security and improve public services – thus triggering a virtuous circle.
- Realising children’s rights is deeply linked to recognising and supporting the key role of parents and other caregivers, in particular mothers, and the unpaid care work they do.

Together with a group of child right organisations, MMM also co-organised a hybrid side-event that focused on **“Bridging gaps for children’s rights and inclusive social protection”**.

An inclusive social protection approach for children, one that leaves no child behind, seeks to address the specific economic and social vulnerabilities they face. It ensures adequate income that

takes into account the diverse and intersecting situations of vulnerability that children may face, for instance, due to their family situation or disability, or as a result of disasters such as climate change, pandemics and conflicts.

This approach should also be gender responsive, include age-appropriate care and protection needs, and cover individuals, often mothers and female relatives, who undertake the child's care, mostly unpaid and unrecognised.

For children, all of this is important because poverty and socioeconomic vulnerabilities impact them differently and disproportionately. Living in or being vulnerable to poverty fundamentally undermines their future, often with lifelong consequences, impacting their opportunity to access quality social services and undermining their dignity, confidence and chances in life.

Every child has the right to be properly cared for in family settings for their well-being. Therefore, social protection should, in particular, support families in all their diversity and ensure that parents and other caregivers have the required resources and skills to provide nurturing care and education, especially during the critical early years. Poverty reduction strategies are particularly essential, as poverty is a driver of abuse and violence in families and of family separation. Single-parent families need specific support. Social protection for children cannot be disconnected from social protection for their parents or legal guardians.

Speakers included **Ann Skelton, Chair of the Committee on the Rights of the Child**, as well as **Shahra Razavi, Director of the Social Protection Department at the International Labour Organisation (ILO)**.

For more information visit [Inclusive Social Protection for Realizing Children's Rights](#). The recording is available [here on the MMM YouTube Channel](#).

Read more on MMM's participation in the 55th session of the Human Rights Council: [Supporting Mothers as Caregivers and Educators – MMM @ the Human Rights Council](#).

A Green Deal Must Include a Care Deal – Maternal Mental Health in the Spotlight at the EU Parliament

Together with MEP Maria Noichl, MMM co-hosted an event on peripartum depression at the EU Parliament.

At this Conference, numerous speakers from diverse backgrounds addressed the importance of supporting women with symptoms of depression before, during and after pregnancy. Although it is known that **poor maternal health has many negative effects both on the mother and the baby**, there are no EU-level policies currently in place that specifically address this issue.

Here are some of the **speakers' contributions**:

MEP Maria Noichl from the **EU Parliament (S&P)** stressed the urgent need for a **Green Deal that also includes a Care Deal**, with a particular focus on women's mental health and well-being before, during and after pregnancy. She added that organisations like MMM play a very important role in advocating for this topic and bringing it to the attention of policy-makers. **"This is some of the most important work that we can and have to do together"**, Maria Noichl said.

Professor Ana Ganho Ávila, a clinical psychologist at the University of Coimbra, Portugal, and action chair of the [RiseUp-PPD](#) project, introduced the project and the group's [newly published guidelines](#).

The guidelines are mainly geared towards clinical practitioners to help them screen for and treat PPD in practice, as well as to try to prevent it in the first place by better supporting mothers during what is a time of great change and increased vulnerability. She underlined the fact that **prevention is not only part of the job of clinical practitioners, it is a collective responsibility** that all of us have to take part in and promote in our communities. In this respect, MMM recently spoke with Professor Ganho Ávila about the urgent need to **break the silence on maternal mental health** and the role we all play in achieving that.

You can listen to the conversations [here](#).

Professor Mariana Moura Ramos, also a **clinical psychologist at the University of Coimbra, Portugal**, and **Professor Sandra Nakić Radoš**, a **psychologist from the Catholic University of Croatia**, called on the MEPs in attendance to support the [guidelines](#) and circulate them in their circles of influence, establishing them as the go-to reference for engaging in maternal mental health work.

Lena Yri Engelsen, the **Secretary General of the Norwegian-based patient organisation 1001 Days**, highlighted the fact that **pregnant women and new mothers are not often formally recognised as vulnerable groups in society** and that we have to push to change this so they are more protected within our health, social and legal systems. One of Lena's main takeaway messages was: **"You are not a bad mother. There is nothing wrong with you. With the right help, you will get better."** And she added that "if we don't plan, we plan to fail the next generation."

Professor Annette Bauer, an **Assistant Professor and Research Fellow in the Care Policy and Evaluation Centre at the London School of Economics**, told us how **poor maternal mental health is strongly influenced** by various **social determinants**, such as gender discrimination, violence, lack of social support, socioeconomic status/poverty, substance abuse and natural disasters, among others. She presented some startling figures about the economic impact of the situation in Europe. If left untreated, the estimated cost burden for the EU would amount to **8.1 billion euros, of which two thirds** would come specifically from the **long-term impact of how a mother's mental health can affect that of her child(ren)**. Professor Bauer insisted that the EU has the ability to be a lead change-maker in this area – to put our mothers and children at the forefront. What is needed is greater political support and better resource allocation.

Dr. Alain Gregoire is a **consultant in perinatal psychiatry** in the UK, founder and current **Chair of the Global Alliance for Maternal Mental Health** and founder and **President of the Maternal Mental Health Alliance** in the UK. In his passionate call to action, he powerfully framed maternal mental health as a society-wide **"hidden pandemic"**. According to Dr. Gregoire's reports, depression is **the number one major complication of maternity**. The pregnancy and postpartum periods are the times when the risk for severe mental illness is the highest in life. In many places (even in developed countries like within the EU!), it is **the leading cause of maternal death**. The effects of this also extend to the infant/developing child. For example, if a mother has anxiety during her pregnancy, this doubles the risk of the child having emotional and behavioural problems later on. We know that early emotional adversity and poor mental health are **transgenerational and for children living in poverty**, it is not the subpar conditions themselves that have the greatest negative impact. Instead, **it is the mother's emotions and internalisation of poverty that get passed on**, be it as early as in the womb or as the child develops.

Watch the conversation series we had with Dr. Gregoire on maternal mental health [here](#).

For him, this "hidden pandemic" **can be avoided if the right action is taken**. As members of civil society, we all have the responsibility to speak up and demand that action be taken and sustainable change be made.

In their closing remarks, **MEPs Maria Noichl and Radka Maxová (S&P)** stressed the urgent need to recognise and include mental health during the peripartum period, and that this should be

formalised in laws and policies. Since **women constitute more than 51.7 % of the European population, their health – both physical and mental – should be taken into account by Europe** and its key decision-makers.

MMM's President, Anne-Claire de Liedekerke, concluded the event by saying: "Working together with researchers, policy-makers and civil society is necessary. These findings can then lead to policy-making, awareness-raising, and bringing about change in the lives of mothers and their families."

Access the full article [here](#).

Empowering Families for a Better Tomorrow – Insights from the We Learn Everywhere Conference

The final EU conference of the **We Learn Everywhere** project sponsored by Erasmus+ (European Union), which Make Mothers Matter coordinated, took place recently at the European Economic and Social Committee (EESC) in Brussels. The partners of the project include: UNESSA (BE), CANDIDE (BE), Acción Familiar (ES), Symplexis (EL), ReadLab (EL), University of Torino, Dept. of Psychology (IT).

Marked by insightful presentations and discussions, the event addressed the challenges and opportunities that exist in parenting within our complex society, and highlighted the tools created to provide parents with the necessary support for a positive environment at home and greater family well-being.

Because families need knowledge, resources and a supportive community to nurture the next generation.

Some of the **speakers** included:

MEP István Ujhelyi from the **EU Parliament (S&P)** has been advocating for the importance of mental health at the EU together with other colleagues from different political parties.

Addressing the Conference, he said: "We are on a good track, but we face challenges as well. One of the biggest problems remains the question of competence. Health is not an EU competence and it's not easy to change things in every Member State. European leaders should recognise that investing in health and well-being is not merely a cost but a long-term investment in our society and economy." And he added: "We need to infuse well-being and health considerations into the very fabric of EU policies, ensuring they don't remain isolated topics but rather form the cornerstone of decision-making processes." MEP Ujhelyi ended his speech by advocating for the creation of an EU-wide and also national plan for mental health, a real Mental Health Strategy, which could play an integral part in the European Health Union.

Lucía Jiménez, Professor of Developmental and Educational Psychology at the University of Sevilla, began her presentation by stating that there is not a single way of being a parent.

She highlighted the social responsibility of being a parent together with the right of families for quality parenting support. Her presentation focused on promoting parenting competencies for quality family support. Professor Jiménez defined parenting competencies as "the feelings, attitudes, knowledge, skills and strategies required for an adequate performance of parental duties and responsibilities."

She also highlighted that they exist at multiple levels: 1) the **individual** level (such as the adequate perception of the parental role, emotional self-regulation and the management of stressful situations; 2) the **interaction** level (such as beliefs about development; affect, communication and

acceptance; norms and supervision; stimulation and structuring; school implication; 3) the **family system** level (such as house management, shared time as a family, co-parenting; 4) The **community** level (community support).

Orlanda Cruz, Associate Professor at the faculty of Psychology and Education Sciences of the University of Porto, approached the question of raising resilient children through the framework of positive parenting for the children's development. She explained how to attain emotional resilience in children and what parents can do to help.

She explained that to become emotionally resilient, children must develop the ability to: recognise, understand and accept feelings; express feelings in appropriate ways; face and resolve difficult situations; and cope with stressful or upsetting situations. In summary, she added that stressful situations offer children the opportunity to learn how to cope. While coping with difficult situations and finding solutions, children become better prepared to cope emotionally with the challenges that appear later in life, which makes them more emotionally competent.

Laura Vismara, Professor of Clinical Psychology at the University of Cagliari, presented a study on the effects of "mentalisation on parental stress and depression".

"Mentalisation" is a "caregiver's ability to understand her/his child's behaviour in terms of mental states (feelings, desires, beliefs and intentions), differentiating the other's psychological characteristics from one's own." For parents and carers, it is difficult to "mentalise" in the face of intense negative affects (fear, anger, sadness). A key message of her intervention was that attachment is a primary need, all children attach to their caregivers. Attachment is a secure base. And high "mentalisation" in parents produces secure attachment in children.

Chiara Piccolo, Head of European Affairs at the [Learning for Well-being Foundation](#) (L4WB), presented a framework for well-being. She defined it as "realising one's unique potential through physical, emotional, mental and spiritual development in relation to self, others and the environment. She elaborated on the nine core capacities, innate from birth, that can be used and nurtured to attain well-being. Those capacities are: relaxing, embodying, observing, sensing, reflecting, listening, inquiring, empathising, and discerning patterns.

Sonia Grimm, author, composer and mediator, and **Steve Alban Tineo, a professional conflict negotiator**, both from the [Association "Parle-moi"](#), talked about the lack of women taking part in peace processes worldwide and the major obstacles to their personal success.

Sonia emphasised the need to learn to interpret our own thoughts. For her, "our thoughts are not telling you the truth, they are influenced by: an unconscious selection of the focus, past experiences, emotions and feelings, and beliefs and conditioning". Between 70–95% of our behaviours are unconscious. She said the mantra to have is: "Whatever my past, whatever beliefs I have received, whatever experiences I have had, I can choose to become aware of them, to become who I want to be. True freedom is being free from the beliefs and conditioning inculcated by others, and by a partial interpretation of reality and of past experiences."

Following the experts' panel, the WLE project partners underlined the numerous **results of the project**:

A **toolkit** on children's mental health and well-being and a **set of pedagogical and didactic activities**. The booklet addresses professionals, parents and carers from all backgrounds, with a focus on families from disadvantaged backgrounds. It provides them with an introduction to children's mental health and well-being. The set of didactic activities is a collection of 39 fun activities that also have an

educative purpose and are easy to implement both for parents and caregivers to spend some quality time with their children.

The **Digital Learning Center**, a platform offering an online course on the challenges faced by modern families, consists of nine educational video modules filled with theory and analysis targeting different age groups.

The **We Learn Everywhere Parents Forum**, a Facebook forum for parents to exchange on the course as well as on other topics of common interest, aimed at bringing them together to share their experiences. The Digital Learning Center is multilingual (EN, ES, FR, GR, IT) and free for all to use.

Finally, the **Virtual Library**, a collection of more than 60 free and accessible resources from external authors, available in more than 12 languages.

The conference culminated in a round-up by Johanna Schima, Head of the EU Delegation at Make Mothers Matter, calling for the implementation of a policy framework aligned with the Convention on the Rights of the Child and the Positive Parenting Recommendation. This underscores the importance of parenting competences, including emotional self-regulation, stress management, and adaptability, as crucial for the healthy development of children and families.

The message is clear: supporting families through knowledge, resources and a supportive community is imperative for nurturing the next generation.

Access the full report [here](#).

Compiled by Irina Pálffy-Daun-Seiler, MMM Representative to the United Nations in Vienna, with input from Valérie Bichelmeier, Vice-President and Head of MMM UN Delegation, and Johanna Schima, Vice-President and Head of MMM European Delegation.

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| Recent & Upcoming Events |
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2024

June

03. – 04.: ICFSC 2024: 18. International Conference on Family Studies and Community (New York, US); <https://waset.org/family-studies-and-community-conference-in-june-2024-in-new-york>

03. – 04.: ICWEWR 2024: 18. International Conference on Women, Education and Women's Right (Sofia, Bulgaria); <https://waset.org/women-education-and-womens-right-conference-in-june-2024-in-sofia>

July

18. – 19.: ICFHD 2024: 18. International Conference on Family and Human Development (Paris, France); <https://waset.org/family-and-human-development-conference-in-july-2024-in-paris>

August

15. – 16.: ICFP 2024: 18. International Conference on Family Planning (Barcelona, Spain); <https://waset.org/family-planning-conference-in-august-2024-in-barcelona>

29. – 30.: ICCWSS 2024: 18. International Conference on Children, Women, and Social Studies (Sydney, Australia); <https://waset.org/children-women-and-social-studies-conference-in-august-2024-in-sydney>

September

12. – 13.: ICBCF 2024: 18. International Conference on Bullying, Cyberbullying and Family (Rome, Italy); <https://waset.org/bullying-cyberbullying-and-family-conference-in-september-2024-in-rome>

19. – 20.: 17. ICFS 2024: 18. International Conference on Family Studies (London, UK); <https://waset.org/family-studies-conference-in-september-2024-in-london>

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