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Human Rights and Malnutrition for Women in the Congo

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The Rwandan genocide has been considered one of the greatest and bloodiest conflicts in our modern times (Beauchamp). The lack of UN and worldwide interference has created devastating ripple effects that are still felt in the area today. For instance, the neighboring Democratic Republic of the Congo has slowly devolved from a promising developing country to one strife with violence and instability.

A country roughly the size of the American Midwest, this tropical country sits right on the equator. It boasts a lush river basin, the Congo Rainforest, and mountains in the east with rich stores of diamonds, gold, and coltan. Aside from mining, its other most profitable industries include agricultural, and hydroelectric potential (CIA, "Congo, Democratic Of"). In fact, it holds an estimated 24 *trillion* dollars worth of natural resources alone ("International Crimes."). But despite the wealth of resources, 63% of people by 2014 lived below the poverty line and almost 30% of children under 5 were malnourished. (CIA, "Congo, Democratic Of"). To boost overall public health and nutrition rates, we need to turn our attention to the women who are often the wives and caretakers in Congolese culture. Yet unsurprisingly, the statistics, opportunities, and overall treatment of women is much, much worse.

The typical woman living in a rural area will most likely farm to provide for her family. Cassava is a popular choice and a staple of the Congo diet (Bauer). In her late teens or early twenties, she may already have one or several children. The DRC ranks 3rd in the world for fertility rates as their cultural expectations push towards having large families, and women often have an average of 5.7 children (CIA, "Congo, Democratic Of"). Within her community, she will be encouraged to support her family, raise children, and might possibly have attended school for an average of 9 years (CIA, "Congo, Democratic Of"). With the intervention of foreign industries and humanitarian aid, she may have been able to receive an education, instruction on how to better provide for her family, or training for a better livelihood. However, that's not the case, especially in the mountainous eastern region of the DRC.

So how did a tiny country the size of Maryland manage to create one of the most dangerous places in the world to be a woman? ("Democratic Republic of Congo"). In the mid 1990s, ethnic conflicts in Rwanda resulted in hundreds of thousands of refugees and rebel groups fleeing across the border to the DRC. Over the years these groups continue to fight the DRC military for territory and control over the DRC's mineral sources (CIA, "Congo, Democratic Of"). And despite several years of conflict, the DRC's poorly organized military and corrupt government officials have been ineffective in suppressing both of the rebel groups. This has led to the vast proliferation of rape being used as a wartime tactic to intimidate and control civilians who have been caught in the crosshairs ("International Crimes").

Far too few cases of rape are reported, and even fewer ever get justice. Congolese military and courts are often too ambivalent or corrupt to care about what is seen as the natural consequence of wartime ("Children of the Democratic Republic of Congo"). The terrifying truth is that the population is slowly becoming desensitized to rape after so many decades of war. And what's even more astonishing is the fact that most victims still face recrimination and isolation from their families and communities ("Children of the Democratic Republic of Congo"). Despite such a normalized practice, women still suffer the consequences. And as one may expect, this lack of attention to over half of the population (including the children) has detrimental effects on the population's overall health. In addition, only about 20% of the population practices contraceptives, the result of the cultural push for larger families (CIA, "Congo, Democratic Of"). As a result of rampant sexual abuse and lack of contraceptives, it's been

estimated almost 520,000 adults and children currently live with HIV or AIDS (UNAIDS). And as such, women often leave their children malnourished, with HIV or AIDS, homeless, or all three. More often than not, these children are sold into slavery, sex trafficking, or pressed to join those same rebel gangs, thus perpetuating the cycle of violence (“Children of the Democratic Republic of Congo”). So how can one even begin to try solving the problems that have been fomenting for decades?

To correct such egregious violations of human rights, we must first address problems like malnutrition that puts everyone at a disadvantage regardless of age, ethnicity, or gender. Malnutrition has been claimed as the number one contributor to disease according to the Food and Agriculture Organization of the United Nations (Cardenas et al. 1). Impoverished countries especially have difficulties getting enough Vitamin A, which is very important for children and women especially. Vitamin A deficiencies often result in lower birth rates, stunted growth, a weaker immune system, transmission of HIV from mothers to fetuses, and in some severe cases, impaired vision and blindness (“Nutrition of Women”). There’s also the chance pregnant and breast-feeding women with Vitamin A deficiencies can pass those same deficiencies to their children as well (“Nutrition of Women”). Iron is also a crucial nutrient that is often lacking in underdeveloped countries. Women are especially vulnerable to anemia because of pregnancy and menstruation, and can also lead to cognitive defects and stunted growth in their children as well (“Nutrition of Women”). As such, women who lack resources and education on how to address these problems are at a physical, mental, and social disadvantage, often leaving her and her children more vulnerable to human rights violations. So how can we address common nutrient deficiencies in the DRC?

Correcting improper hygiene in the home is the first step to improve health and educate women who are often the caretakers. Even if a family has good nutrition, improper hygiene increases the risks of getting diseases and can cause environmental enteropathy, described by Kuhl, a researcher, as a condition which reduces nutrient absorption in young children. A recent program called the Reducing Enteropathy, Diarrhea, Undernutrition, and Contamination in the Environment or REDUCE program, focused on combating those exact problems. Using a care-model, the REDUCE program reached out to 102 DRC households and provided information, education, and supplies to promote hygienic practices in their household (Kuhl et al). Paid educators would educate ten community volunteers who were often leaders in the local community on practices like proper fecal disposal, separation of animals and livestock in their home, and proper composting methods (Kuhl et al). The program reported great success by introducing simple plastic mats to provide clean spaces for children to play, the construction of simple indoor hutches for animals, and efficient storage and production of compost (Kuhl et al). Kuhl and the researchers found the participants became better educated on how hygiene affects their health and most importantly, interest in the program from neighbors and other communities increased after seeing the effectiveness of the practices. As this study proves, prolonged and in-depth education on proper hygiene can greatly impact the health of an entire family, laying a good foundation for solutions targeting malnutrition to be effective.

If proper hygiene practices are enacted, one solution to combat malnutrition could be through biofortification of cassava. As described in Aristizabal’s paper on the manufacturing process of cassava, biofortification is the “addition of one or more nutrients to a staple food in order to improve its [nutritional] quality.” Currently, cassava is one of the biggest food staples in the DRC, and its industry produces over 1.5 million metric tons each year (Bauer). This white, starchy root is valuable in developing countries due to its high caloric content compared to similar vegetables like sweet potatoes or beets, and is often ground into flour to make bread and other goods (Elliot). It’s also drought-resistant and thus grows well in the DRC. Many families already farm and consume cassava on a daily basis to feed their families or sell to send their children to school (Bauer). However, there are a few drawbacks. Because it’s poisonous raw, it’s necessary to cook cassava, resulting in the loss of most of its nutrients, specifically Vitamin A and iron (Elliot). Specific biofortification of cassava might look similar to another

well-known and controversial plant: Golden Rice. Golden Rice has been developed primarily for Asian cultures and climates to tackle Vitamin A and iron deficiency. By combining the genes of beans, *Aspergillus* fungus, and wild rice, Golden Rice not only *has* more iron content, but it also increases iron uptake from other foods (“Golden Rice Project”). If we were to modify cassava in a similar way as Golden Rice, overall health could improve, especially for pregnant women and malnourished children. However, aside from scientific challenges, biofortified foods often have a difficult time establishing a foothold in populations who are wary of GMOs as well as worries about growing success and consumer reception (Charles). However, there are ways to tackle those reservations, and it’s been done before in the form of Southern Africa’s sweet potatoes.

Another staple like Cassava, potatoes have been around African countries like Uganda and Mozambique for centuries after being introduced from Latin America (Charles). However, white and yellow-fleshed varieties were favored because of their shorter growing times and higher density, even though they lack beta carotene which is important in developing Vitamin A (Ngumbi). The orange-flesh sweet potato that was popular in America however, does provide more Vitamin A and grows just as well. The problem was getting the growers and consumers to accept it. However, through combined government programs, international, and domestic efforts and campaigns, the sweet potato is now a well-known staple of South Africa (Charles). Traveling demonstrations, taste-testings, even local songs that promote the sweet potato’s virtues and ways to cook it have permeated South African culture and reduced Vitamin A deficiency as a result (Ngumbi). Through decades of concentrated effort, a population can slowly become educated and healthier as a result of accepting biofortified foods.

Combining biofortification efforts of cassava and other similar plants, along with a concentrated outreach program to assimilate it among growers and consumers might be the key to addressing malnutrition in the DRC. Expanding and modernizing the industry can cause positive and lasting impact in society beyond addressing malnutrition as well. Aside from growing the nation’s economy, women and children will be given more opportunities to work and stay off of the streets (Bauer). Families will have a better chance of sending their children to school and women will be able to seek other education and employment opportunities. As more areas urbanize, groups like the REDUCE program and UNAIDS can better establish themselves in communities and provide resources and education for women on how to manage their health. Giving women power over the health of themselves and their families may be able to encourage a cultural shift in perspective towards women’s roles and rape (UNAIDS). The ultimate goal in breaking the ongoing cycle of violence and suffering for women and their children in the DRC.

However, these rosy predictions of Cassava creating a harmonious future are marred by two large obstacles: government corruption and lack of global response. In the 1990s the UN gathered to discuss how to handle the growing threat of violence in Rwanda. At the urging of several countries, *including* the U.S. which had no troops in the conflict, the world at large decided to stay out of the conflict (Ferroggiaro). The UN sent troops to evacuate its peacekeepers including UNAIDS which was seeking to resolve an AIDS epidemic at the time (UNAIDS)...a situation which has not improved in their absence. Yet even after the genocide and its violent aftershocks into other countries, the US has continued to decline directly addressing the issues of corruption and violence in the DRC. Publicly, the US and UN have criticized DRC officials for allowing this to happen and have established policies to address war crimes, yet have done little to physically enforce them to comply (Ferroggiaro). And with such little global pressure, the DRC has continued with no concentrated call to action.

Rebel groups have run wild for decades in a long battle with the military with no clear end in sight, leaving hundreds of thousands of displaced and victimized civilians in its crosshairs. Lukewarm efforts to negotiate peace deals, send some aid, and passively comment on the atrocities simply aren’t enough to stop these rebel groups. A stronger military force is needed to bring stability to the country. Factories and industries can’t be built if they may be burned down the next day, foreign aid can’t reach

communities if they're fearful of their safety, and children can't have a healthy, happy life if their mothers face the threat of sexual violence every minute of their lives. Many individual groups have pledged help to the DRC regardless of politics or creed, but it's been ineffective, costly, and they're still far from reaching their goals. It's clear to see attempting to fix some problems without addressing others makes it *very* hard to create lasting change. Clearly, we need a lot more political and economic interest in the DRC. At this point, only a concentrated effort by our global superpowers to pledge manpower, money, and resources to cleaning up government corruption before we can protect the citizens by establishing an agricultural industry. That is simply going to be the best, fastest, and most effective way of helping the DRC.

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