



UNICEF

United Nations Children's Fund



Committee: United Nations International Children's Emergency Fund (UNICEF)

Topic: Regulating Child Malnutrition in the US

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Dear Delegates.

Welcome to SPISMUN 2025! We are extremely happy and grateful to have you join the United Nations International Children's Emergency Fund (UNICEF) committee.

I'm Balbina Gonzalez Abaroa and I'm going to be your Chair Director. Your Secretary for this simulation will be Dante Herrera Rmz. and Carolina Gómez Yopez as your Moderator. We hope you have an amazing experience and bring valuable contributions towards reaching a resolution.

Remember that the debate's objective is to process and learn about social problems that are happening around the globe. It is also important to remember that your contribution is essential to reach a peaceful environment.

Please feel comfortable to tell us about any questions or suggestions you could have, we are always happy to help.

We hope you enjoy and learn from the event!

Sincerely,

Balbina González

I. Committee Background

The United Nations Children's Fund (UNICEF) is the driving force that contributes to the creation of a world where the rights of each and every child are respected. The international community has given us the necessary authority to influence people responsible for making decisions and various allies of the grassroots communities, in order to put the most innovative ideas into reality. It was created by the United Nations General Assembly on the 11th of December of 1946, to provide emergency food and healthcare to children, and mothers in countries that had been devastated by World War II. On December 11th, 1946, the United Nations established to meet the emergency needs of children in post-war Europe and China. The full name was the United Nations International Children's Emergency Fund.

Between 1946 and 1950, United Nations International Children's Emergency Fund (UNICEF) focused on urgent needs for children, particularly in Europe, addressing food, clothing, and health issues with a budget of 112 million dollars. Their efforts included distributing clothing, vaccinating against tuberculosis, and providing supplementary meals. From 1951 to 1960, they shifted towards a long-term development, continuing emergency aid while also addressing health issues like tuberculosis as mentioned before and malaria, improving sanitation, and promoting nutrition and child welfare through various programs. During this period, it spent around \$150 million dollars. From 1961 to 1971, UNICEF adopted a "country approach," aligning its aid with national development priorities and addressing broader needs such as education and vocational training. This comprehensive approach led to expenditures exceeding \$300 million. From 1970 to 1980 they aimed to enhance the quality of life for children in developing nations, targeting an annual budget of \$100 million by 1975 while seeking support from various international and non-governmental organizations.

The efforts that they made during 25 years included extensive health, educational programs, significant investments in infrastructure, and emergency aid; demonstrating a broad and impactful approach to child welfare.

II. History of the topic

From the 1900s to 1930s an increased awareness of malnutrition and its impact on children was presented. Progressive reformers began to address these issues, leading to the establishment of the first child nutrition programs. The federal government also started to take an active role in improving child health.

However, The Great Depression, which began in the 1930s and lasted until the 1940s, exacerbated issues of malnutrition among children due to widespread poverty and economic instability. The New Deal introduced several programs to address these issues, such as the Federal Food and Drug Act and the School Lunch Program, both aimed at providing more nutritious meals to children.

After World War II, the focus on malnutrition shifted towards a more comprehensive understanding of nutrition and health. The growth of the welfare state led to the expansion of programs like the National School Lunch Program and the Women, Infants, and Children Program, which began in the 1970s, to address the needs of low-income families. Economic shifts and policy changes in the 1980s led to increased attention to issues of hunger and malnutrition. The expansion of food assistance programs and advocacy from various organizations helped address these issues during the 1980s, though disparities still remained an issue.

In recent years, there has been a continued focus on improving childhood nutrition through initiatives like the Healthy, Hunger-Free Kids Act of 2010, which aimed to enhance the nutritional quality of school meals. Efforts have also been made to address food deserts—areas with limited access to affordable and nutritious foods making it challenging for affected families to secure a healthy diet- and improve access to healthy foods in low-income communities.

Childhood malnutrition in the U.S. is a multifaceted issue deeply intertwined with economic inequality and access to resources. Despite wealth and food abundance in the country, disparities in income and access to healthy food contribute to significant rates of food insecurity and nutritional deficiencies among children from low-income families. The

problem is exacerbated by the presence of food deserts areas with limited access to affordable and nutritious foods making it challenging for affected families to secure healthy diets.

III. Current Issues

As you may imagine, hunger is a problem that often affects children from low-income families. One common way to measure poverty is the federal poverty level, a number set by the U.S. Department of Health and Human Services. The federal poverty level represents the minimum amount of money a family needs each year to afford the basic necessities of life: food, clothing, shelter, and transportation.

Nearly half of all deaths in children under 5 are attributable to undernutrition; this puts children at greater risk of dying from common infections, increases the frequency and severity of such infections, and delays recovery. In 2022, the federal poverty level was \$29,678 for a family of four. Of course, this number is a minimum, families making twice that much are still considered low-income by most experts, and many struggle to make ends meet. According to 2021 data from the U.S. Census Bureau, 38 million people—approximately 11.5% of all Americans—live in poverty from the U.S. Census Bureau, 11 million of those were children.

Nearly 8 million children under the age of 5 in 15 countries affected by the hunger crisis are at risk of dying from severe malnutrition unless they receive immediate food and therapeutic care. This number continues to rise every minute. UNICEF issued this warning in anticipation of a meeting of world leaders at the G7 summit.

Since the beginning of the year, the growing global food crisis has caused an additional 260,000 children—one every 60 seconds—to suffer from severe malnutrition in the 15 countries most affected by the crisis, including the Horn of Africa and the Central Sahel. This increase in severe malnutrition is on top of already high levels of child malnutrition. India, which is also one of the most affected countries by child malnutrition, has one of the highest rates of child malnutrition in the world, accounting for one-third of all malnourished children globally.

Although this number, shockingly high for a country of such enormous wealth, had decreased in recent years, the coronavirus pandemic placed a huge burden on already-struggling families. The full impact of this is still not fully understood.

IV. UN Action Resolution

The UN has implemented various initiatives to improve the lives of children suffering from malnutrition. For instance, UNICEF has developed several programs aimed at protecting children's rights and safeguarding their futures. Some of these programs include 'Early Childhood Nutrition,' 'Nutrition in Middle Childhood and Adolescence,' and 'Nutrition and Care for Children with Wasting,' among others.

The UN also promotes Sustainable Development Goal (SDG) 2, which aims to end hunger and improve nutrition, with a focus on vulnerable populations, especially children. During crises, the UN provides emergency food aid and nutrition support to affected children through agencies such as the World Food Programme (WFP). Additionally, the UN collaborates with governments and NGOs to advocate for policies that support food security and nutrition, with an emphasis on maternal and child health.

The UN has conducted studies to monitor malnutrition rates and develop evidence-based interventions to address the issue effectively. These efforts aim to reduce malnutrition rates and improve health outcomes for children worldwide.



Some regions that the UN has focused on include Sub-Saharan Africa, where countries like South Sudan, Ethiopia, and Nigeria have been key focus areas due to high rates of child malnutrition. Additionally, in Yemen and Syria, the UN has implemented various healthcare services for affected children. In Latin America, Guatemala faces significant challenges with malnutrition due to poverty and food insecurity. The UN supports local initiatives to improve children's health in these regions.

The UN has been combating child malnutrition on a large scale, they have developed strategies and advocated for better policies and their work spans various regions, focusing on

the most vulnerable populations and ensuring that children receive the essential nutrition they need to survive and thrive.

V. Essential questions

1. What are the primary causes of child malnutrition in the U.S., and how do socioeconomic factors influence these causes?
2. How effective are current federal programs in addressing child malnutrition?
3. What role do state and local governments play in implementing nutrition policies, and how can their efforts be better coordinated?
4. How can schools improve nutritional standards in meals provided to children, and what policies support this?
5. What strategies can be employed to reduce food deserts and improve access to nutritious foods in underserved communities?
6. How does the marketing of unhealthy foods to children impact their dietary choices and overall health?
7. What educational initiatives can be introduced to promote healthy eating habits among children and their families?
8. What role does healthcare play in identifying and addressing malnutrition in children, and how can providers be better equipped for this?
9. How can data collection on child nutrition be improved to inform effective policy making and resource allocation?
10. What ethical considerations should guide the development of policies aimed at combating child malnutrition?

VI. Conclusion

Child malnutrition remains a hidden crisis that affects millions of children across the United States. While the nation is renowned for its abundance of food, significant disparities exist, leaving many children vulnerable to both undernutrition and overnutrition.

Undernutrition happens particularly among low-income families, and is a pressing concern. Approximately 13 million children live in food-insecure households, where access

to nutritious meals is limited. This lack of adequate nutrition can lead to stunted growth, cognitive delays, and a weakened immune system, creating a cycle of health challenges that can last a lifetime. In schools and communities, the visible signs of undernutrition often go unnoticed, masking the serious consequences that children face.

The issue of overnutrition looms large, with rising rates of childhood obesity. Today, about one in five children in the U.S. is classified as obese, a statistic that speaks to the prevalence of processed, calorie-dense foods that dominate many diets. This shift towards unhealthy eating patterns, often influenced by economic and environmental factors, leads to serious health issues such as diabetes and heart disease, impacting children's physical and psychological well-being.

The root causes of child malnutrition are multifaceted. Economic barriers play a significant role; low-income families frequently find it difficult to afford healthy food options. Food deserts—areas with limited access to grocery stores that sell fresh produce—exacerbate the situation, forcing families to rely on convenience stores where nutritious options are scarce. A lack of nutrition education contributes to poor dietary choices, as parents may not fully understand the importance of balanced diets or how to prepare healthy meals.

The impact of malnutrition is profound. Children who suffer from nutritional deficiencies often experience challenges in cognitive development, resulting in lower academic performance and reduced opportunities in life. These early setbacks can have long-lasting implications, not just for the children themselves, but for society as a whole, as the economic burden of poor health accumulates over time.

Despite these efforts, the fight against child malnutrition requires a more comprehensive approach. Policymakers must strengthen food assistance programs and expand access to healthy foods in underserved areas.

Overweight and obese children face increased risks of non-communicable diseases, such as diabetes and heart disease, at an early age, affecting various countries like China, USA, Brazil, India, Mexico and more. On the other hand, malnutrition has severe impacts in low- and



middle-income countries, like sub-Saharan Africa, nations like Nigeria and Ethiopia report alarming statistics, with Nigeria having approximately 2.5 million severely malnourished children and Ethiopia facing a stunting rate of around 37% due to food insecurity and drought. In South Asia, India, Pakistan, and Bangladesh struggle with high malnutrition rates, about 35% of Indian children are stunted, while Bangladesh sees around 14% wasted, primarily due to inadequate maternal nutrition and poor sanitation. Southeast Asian countries such as Indonesia and the Philippines also grapple with these issues, with Indonesia reporting 24% stunting among children, while obesity is on the rise alongside undernutrition.

In the Democratic Republic of the Congo, where ongoing conflict and food insecurity lead to high rates of stunting and wasting. Yemen is facing one of the worst humanitarian crises, with millions of children suffering from acute malnutrition due to war and economic collapse. In Zambia, a substantial percentage of children are stunted, linked to poverty and inadequate dietary diversity. Haiti's political instability and vulnerability to natural disasters exacerbate high levels of malnutrition, while Ecuador grapples with both stunting and obesity, reflecting the dual burden of malnutrition. Mali experiences high levels of acute malnutrition driven by food shortages and conflict, and Papua New Guinea faces malnutrition challenges due to poverty and limited access to health services. Finally, Somalia's chronic instability and drought conditions contribute to severe malnutrition rates among children.

Latin America, Guatemala and Haiti face significant challenges, with Guatemala experiencing one of the highest stunting rates globally at 46%, exacerbated by poverty and political instability. Meanwhile, in the Middle East, conflict-affected countries like Yemen and Syria have seen devastating impacts on child nutrition, with Yemen having approximately 2 million acutely malnourished children. Global efforts to combat malnutrition involve organizations like UNICEF and



WHO implementing programs to improve nutrition, healthcare access, and food security, yet significant challenges remain, needing ongoing attention to ensure that all children receive the nourishment they need to thrive.

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