

Mariagrazia Alabrese*, Giulia Bosi and Claudia Schettini

Food Insecurity and Insurgency of Eating Disorders: A Legal and Policy Appraisal

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Abstract: Some recent studies have found that food insecurity is one of the factors that can lead to the insurgence of eating disorders, thus challenging the stereotype that associates eating disorders with high-income, Western, white, young women. However, this ground-breaking research and its implications do not seem to have been taken into account by legal scholars. In order to fill this gap, this article explores whether and how the law and policy of food security, and the relevant human rights international monitoring system are dealing with this link between eating disorders and food insecurity. Our analysis shows that these legal and policy frameworks have failed to address this relationship. We argue that the circumstance that marginalised food insecure populations, irrespective of sex, age, and ethnicity, might also suffer from eating disorders should be recognized by policy makers as it could bring to more comprehensive legal and policy responses.

Keywords: eating disorders, right to food, food security

1 Introduction

According to the World Health Organization (WHO), eating disorders, such as anorexia, bulimia and binge eating, affect around 70 million people worldwide.¹ The medical literature on the topic is extensive and commonly associates this pathology with Western, white, affluent girls and women. Interestingly, some recent studies have demonstrated that there is connection between food insecurity

¹ Sasha Gorrell and Stuart B. Murray, "Eating Disorders in Males," *Child and Adolescent Psychiatric Clinics of North America* 4 (2019): 641, <https://doi.org/10.1016/j.chc.2019.05.012>.

***Corresponding author: Mariagrazia Alabrese**, DIRPOLIS – Institute of Law, Politics and Development, Sant'Anna School of Advanced Studies, 56127, Pisa, Italy, E-mail: m.alabrese@santannapisa.it

Giulia Bosi and Claudia Schettini, DIRPOLIS – Institute of Law, Politics and Development, Sant'Anna School of Advanced Studies, 56127, Pisa, Italy, E-mail: giulia.bosi@santannapisa.it (G. Bosi), claudia.schettini@santannapisa.it (C. Schettini)

and eating disorders, showing that low-income people from marginalized communities are likely to suffer from such disorders.² However, this ground-breaking research and its implications do not seem to have been taken into account by legal scholars. This article thus explores whether and how the policy framework of food security and the international law of human rights are dealing with the rise in eating disorders associated with food insecurity. The food security policy framework appears to be the first point of reference to address the issue, we also adopt a human rights perspective because how a certain phenomenon is perceived by the international human rights monitoring system might have a strong influence on how States act on it.³ In this regard, we focus on Treaty Bodies and Special Procedures as they constitute the two fundamental mechanisms that the UN has at their disposal to promote and protect human rights globally.⁴ Treaty Bodies and

2 Carolyn B. Becker, Keesha Middlemass, Brigitte Taylor, Clara Johnson, and Francesca Gomez, “Food Insecurity and Eating Disorder Pathology,” *International Journal of Eating Disorder* 50 (2017): 1031, <https://doi.org/10.1002/eat.22735>.

3 For a different perspective see Jasper Krommendijk, “The Domestic Effectiveness of International Human Rights Monitoring in Established Democracies. The Case of the UN Human Rights Treaty Bodies,” *The Review of International Organizations* 10 (2015): 489, <https://doi.org/10.1007/s11558-015-9213-0>. In this article, the author claims that “(t)he treaty bodies generally have a bad reputation in the eyes of government officials. The treaty bodies’ negative reputation and limited legitimacy has enabled government officials to ignore or explicitly reject Concluding Observations”.

4 “Human Rights Treaty Bodies,” Office of the High Commissioner for Human Rights, accessed October 1, 2021, <https://www.ohchr.org/EN/HRBodies/Pages/TreatyBodies.aspx>; “Special Procedures of the Human Rights Council,” Office of the High Commissioner for Human Rights, accessed October 1, 2021, <https://www.ohchr.org/EN/HRBodies/SP/Pages/Welcomepage.aspx>.

Treaty Bodies are committees of independent experts that monitor implementation of the core international human rights treaties. There are 10 Committees and their members are elected by State Parties. Their main functions consist in reviewing State reports, issuing General Comments, dealing with interstate and individual complaints and initiating inquiries. The document that the Treaty Bodies adopt once the review of the State report is finalised is named ‘Concluding Observations’. It includes both the positive and negative aspects of how the State is implementing the treaties, as well as recommendations on further actions needed. On the other hand,

General Comments, also sometimes called ‘General Recommendations’, mostly contain Treaty Bodies’ point of view on interpretation of the treaty, particular matters or their working methods.

Special Procedures are independent human rights experts with mandates to report and advise on human rights from a thematic or country-specific perspective. They can be individual (Special Rapporteurs or Independent Experts) or a Working Group composed of five members. They are appointed by the Human Rights Council and serve in their personal capacities, without receiving remuneration for their work. Technically supported by the Office of the High Commissioner for Human Rights, the main functions of the Special Procedures are to carry out annual thematic studies, undertake country-visit and act on individual cases by sending communications to state.

However, these two monitoring human rights mechanisms face significant challenges. For instance, in terms of poor compliance and structural backlog (Treaty Bodies) and lack of funding

Special Procedures are key to defining and developing human rights standards. Although the documents adopted by both mechanisms are widely perceived as not legally binding, they provide authoritative guidance on how States should respect their human rights obligations.⁵ Thus, the way they understand a certain phenomenon, such as eating disorders, is likely to influence how State's policies, international and national judicial decisions, as well as academic works, address the phenomenon itself.

The article is organised as follows. Section 2 presents the history and the data concerning eating disorders. It stresses the linkage between eating disorders and food insecurity by presenting the main studies and scientific evidence. Section 3 analyses the food security policy framework drafted by the Food and Agriculture Organization to understand if and how this link between food (in)security and eating disorders has been addressed within the realm of this UN agency. All the dimensions of food security are analysed in order to explore possible linkages with eating disorders, and to highlight the need for the relevant law and policy framework to include a pathology that has so far been overlooked. Exploiting a human rights framework, Section 4 examines whether the connection between eating disorders and food insecurity has already been taken into account by UN Treaty Bodies and Special Procedures and whether the eating disorders stereotype can be envisioned in that context. Section 5 draws some conclusions.

2 Eating Disorders: History, Relevance, and the Link with Food Insecurity

One of the first references to eating disorders can be traced back to the end of the seventeenth century, when Sir Richard Morton, a distinguished physician, referred to eating disorders by using the term 'nervous phthisis' and described the

(Special Procedures). On the point see: "Fundamental Challenges of the UN Human Rights Treaty Body System," (2015), accessed October 1, 2021, <https://www.geneva-academy.ch/joomlatools-files/docman-files/Research%20documents/Background%20Paper%20English.pdf>, and "'Eyes and Ears' of UN Human Rights Council Facing Funding Crisis," (2020), accessed October 1, 2021, <https://news.un.org/en/story/2020/09/1074042>. Nevertheless, as it will be argued further in the text, Treaty Bodies and Special Procedures are fundamental elements of the UN human rights structure and their contribution to the protection and promotion of human rights is particularly valuable. On the point see footnote no. 5.

5 Danae Azaria, "The Legal Significance of Expert Treaty Bodies Pronouncements for the Purpose of Interpretation of Treaties," *International Community Law Review* 22 (2020): 33, <https://doi.org/10.1163/18719732-12341420>.

phenomenon as a ‘nervous consumption’.⁶ Some centuries later, in 1860, the psychiatrist Louis Victor Marcé employed the term ‘anorexie’ referring to a particular symptom, the unjustifiable reduction of the food intake, and considered this pathology as a particular form of hypochondriacal delirium.⁷ In 1873, the physician Charles Lasègue, spread a new term, ‘anorexie hystérique’, the main cause of which was to be led back to hidden and unexpressed emotions of the involved person.⁸ However, the first person to use the modern term ‘*anorexia nervosa*’ was William Gull.⁹

Until the beginning of twentieth century, it was commonly believed that at the basis of eating disorders there was just a psychic alteration, not involving the psychological domain. This changed in the 1910s, when doctors and experts, above all psychologists and psychiatrists, started to focus on the psychogenetic origin of eating disorders by looking for effective methods of psychotherapy while, before then, they only took into account physical issues.

Pierre Janet, a French psychologist and philosopher, was the first to investigate the causes at the basis of anorexia. He considered eating disorders as psychosthenias by talking about ‘la obsession de la honte du corps’, the shame of the body.¹⁰ For the first time, he put at the core of the problem the connection between mind and the image of the body.

Today, feeding and eating disorders are defined and classified by the American Psychiatric Association in its fifth version of the Diagnostic and Statistical Manual of Mental Disorder (DSM-5) as ‘characterized by a persistent disturbance of eating or eating-related behaviour that results in the altered consumption or absorption of food and that significantly impairs physical health or psychosocial functioning’.¹¹

The words of American psychiatric Hilde Bruch, who in 1978 considered eating disorders as a ‘social epidemic’, are unfortunately still true.¹² In fact, eating

6 Olga Kontić, “Richard Morton (1637–1698), the Distinguished Physician of the 17th century,” *Serbian Archives of Medicine* 137 (2009): 706, <https://pubmed.ncbi.nlm.nih.gov/20069934/>.

7 Robyn J. A. Silverman, “Louis-Victor Marcé, 1828–1864: Anorexia Nervosa’s Forgotten Man,” *Psychological Medicine* 19 (1989): 833, <https://doi.org/10.1017/S0033291700005547>.

8 Ernest-Charles Lasègue, “De l’Anorexie Hystérique,” *Journal Français de Psychiatrie* 32 (2009): 3, <https://doi.org/10.3917/jfp.032.0003>.

9 Jessica Moncrieff-Boyd, “Anorexia Nervosa (Apepsia Hysterica, Anorexia Hysterica), Sir William Gull, 1873,” *Advances in Eating Disorders* 4 (1873): 112, <https://doi.org/10.1080/21662630.2015.1079694>.

10 Wayne K. Goodman, Matthew V. Rudorfer, Jack D. Mader, *Obsessive-Compulsive Disorder: Contemporary Issues in Treatment* (Routledge, 2019).

11 American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (American Psychiatric Association 2013).

12 Hilde Bruch, *Eating Disorders: Obesity, Anorexia Nervosa, and the Person Within* (New York: Basic Books, 1973).

disorders, particularly anorexia nervosa, bulimia nervosa and binge eating disorder, are rapidly spreading among young people.¹³ Lifetime prevalence statistics suggest that about 4 per cent of women and 0.04 per cent of men will meet criteria for anorexia, and between 1 per cent and 5 per cent of women will meet the criteria for bulimia during their lifetimes.¹⁴ The prevalence rate for binge eating disorder is 1.6 per cent in females and 0.8 per cent in males.¹⁵ Only about 10 per cent of those diagnosed with anorexia or bulimia are male: for every 10 females diagnosed, only one male is diagnosed.¹⁶ However, studies suggest that this may be because men are more likely to deny having eating problems and are less likely to seek help than women if they do have a disorder.¹⁷

Eating disorders typically begin in adolescence or early adulthood. Anorexia and bulimia rarely begin before the age of puberty or after age 40. About 90 per cent of the cases of anorexia and bulimia are diagnosed before the age of 20, while fewer than 10% of all cases occur before the age of ten.¹⁸ Between 6 per cent and 20 per cent of people with an eating disorder will die as a result of their disease: currently, according to the WHO, eating disorders are the third cause of death among young people only after car accidents and suicidal behaviours.¹⁹

The Covid-19 pandemic has had a great impact on this already critical scenario. The pandemic saw the percentage of young people suffering from eating

Anorexia nervosa is an eating disorder characterized by an abnormally low body weight, an intense fear of gaining weight and a distorted perception of weight. People with anorexia place a high value on controlling their weight and shape, using extreme efforts that tend to significantly interfere with their lives. Bulimia nervosa is an eating disorder, generally characterized by binge eating followed by purging that can occur through forced vomiting, excessive exercise, or by taking laxatives or diuretics. Purge behaviours also include other strict methods to maintain weight like fasting, exercise, or extreme dieting. Binge Eating Disorder (BED) is an eating disorder characterised by eating an excessive amount of food in a rapid space of time and that may be more of an extended grazing. These episodes can feel chaotic, uncontrollable and highly distressing.

13 “Eating Disorders Research Program,” National Institute of Mental Health, accessed October 1, 2021, <https://www.nimh.nih.gov/about/organization/dtr/adult-psychopathology-and-psychosocial-interventions-research-branch/eating-disorders-research-program>.

14 Gorrell and Murray, “Eating Disorders in Males,” 641.

15 Ibid.

16 Saloni Dattani, Hannah Ritchie and Max Roser, “Mental Health,” Our World in Data, accessed October 1, 2021.

17 Gorrell and Murray, “Eating Disorders in Males,” 641.

18 Frédérique Smink, Daphne van Hoeken and Hans Hoek, “Epidemiology of Eating Disorders: Incidence, Prevalence and Mortality Rates,” *Current Psychiatry Reports* 14 (2012): 406, <https://doi.org/10.1007/s11920-012-0282-y>.

19 Raymond Lemberg, Eric Strother, Stevie C. Stanford, D. Turberville, “Eating Disorders in Men: Underdiagnosed, Undertreated, and Misunderstood,” *Journal of Eating Disorders* 20 (2012): 346, <https://doi.org/10.1080/10640266.2012.715512>.

disorders increase by 25 per cent all over the world, with a 30 per cent jump in eating disorder-related hospital admissions among females aged 12 to 18.²⁰ Restrictions deeply affect an individual's psychological health, especially people suffering from this pathology who are considered highly fragile due to the associated psychiatric comorbidities and metabolic anomalies.²¹ Such high vulnerability makes them particularly susceptible to stress and, for this reason, the lockdown worsened their dysfunctional behaviours.²² Phillipou and colleagues reported that the impossibility of going out, the lack of social interactions, the difficulty of exercising and constrictions within the family environment were all elements of stress that exacerbated the symptomatology.²³

Eating disorders occur across culturally and socially diverse populations, although the mainstream thinking – which, as will be highlighted, can be found also in the documents of some UN Treaty Bodies and Special Rapporteurs – suggests recurrent patterns in its occurrence and presentation.²⁴ Anorexia nervosa, for example, is deemed to be most prevalent in post-industrialized, high-income countries such as in the United States and in many European countries, but its incidence in most low and middle-income countries is uncertain.²⁵ Moreover, even though the prevalence of anorexia nervosa appears comparatively low among Latinos, African Americans, and Asians in the United States, it must be taken into consideration that mental health service utilization among individuals with an eating disorder is significantly lower in these ethnic groups and that the low rates may reflect an ascertainment bias.²⁶

20 Julia A. Vitagliano, Grace Jhe, Carly E. Milliren, Rebecca Spigel, Melissa Freizinger, Elizabeth R. Woods, Sara F. Forman and Tracy K. Richmond, “COVID-19 and Eating Disorder and Mental Health Concerns in Patients with Eating Disorders,” *Journal of Eating Disorders* 9 (2021): 80, <https://doi.org/10.1186/s40337-021-00437-1>.

21 Patrizia Todisco and Lorenzo M. Donini, “Eating Disorders and Obesity (ED&O) in the COVID-19 Storm,” *Journal of Eating and Weight Disorders* 26 (2021): 747, <https://doi.org/10.1007/s40519-020-00938-z>.

22 Chada Haddad, Maha Zakhour, Maria B. Kheir, Rima Haddad, Myryam Al Hachach, Hala Sacre, Pascale Salameh, “Association between Eating Behaviour and Quarantine/Confinement Stressors during the Coronavirus Disease 2019 Outbreak,” *Journal of Eating Disorders* 8 (2020): 40, <https://doi.org/10.1186/s40337-020-00317-0>.

23 Andre Phillipou, Denny Meyer, Erica Neill, Eric J. Tan, Wei L. Toh, Tamsyn E. Vm Rheenen, Susan L. Rossell, “Eating and Exercise Behaviours in Eating Disorders and the General Population during the COVID-19 Pandemic in Australia: Initial Results from the COLLATE Project,” *International Journal of Eating Disorders* 53 (2020): 1158, <https://doi.org/10.1002/eat.23317>.

24 Merry N. Miller and Andrés J. Pumariega, “Culture and Eating Disorders: A Historical and Cross-Cultural Review,” *Psychiatry* 64 (2001): 93, <https://doi.org/10.1521/psyc.64.2.93.18621>.

25 Holly E. Erskine, Harvey Whiteford, Kathleen M. Pike, “The Global Burden of Eating Disorders,” *Current Opinion in Psychiatry* 29 (2016): 346, <https://doi.org/10.1097/YCO.0000000000000276>.

26 Ibid.

It has always been held that eating disorders and, above all, anorexia nervosa, are mainly spread among young, white women in Western countries and industrialized societies where there is a strong myth and value of thinness. The search for an androgynous image of the body which, in turn, refers to an ideal of productivity, dynamism, efficiency as well as autonomy in the choices of everyday life, is considered as an objective through which an individual can establish her or himself.

Very recently this mainstream view and the widespread stereotypes linked to eating disorders have begun to show their limits. Scientific studies and social experiments are challenging the traditional idea according to which eating disorders only impact high-income, Western, white young women. Surprisingly, it has been proved that a condition of food insecurity – i.e. limited or uncertain means to access nutritious food in a safe and socially acceptable manner – can trigger eating disorders and that there are strong linkages between the latter and food insecurity.²⁷ This topic is becoming even more timely since, as mentioned, eating disorders have been aggravated by the Covid-19 pandemic, which is also causing a dramatic surge in food insecurity levels.²⁸

The research conducted in 2017 by psychologists Becker, Middlemass and Taylor from Trinity University in San Antonio, Texas, is the first study to underline the link between food insecurity and eating disorders, showing that the latter are likely to onset among low-income people coming from marginalized communities.²⁹

Food and nutrition insecurity poses both immediate and gradual struggles that force food insecure individuals to make difficult decisions about when, where, and how to nourish their bodies. Individuals living in food insecure households report not being able to afford a well-balanced meal, worrying that food will run out, not eating when hungry, cutting meal sizes or going a whole day without eating. Therefore, such circumstances can lead to a tumultuous relationship with food as well as to adverse mental health outcomes, including depression and anxiety.³⁰

27 “Core Indicators of Nutritional State for Difficult-to-Sample Populations,” *The Journal of Nutrition* 120 (Anderson 1990): 1555, https://doi.org/10.1093/jn/120.suppl_11.1555. It must be pointed out that the definition of food insecurity included in this paragraph is a preliminary one. A more detailed definition of the notion of food security is provided in Section 3.

28 World Bank, “Brief on Food Security and Covid-19,” accessed October 1, 2021, <https://www.worldbank.org/en/topic/agriculture/brief/food-security-and-covid-19>. According to this report “COVID-19 is estimated to have dramatically increased the number of people facing acute food insecurity in 2020–2021”.

29 Becker, Middlemass, Taylor, Johnson and Gomez, “Food Insecurity and Eating Disorder Pathology,”

30 Daniel J. Arenas, Arthur Thomas, Jici Wang, Horace M. DeLisser, “A Systematic Review and Meta-analysis of Depression, Anxiety, and Sleep Disorders in US Adults with Food Insecurity,” *Journal of General Internal Medicine* 34 (2019): 2874, <https://doi.org/10.1007/s11606-019-05202-4>.

However, until recently the relationship between food insecurity and eating disorders has been largely unexplored. Eating disorders' stereotypes are an important factor that has contributed to hinder investigations about the correlation between food insecurity and eating disorders. Historically, eating disorders were believed to primarily affect 'skinny, white, affluent girls', a misconception commonly referred to as the SWAG stereotype, that has shaped approaches to eating disorders assessment, prevention, and treatment, as well as etiologic models.³¹ Many individuals living with food insecurity experience a 'feast-or-famine' cycle, accordingly to fluctuations in food availability, thus cutting the size of meals and skipping meals or eating a big amount of food when, for example, they receive state benefits, like meal tickets in the food bank.³² Notably, attempts to restrict food have been shown to result in a range of cognitive, emotional, and behavioural changes, including preoccupation with food, heightened emotional reactivity, and a tendency toward binge eating.³³

The Trinity University study found that adults who experience significant food deprivation on a regular basis are more likely to engage in several eating disorders, particularly bulimia and, above all, binge eating.³⁴ Participants with food insecurity were more likely to report binge eating than those who were food secure among emerging adults (16.4 per cent vs. 7.9 per cent).³⁵ The researchers surveyed 503 individuals receiving food at the San Antonio Food Bank and the results were striking. They found that, compared to individuals who had regular access to food, food insecure individuals engaged in more objective binge eating and overeating, night-time eating, purging and other compensatory behaviours (such as exercising harder than usual and using laxatives/water pills), as well as food restrictions.

Some participants reported to have several behaviours that the researchers characterized as eating disorders, making it possible that they suffered from anorexia, bulimia, or binge eating. This potential hypothesis was supported by the participants' idea of weight stigma, prejudice against individuals perceived to be

31 Kendrin Sonneville, "Disparities in Eating Disorder Diagnosis and Treatment according to Weight Status, Race/Ethnicity, Socioeconomic Background, and Sex among College Students," *International Journal of Eating Disorders* 55 (2018): 518, <https://doi.org/10.1002/eat.22846>.

32 Lauren M. Dinour, Dara Bergen, and Ming-Chin Yeh, "The Food Insecurity-Obesity Paradox: a Review of the Literature and the Role Food Stamps May Play," *Journal of the American Dietetic Association* 107 (2007): 1952, <https://doi.org/10.1016/j.jada.2007.08.006>.

33 Parke E. Wilde and Christine K. Ranney, "The Monthly Food Stamp Cycle: Shopping Frequency and Food Intake Decisions in an Endogenous Switching Regression Framework," *American Journal of Agricultural Economics* 82 (2000): 200, <https://doi.org/10.1111/0002-9092.00016>.

34 Becker, Middlemass, Taylor, Johnson and Gomez, "Food Insecurity and Eating Disorder Pathology," 1040.

35 Ibid.

too heavy and, above all, the perception of their body, named body image misperception, a misrepresentation of the body that does not only affect Western societies, as it was always believed. Weight stigma is, in fact, a core component of several serious diseases, especially body dysmorphic disorder, anorexia nervosa, and bulimia nervosa.³⁶

Becker's is just one example of how the association between eating disorders and food insecurity is gaining scholarly attention. New evidence consistently indicates that food insecurity is cross-sectionally associated with eating disorders. Hooper and colleagues observed cross-sectional associations between food insecurity and compensatory behaviours in both adolescents and adults. In particular, adolescents living in food insecure households were more likely than those living in food secure households to report laxative and diuretic use, fasting, eating very little food and skipping meals for the purpose of controlling weight.³⁷ Rasmusson and colleagues found food insecurity to be associated with binge eating disorder and focused on the relation between food insecurity and bulimia nervosa.³⁸ Participants with a history of childhood food neglect appear to be more likely than those without such a history to have binge eating disorder, bulimia nervosa, and anorexia nervosa.³⁹

The inclusion of marginalized populations that have historically been overlooked in this field has challenged preconceptions about what eating disorders actually are and who they impact. Food insecurity was found to be associated with eating disorders pathology above and beyond the contribution

36 Santino Gaudio, Samantha J. Brooks, and Giuseppe Riva, "Nonvisual Multisensory Impairment of Body Perception in Anorexia Nervosa: a Systematic Review of Neuropsychological Studies," *PLoS One* 9 (2014), <https://doi.org/10.1371/journal.pone.0110087>.

37 Laura Hooper, Susan Telke, Nicole Larson, Susan M. Mason, and Dianne Neumark-Sztainer, "Household Food Insecurity: Associations with Disordered Eating Behaviours and Overweight in a Population-based Sample of Adolescents," *Public Health Nutrition* 23 (2020): 3126, <https://doi.org/10.1017/S1368980020000464>. This study examined the associations between household food insecurity reported by parents and adolescents suffering from eating disordered behaviours in a racially/ethnically diverse population-based sample.

38 Grace Rasmusson, Janet A. Lydecker, Jaime A Coffino, Marney A White, and Carlos M Grilo, "Household Food Insecurity is Associated with Binge Eating Disorder and Obesity," *International Journal of Eating Disorders* (2019): 28, <https://doi.org/10.1002/eat.22990>.

39 Jaime A. Coffino, Carlos Grilo, Tomoko Udo, "Childhood Food Neglect and Adverse Experiences Associated with DSM-5 Eating Disorders in U.S. National Sample," *Journal of Psychiatric Research* 127 (2020): 75, <https://doi.org/10.1016/j.jpsychires.2020.05.011>.

of socioeconomic status, suggesting that food insecurity may play a unique role in relation to the risk of eating disorders.⁴⁰

Consequently, what needs to be explored is whether the relevant policy and legal framework recognises this phenomenon, its potential adequacy for navigating such new evidence-based scenario, and why policy and law makers should integrate into their actions and documents this new knowledge related to the association between food insecurity and eating disorders.

3 Food Security Policy Framework and Eating Disorders

The notion of food security is often complemented by mentioning nutrition in the hendiadys ‘food and nutrition security’, which is deemed to be realized ‘when all people at all times have physical, social and economic access to food, which is safe and consumed in sufficient quantity and quality to meet their dietary needs and food preferences, and is supported by an environment of adequate sanitation, health services and care, allowing for a healthy and active life’.⁴¹ The term ‘food and nutrition security’ is used to emphasise the need for greater integration of the nutritional dimension into the conceptual framework of food security and to highlight that adequate nutrition is the ultimate goal of food security policies. However, it was not always this way, and nutrition has not obtained the same attention over the years.

The basic concepts underlying the expressions ‘food security’ and ‘nutrition security’, even though they were still not commonly used, were first articulated in the early nineteenth century. International attention was focused on the importance of food for health by the then League of Nations which published a highly regarded scientific report on nutrition in the early 1930s.⁴² This report was

40 Vivienne M. Hazzard, Katie A. Loth, Laura Hooper, and Carolyn Black Becker, “Food Insecurity and Eating Disorders: a Review of Emerging Evidence,” *Current Psychiatry Reports* 22 (2020): 74, <https://doi.org/10.1007/s11920-020-01200-0>.

41 This is the definition given by the Committee on World Food Security in the 2012 document titled “Coming to Terms with terminology”, CFS 2012/39/4, <http://www.fao.org/3/MD776E/MD776E.pdf>. The Committee underlines the lack of consensus among member states about the use of the combined term “food and nutrition security”. The document, however, recommends that the Committee “acknowledges that the term ‘food and nutrition security’ best reflects the conceptual linkages between food security and nutrition security, while also expressing a single integrated development goal to help guide policy and programmatic action effectively”.

42 Wendy Way, *A New Idea Each Morning: How Food and Agriculture Came Together in One International Organization* (ANU Press, 2013).

triggered by the contemporary development of scientific knowledge of human nutritional needs and their importance for human health.⁴³ The major concern at the time was the lack of nutritionally adequate food to feed people.

In the same vein, the availability of sufficient supply of basic foodstuffs was the focus of the first UN World Food Conference held in Rome in 1974. Food security as a conceptual framework originated in the mid 1970s, when countries discussed international food problems while a threatening global food crisis was occurring.⁴⁴ Increasing the production of agri-food commodities was pivotal in the international agenda. Individual and nutritional aspects of food security were not given a central stage, even though one of the conference resolutions devoted specific attention to ‘policies and programmes to improve nutrition’. However, the resolution used the term ‘nutrition’ as a synonym for ‘malnutrition’, underlining its close link to widespread poverty and inadequate social and institutional structures.⁴⁵ Thus it suggested that malnutrition was not simply a problem of food availability at the state level, but rather it was the result of poverty involving the individual.

Nutrition security as a complex and multifaceted concept entered the scene 20 years later. In 1992, the FAO and the WHO hosted the first International Conference on Nutrition. The resulting Declaration emphasised that hundreds of millions suffered from diseases caused or exacerbated by excessive or unbalanced dietary intakes or by the consumption of unsafe food and water.⁴⁶ Poverty and the lack of education were envisioned as the primary causes of hunger and undernutrition, but the idea that food insecurity could contribute to disrupt dietary regimes and create eating disorders was still far from emerging. Even many years later, at the second international conference on nutrition held in 2014, there was still no progress in this regard. The subsequent Declaration and the more operational Framework for Action paid great attention to the several social and health issues caused by undernutrition and by the lack of appropriate micronutrients. Yet, crucially, there were no references to abnormal or disturbed eating habits.

The current most commonly used notion of food security, on which the aforementioned definition of ‘food and nutrition security’ was built, stipulates that ‘food security exists when all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life. The four pillars of food security are

⁴³ Boyd Orr, *As I recall* (Macgibbon & Kee, 1996).

⁴⁴ D. John Shaw, *World Food Security. A History since 1945* (Palgrave MacMillan, 2007).

⁴⁵ UN World Food Conference, “V Resolution,” 1974, <https://digitallibrary.un.org/record/701143>.

⁴⁶ Food and Agriculture Organization, “World Declaration and Plan of Action for Nutrition,” International Conference on Nutrition, 1992, <http://apps.who.int/iris/bitstream/handle/10665/61051/a34303.pdf;jsessionid=1EB17B53B8975CC95056CC4AA01AE4B0?sequence=1>.

availability, access, utilization and stability. The nutritional dimension is integral to the concept of food security'.⁴⁷ According to the FAO's definition, food security rests on the availability of quantitatively and qualitatively adequate food, access to that food, a safe and nutritionally appropriate utilization of food, and the stability of the other three dimensions over time. It is worth understanding if and how each of the four pillars (availability, access, utilization and stability) impact on eating disorders.

Availability refers to the amount of adequate food that is available in a country, area or at the household level. As proved by the studies reported in Section 1, where there is lack of food availability, the eating patterns of one or more of family members are disrupted and food intake is reduced. This is usually due to constraints that prevent people from having regular access to the food they need, which leads to the second pillar of food (and nutrition) security, that is access.

Three dimensions of access are taken into consideration under the notion of food security. Physical access is a logistical dimension requiring food to be available where people can actually reach it. Lack of physical access can hamper individual access to food in remote areas, in the so-called food deserts⁴⁸ with limited places available to purchase diversified, fresh and nourishing meals, or in the event of emergencies.⁴⁹ Socio-cultural access refers to the social barriers that limit the access to food of some groups due to social reasons, such as gender or ethnicity. It is a systematic, structural barrier to entire communities of people.⁵⁰ Economic access implies that people have the financial ability to regularly acquire adequate food without compromising other essential needs, such as housing or education.⁵¹ Lack of money or resources for food gives rise to limitations or anxiety

47 Food and Agriculture Organization, "Declaration of the World Summit on Food Security," 2009, <http://www.fao.org/tempref/docrep/fao/Meeting/018/k6050e.pdf>. Note No. 1. This is a more specific definition of food security which was first drafted in the same terms in 1996, when the World Food Summit formally endorsed at the global level the following definition: "Food security exists when all people, at all times, have physical and economic access to sufficient safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life".

48 The term "food desert" was reputedly first used by a resident of a public sector housing scheme in the west of Scotland in the early 1990s. See Steven Cummins, "Food deserts- Evidence and Assumption in Health Policy Making," *BMJ* (2002): 325, <https://doi.org/10.1136/bmj.325.7361.436>.

49 Emanuele Sommario, Mariagrazia Alabrese, and Francesca Spagnuolo, "Feeding the Hungry, Quenching the thirsty: Shaping the Rights to Food and Water in Disaster Settings through Humanitarian Standards", *Global Jurist* 20, no. 1 (2020): 20190007, <https://doi.org/10.1515/gj-2019-0007>.

50 Anne C. Bellows, Flavio L.S. Valente, Stefanie Lemke, and Maria Daniela Núñez Burbano de Lara, *Gender, Nutrition, and the Human Right to Adequate Food. Toward an Inclusive Framework* (Routledge, 2017).

51 Committee on Economic, Social and Cultural Rights, "General Comment No. 12 (1999) The Right to Adequate Food (article 11)," *E/C.12/1999/5*, 1999, <https://undocs.org/E/C.12/1999/5>.

about accessing adequate food.⁵² Such circumstances can lead to a troubled relationship with food in which uncertainty exerts a dominant influence over thoughts about diet.⁵³ Moreover, when quality, variety, desirability and cultural acceptability of accessed food are reduced, and thus 'food preferences' are not met, individuals could lose their interest in food and develop problematic relationships with it.

The pillar of utilization is complex. It combines having access to adequate food that fully satisfies nutritional needs with nonfood factors that enable a person to metabolize their food and use the nutrients to support growth and maintenance of the body and to carry out an active and healthy life. A number of elements affect this issue, such as the selection of food, its conservation and preparation (food literacy), as well as the absorption of nutrients (which implies that a body is in good health).⁵⁴ Thus, utilization focuses on the fact that food and nutrition security are only achieved when individuals actually consume the food they need, rather than simply having access to it. The multiple components of this pillar give a clear picture that the food insecurity condition of people experiencing eating disorders is likely not to end when they are provided with food. People suffering from these kinds of disorders most likely need support to handle food supply and storage, meal planning and food preparation skills, as well as education about how a variety of foods can be used to meet their nutritional requirements during the recovery period.

Finally, stability is related to the need for the above-mentioned three pillars to be stable over time. Indeed, fluctuating food availability is known to increase the pathology of eating disorders.⁵⁵ In fact, lack of consistent access to nutritious food sources hinders regular eating patterns.

Even though each element of the food security conceptual framework is relevant in either triggering or worsening the eating disorder pathology, declarations and plan of actions by the FAO that have built such a framework have not

52 Di Fang, Michael R. Thomsen and Rodolfo M. Nayga, "The Association between Food Insecurity and Mental Health during the Pandemic," *BMC Public Health* 21 (2021): 607, <https://doi.org/10.1186/s12889-021-10631-0>.

53 Rachel Uri, "Food Insecurity and Disordered Eating," Duke Health – Centre for Eating Disorders, accessed October 1, 2021, <https://eatingdisorders.dukehealth.org/education/resources/food-insecurity-and-disordered-eating>.

54 Poor food literacy behaviours (including planning and management of meals, shopping, preparation, and cooking foodstuffs) may contribute to food insecurity in developed countries. See Andrea Begley, Ellen Paynter, Lucy M. Butcher, and Satvinder S. Dhaliwal, "Examining the Association between Food Literacy and Food Insecurity," *Nutrients* 11, no. 2 (2019): 445, <https://doi.org/10.3390/nu11020445>.

55 Vivienne M. Hazzard, Katie A. Loth, Laura Hooper, and Carolyn Black Becker, "Food Insecurity and Eating Disorders: a Review of Emerging Evidence," 74.

taken it into consideration. This is hardly surprising given that the concept of food security was mainly developed in 1996 and refined in 2009, when the relationship between food insecurity and eating disorders had not yet been explored by medical and social research.

Recent annual reports on the state of food security in the world have mentioned that food insecurity may disrupt normal eating patterns. More specifically, in describing ‘moderate food insecurity’ the reports refer to the level of severity of food insecurity ‘at which people face uncertainties about their ability to obtain food and have been forced to reduce, at times during the year, the quality and/or quantity of food they consume due to lack of money or other resources. It thus refers to a lack of consistent access to food, which diminishes dietary quality, *disrupts normal eating patterns*, and can have negative consequences for nutrition, health and well-being’.⁵⁶ Even though the pathology of eating disorders is not explicitly and fully addressed, this description of moderate food insecurity is essentially the first acknowledgement of the relationship between food insecurity and eating disorders. Indeed, it comes soon after the first scientific study on the subject and may be viewed as an embryonic understanding of eating disorders as a further consequence of food insecurity by the UN bodies dealing with food.

However, such an understanding is rather episodic. In fact, a key document issued by the Committee on World Food Security (CFS) in 2021, containing ‘The CFS Voluntary Guidelines on Food Systems and Nutrition’, does not contain any references to eating disorders as a result of food insecurity.⁵⁷ Voluntary Guidelines are expressly aimed at contributing to nutrition improvement by providing guidance mainly to governments as well as specialized institutions and other stakeholders on policies needed to address the key causes of malnutrition in all its forms. Nevertheless, eating disorders are not listed among the potential results of food insecurity.

Against this background, it is worth highlighting why eating disorders should be integrated within the food security conceptual framework. First of all, food security – as highlighted by its definition – underlies the fundamental right to live an active and healthy life, which is not an easy task for individuals suffering from eating disorders. Mental and physical health is impaired by the insurgency of eating disorders caused by food insecurity. By giving attention to the need to

⁵⁶ Food and Agriculture Organization, International Fund for Agricultural Development, United Nations Children’s Fund, World Food Programme and World Health Organization, “The State of Food Security and Nutrition in the World 2020,” 2020, <https://doi.org/10.4060/ca9692en> (emphasis added). The same description of moderate food insecurity can be found in the 2019 report on the state of food security and nutrition in the world.

⁵⁷ UN Committee on World Food Security, “The CFS Voluntary Guidelines on Food Systems and Nutrition,” 2021, CFS 2021/47/7, <http://www.fao.org/3/ne982en/ne982en.pdf>.

address the link between eating disorders and food insecurity, the relevant policies and programmes could find a way for greater integration of nutrition and health into food security conceptual framework. An integrated and more coherent policy response to food insecurity including all its consequences would lead to better addressing eating disorders, at least when caused by food insecurity.

Moreover, by looking at the relationship between food insecurity and eating disorders through the lens of food security policy and legal framework, a broader picture emerges than the one shown by the scientific studies. Indeed, not only food restrictions or availability, but all four dimensions (availability, access, utilization and stability) of food security can have an impact on eating disorders. As a result, addressing lack of stable access to adequate, safe, sufficient and nutritious food with the aim of avoiding eating disorders is not the sole action expected by policy makers. If another important pillar, such as utilization, is also taken into account, a wider range of policy and legal actions can be addressed.

Utilization is made up of many elements, such as knowledge and information concerning food and its selection for achieving a good nutritional status. Food policies and legal frameworks thus usually introduce rules for the provision of food information to consumers, for enabling them to identify and make appropriate use of a food and to make choices that suit their individual dietary needs.

Food labelling is the main instrument for ensuring that individuals are informed regarding the food they consume. More specifically, nutrition labelling provides nutrition information and enables consumers to identify the amount of nutrients in products (such as fat, sugars, or carbohydrates). Nutrition labels are deemed to be of high importance to public health, as stated by the UN Special Rapporteur on the right to health, who called for the adoption of front-of-package warning labelling to tackle non-communicable diseases (NCDs),⁵⁸ such as cardiovascular and chronic respiratory diseases, cancers, and diabetes, which are all rooted in unhealthy diets.⁵⁹

Front-of-package warning labelling is thus designed to promote healthy decisions and discourage the consumption of food products that can have a detrimental impact on health. Nonetheless, policy makers adopting an approach that takes into account the eating disorder perspective and its connection with all the dimensions of food security, should consider several different aspects of

58 Non-communicable diseases are diseases that are not transmissible among people. They are also known as “chronic diseases”, as they tend to last for long periods of time.

59 Office of the High Commissioner for Human Rights, “Statement by the UN Special Rapporteur on the Right to Health on the Adoption of Front-of-package Warning Labelling to Tackle NCDs,” 2020, <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=26130&LangID=E#:~:text=Front%2Dof%2Dpackage%20warning%20labelling%20allows%20consumers%20to%20identify%20more,high%20content%20of%20critical%20nutrients.>

nutritional labelling. In fact, a closer look at front-of-package warning labelling, especially labelling that uses graphical forms, symbols and colours, seeking to deter the ingestion of food high in calories, could raise concerns with regard to people who are underweight because of anorexia.⁶⁰ Therefore, on the one hand these rating systems are designed to allow consumers to quickly and easily identify nutrients in the interest of public health.⁶¹ On the other hand, it must be stressed that eating disorders represent a significant public health concern, ‘as they are associated with substantial psychosocial impairment, psychiatric comorbidity, medical complications, and suicidality’.⁶² So, just to give an example, an inclusive approach which takes into account the needs of individuals combating their daily fight against an eating disorder pathology should induce policy makers to stipulate that labels and symbols should be adopted that are less likely to be harmful for them. In this context, broadening the food security conceptual framework for integrating the consideration of eating disorders is essential.

4 Human Rights International Monitoring System and Eating Disorders

This section adopts a human rights framework to address the relationship between food insecurity and eating disorders, and the stereotypes associated with the latter. We analyse whether and how eating disorders have been tackled by the United Nations (UN) human rights monitoring system, in particular by Human Rights Treaty Bodies and Special Procedures.

With regards to Treaty Bodies, the two Committees that have primarily dealt with eating disorders in their Concluding Observations and General Comments so far are the Committee on the Elimination of Discrimination Against Women (CEDAW) and the Committee on the Rights of the Child (CRC), which monitor, respectively, the implementation of the Convention on the Elimination of All

⁶⁰ Eric A. Friedman, “The Food Minority: Food Labels, Eating Disorders, and People Who Need More Food,” O’Neill Institute for National and Global Health Law, 2015, accessed October 1, 2021, <https://oneill.law.georgetown.edu/the-food-minority-food-labels-eating-disorders-and-people-who-need-more-food/>.

⁶¹ Pamela Lattanzi, “Promoting Public Health through Alternative Regulatory Strategies. The Rise of Behaviourally Informed Food Law” in *La Contrainte en Droit/The Constraint in Law*, ed. E. Calzolaio and P. Serrand (Lit Verlag, 2017) 103.

⁶² Hazzard, Loth, Hooper, and Becker, “Food Insecurity and Eating Disorders: a Review of Emerging Evidence,” 74.

Forms of Discrimination against Women (1979) and the Convention on the Rights of the Child (1989).⁶³

In its 2014 Concluding Observations on Finland, the CEDAW expressed its concern that ‘the media and advertisements in the State party [...] focus on idealized body shape and portray women as sex objects, which may also contribute to the increasing problem of *eating disorders* among young women and girls’.⁶⁴ Accordingly, it called upon Finland to develop gender-sensitive counselling for women and girls affected by eating disorders.⁶⁵ In 2008, the Committee had already pointed out the ‘deteriorating mental health situation of girls, including depression, *eating disorders*, [...]’ present in the country.⁶⁶ Similar considerations were made to Austria in 2013, when the Committee claimed it was concerned at ‘the prevalence of stereotypical imaging of thin fashion models which may contribute to the increasing problem of *eating disorders*’ and recommended that the State devised counselling for girls and women affected by them.⁶⁷ Finally, the CEDAW mentioned eating disorders in General Recommendation No. 24 on Article 12 of the Convention (1999), where the psychological conditions that lead to this pathology were identified among the psychosocial factors ‘that differ for women in comparison to men’, together with depression in general and depression post-partum.⁶⁸

63 “Convention on the Rights of the Child,” opened for signature November 20, 1989, *United Nations Treaty Series* vol. 1577, p. 3, <https://www.ohchr.org/en/professionalinterest/pages/crc.aspx>. “Convention on the Elimination of All Forms of Discrimination Against Women,” opened for signature December 18, 1979, *United Nations Treaty Series* vol. 1249, p. 13, <https://www.ohchr.org/en/professionalinterest/pages/cedaw.aspx>. The Committee on Economic, Social and Cultural Rights also referred to eating disorders once, in its Concluding Observations on Norway (ADD CRC/C/15/Add.263, 2005). On that occasion, the Committee, concerned at the high incidence of eating disorders among adolescents, recommended that the State should ‘continue and strengthen the measures taken to implement the coherent strategy developed in 2000 against *eating disorders*’ (emphasis added).

64 Committee on the Elimination of Discrimination against Women, “Concluding Observations on the Seventh Periodic Report of Finland,” CEDAW/C/FIN/CO/7, 2014, para 14, <https://undocs.org/CEDAW/C/FIN/CO/7> (emphasis added).

65 *Ibid.*, para 15.

66 Committee on the Elimination of Discrimination against Women, “Draft Concluding Observations of the Committee on the Elimination of Discrimination against Women: Finland,” CEDAW/C/FIN/CO/6, 2008, para 27, <https://undocs.org/CEDAW/C/FIN/CO/6> (emphasis added).

67 Committee on the Elimination of Discrimination against Women, “Concluding Observations on the Seventh and Eighth Periodic Reports of Austria, adopted by the Committee at its 54th Session,” CEDAW/C/AUT/CO/7–8, 2013, para 22, 23, <https://undocs.org/en/CEDAW/C/AUT/CO/7-8> (emphasis added).

68 Committee on the Elimination of Discrimination against Women, “General Recommendation No. 24: Article 12 of the Convention (women and health),” 1999, para 12, https://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/1_Global/INT_CEDAW_GEC_4738_E.pdf.

The ratio underpinning these observations lies in two extremely relevant concepts included in the Convention on the Elimination of All Forms of Discrimination against Women: the one of gender stereotype and the one of substantive equality.⁶⁹ Indeed, the fact that girls and women are supposed to be thin, beautiful, and sexy is a clear harmful gender stereotype which the Committee believes contributing to the development of eating disorders. On the other hand, the Committee underlines the fact that this pathology typically affects women, thus acknowledging that there are differences between women and men and that gender equality implies recognising and tackling these differences, rather than ignoring them treating all in the same way. Actually, gender stereotype and substantive equality are two concepts that go hand in hand, as the obligation to address ‘the persistence of gender-based stereotypes’ is identified by the Committee as fundamental for the achievement of substantive equality.⁷⁰

The CRC referred to eating disorders in its Concluding Observations on various States, such as Austria (2020), Denmark (2017, 2001), Ireland (2016), Colombia (2015), Sweden (2009), France (2009), Norway (2005) and Italy (2003).⁷¹ In the majority of these Concluding Observations, the Committee expressed its concern at the high prevalence and/or incidence of eating disorders among children and adolescents (Austria, Sweden, Norway, Italy, Denmark), especially among girls

69 Committee on the Elimination of Discrimination against Women, “General recommendation No. 25: Article 4, paragraph 1, of the Convention (temporary special measures),” 2004, para 6–9, https://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/1_Global/INT_CEDAW_GEC_3733_E.pdf.

70 *Ibid.*

71 Committee on the Rights of the Child, “Concluding Observations on the Combined Fifth and Sixth Periodic Reports of Austria,” CRC/C/AUT/CO/5–6, 2020, para 33, <https://undocs.org/CRC/C/AUT/CO/5-6>; Committee on the Rights of the Child, “Concluding Observations on the Fifth Periodic Report of Denmark,” CRC/C/DNK/CO/5, 2017, para 30, <https://undocs.org/en/CRC/C/DNK/CO/5>; Committee on the Rights of the Child, “Concluding Observations of the Committee on the Rights of the Child: Denmark,” CRC/C/15/Add.151, 2001, para 36, <https://undocs.org/CRC/C/15/Add.151>; Committee on the Rights of the Child, “Concluding Observations on the Combined Third and Fourth Periodic Reports of Ireland,” CRC/C/IRL/CO/3–4, 2016, para 53, 54, <https://undocs.org/en/CRC/C/IRL/CO/3-4>; Committee on the Rights of the Child, “Concluding Observations on the Combined Fourth and Fifth Periodic Reports of Colombia,” CRC/C/COL/CO/4–5, 2015, para 42, <https://undocs.org/en/CRC/C/COL/CO/4-5>; Committee on the Rights of the Child, “Concluding Observations of the Committee on the Rights of the Child: Sweden,” CRC/C/SWE/CO/4, 2009, para 44, 45, <https://undocs.org/en/CRC/C/SWE/CO/4>; Committee on the Rights of the Child, “Concluding Observations of the Committee on the Rights of the Child: France,” CRC/C/FRA/CO/4, 2009, para 76, <https://undocs.org/CRC/C/FRA/CO/4>; Committee on the Rights of the Child, “Concluding Observations: Norway,” CRC/C/15/Add.263, 2005, para 31, 32, <https://undocs.org/CRC/C/15/Add.263>; Committee on the Rights of the Child, “Concluding Observations: Italy,” CRC/C/15/Add.198, 2003, para 41, <https://undocs.org/CRC/C/15/Add.198>.

(Sweden, Denmark). Consequently, the CRC asked the State Party to tackle the occurrence of this mental health condition (Sweden, Norway), increase the number of specialists in the field (Colombia), and provide proper facilities for treating it (Ireland, Colombia).

Eating disorders can be found even in several CRC's General Comments. For example, in General Comment No. 25 (2021) on children's rights in relation to the digital environment, in No. 20 (2016) on the implementation of the rights of the child during adolescence, in No. 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health, in No. 13 (2011) on the right of the child to freedom from all forms of violence, and in No. 4 (2003) on adolescent health and development.⁷² Except from the most recent General Comment, where eating disorders are cited among the self-harming behaviours which 'digitally facilitated violence' may promote, in all the others the pathology is presented under the wider general framework of mental health problems which are said to be common among adolescents.⁷³

The way the CRC dealt with eating disorders is not unexpected, taking into account that the right to health has a prominent role in the Convention of the Rights of the Child, and eating disorders are a mental health condition. The main article on this point is Art. 24 (right of the child to health), but it is worth noticing that mental health in particular is cited in many other articles, such as Art. 17, Art. 25, and Art. 27. In addition, the Convention requires that States protect children from all forms of violence and put a strong emphasis on the relevance of their development. These are the legal bases supporting CRC's Concluding Observations and General Comments referring to eating disorders.

Various Special Rapporteurs have also addressed eating disorders as part of their work. For instance, the Special Rapporteur on the Right to Health recently mentioned them in a report concerning his country-visit to Canada (2019) and in a

⁷² Committee on the Rights of the Child, "General Comment No. 25 (2021) on Children's Rights in Relation to the Digital Environment," CRC/C/GC/25, para 81, <http://www.undocs.org/CRC/C/GC/25>; Committee on the Rights of the Child, "General Comment No. 20 (2016) on the Implementation of the Rights of the Child During Adolescence," CRC/C/GC/20, para 58, <http://www.undocs.org/CRC/C/GC/20>; Committee on the Rights of the Child, "General Comment No. 15 (2013) on the Right of the Child to the Enjoyment of the Highest attainable Standard of Health (art. 24)," CRC/C/GC/15, para 38, <http://www.undocs.org/CRC/C/GC/15>; Committee on the Rights of the Child, "General Comment No. 13 (2011): The Right of the Child to Freedom from all Forms of Violence," CRC/C/GC/13, para 28, <http://www.undocs.org/CRC/C/GC/13>; Committee on the Rights of the Child, "General Comment No. 4 (2003): Adolescent Health and Development in the Context of the Convention on the Rights of the Child," CRC/GC/2003/4, para 22, <https://undocs.org/CRC/GC/2003/4>.

⁷³ *Ibid.*

report on State obligations regarding sport and healthy lifestyles (2016).⁷⁴ In the 2019 document, he praised those eating disorder programmes that deliver treatment through collaborative approaches, based on persuasion and support rather than coercion. In the 2016 document, eating disorders are claimed to be a disease which is particularly prevalent among teenage athletes, and a possible consequence of the syndrome of the female athlete triad.⁷⁵

The Rapporteur on the Right to Health previously dealt with eating disorders in 2014 in the context of unhealthy food and the right to health, affirming that ‘marketing messages targeted at women may emphasize [...] unattainable ‘desirable’ body types to promote unhealthy foods, which not only perpetuate gender stereotypes but also have a negative impact on both physical health, such as diet-related NCDs, and mental health, such as *eating disorders*’.⁷⁶ Interestingly, the Special Rapporteur on the Right to Food also briefly referred to them in a report on her mission to Poland (2016), where eating disorders, together with obesity, were defined as an emerging issue among Polish youth.⁷⁷

Furthermore, eating disorders were cited in several reports by the Special Rapporteur on violence against women. The Rapporteur generally presented them as one of the psychological problems suffered by those who experienced violence, sexual harassment or rape (2007, 1999, 1997).⁷⁸ Another report produced under the same Special Procedure in 2002 reads: ‘[E]ating disorders due to unhealthy food

74 “Report of the Special Rapporteur on the Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health: Visit to Canada,” A/HRC/41/34/Add.2, 2019, para 54, <https://undocs.org/A/HRC/41/34/Add.2>; “Report of the Special Rapporteur on the Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health,” A/HRC/32/33, 2016, para 11, 46, <https://undocs.org/A/HRC/32/33>.

75 The female athlete triad is “an interrelationship of menstrual dysfunction, low energy availability (with or without an eating disorder), and decreased bone mineral density” (Taraneh Gharib Nazem and Kathryn E. Ackerman, “The Female Athlete Triad,” *Sports Health* 4, no. 4 (2012): 302, <https://doi.org/10.1177/1941738112439685>).

76 “Report of the Special Rapporteur on the Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health: Unhealthy Foods, Non-communicable Diseases and the Right to Health,” A/HRC/26/31, 2014, para 40, <https://undocs.org/A/HRC/26/31>.

77 “Report of the Special Rapporteur on the Right to Food on her Mission to Poland,” A/HRC/34/48/Add.1, 2016, para 37, <https://undocs.org/A/HRC/34/48/Add.1>.

78 “Report of the Special Rapporteur on Violence Against Women, its Causes and Consequences: Addendum, Mission to Sweden,” A/HRC/4/34/Add.3, 2007, para 26, <https://undocs.org/A/HRC/4/34/Add.3>; “Report of the Special Rapporteur on Violence Against Women, its Causes and Consequences: Addendum,” E/CN.4/1999/68/Add.4, 1999, para 22, <https://documents-ddsny.un.org/doc/UNDOC/GEN/G99/103/26/PDF/G9910326.pdf?OpenElement>; “Report of the Special Rapporteur on Violence Against Women, its Causes and Consequences,” E/CN.4/1997/47, 1997, para 60, <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G97/104/22/PDF/G9710422.pdf?OpenElement>.

habits has also raised a great deal of concern in the Western world. Girls and women are disproportionately affected by *eating disorders* and cultural demands for thinness in the Western world. It is estimated that only 5 to 10 per cent of people with *eating disorders* are male.⁷⁹ On a similar note, the Special Rapporteur on the Right to Education asserted that girl victims of violence are more at risk of suffering from this type of disease (2006) and the Special Rapporteur on the Sale of Children that eating disorders are a possible after-effect hitting people who survived domestic violence in their childhood (2000).⁸⁰

The fact that eating disorders are mentioned by these Special Rapporteurs is consistent with what has been argued above. The connection between health and eating disorders is evident, as well as the link with violence. On the other hand, the reference to eating disorders made by the Special Rapporteur on the Right to Food is more interesting in this sense. Note that eating disorders were mentioned in that report in the context of healthy eating habits, rather than in relation to the right to food. The Special Rapporteur did not seem to imply that eating disorders constituted a violation of the right to food.

Overall, the image of eating disorders that the above-mentioned documents depict appears to be quite coherent and straightforward. Eating disorders are mostly presented as an issue which: a) mainly concern girls and women, b) is usually caused by the influence of gender stereotypes and cultural demands or as a possible after-effect suffered by those who experienced violence, and c) affects primarily Western Countries. The fact that this pathology is often regarded as a female matter is not only repeatedly mentioned, but the same fact that the one of the two Committees that principally dealt with eating disorders is CEDAW is already extremely indicative.

The impact of gender stereotypes, especially those proposed by the media, is another element which clearly emerges from the Concluding Observations of Treaty Bodies and the reports by Special Procedures. As mentioned, the latter also underlined that eating disorders are a mental condition that people who have experienced domestic violence, sexual harassment or rape are likely to face (implicitly drawing attention again to the gender dimension of the

79 “Report of the Special Rapporteur on Violence Against Women: Cultural Practices in the Family that Are Violent Towards Women,” E/CN.4/2002/83, 2002, para 96, <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G02/104/28/PDF/G0210428.pdf?OpenElement>.

80 “Report Submitted by the Special Rapporteur on the Right to Education: Girls’ Right to Education,” E/CN.4/2006/45, 2006, para 31, <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G06/106/70/pdf/G0610670.pdf?OpenElement>; “Report of the Special Rapporteur on the Sale of Children, Child Prostitution and Child Pornography: Rights of the Child,” E/CN.4/2000/73, 2000, para 101, <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G00/101/54/pdf/G0010154.pdf?OpenElement>.

pathology, women being commonly the target of these crimes). As for what could be called the ‘westernisation’ of eating disorders, it is worth noticing that the Concluding Observations by CRC and CEDAW mentioning them were almost all directed towards wealthy European countries, such as Sweden, France and Denmark.

Therefore, it may be argued that the perspective adopted by the Treaty Bodies and by the Special Procedures is in line with the general focus on ‘thin, white, affluent girls and young women’ that the scientific literature has had so far, as demonstrated by Becker and others in their ground-breaking article.⁸¹

It is thus not surprising that in the above documents there is no reference to eating disorders as a mental health disorder that also potentially affects food insecure populations. This is further confirmed by the fact that eating disorders are never directly associated with the right to food, a violation of which could be present in the case of food insecurity. Rather, they are mostly addressed in the context of the right to health, due to their being a mental health condition, or as a consequence of other human rights violations. It is true that the right to health is an ‘inclusive right extending [...] also to the underlying determinants of health’, such as access to adequate supply of safe food and nutrition, and as a result, strictly connected to the right to food (CESCR, 2000).⁸² Yet, when eating disorders were mentioned in the context of the right to health, they were never associated with the right to food or food security.

This does not mean that the UN human rights monitoring system is mistaken in representing eating disorders in this way, namely as a pathology especially affecting girls and women, as a result of the influence of harmful gender stereotypes or of violence, and particularly common in the West. On the contrary, this portrayal actually corresponds to what the scientific research in the field has mainly produced in previous years. Therefore, unsurprisingly the Treaty Bodies and Special Procedures refer to it.

However, we argue that the UN human rights monitoring system should be aware of the new studies that show how eating disorders can be connected to food insecurity.

In other words, Treaty Bodies and Special Procedures should take into account that not only thin, wealthy, Western girls and women may be affected by eating disorders, but also food insecure disadvantaged groups.

81 Carolyn B. Becker, Keesha M. Middlemass, Francesca Gomez, Andrea Martinez-Abrego, “Eating Disorder Pathology Among Individuals Living With Food Insecurity: A Replication Study,” *Clinical Psychological Science* 7 (2019): 1144, <https://doi.org/10.1177/2167702619851811>.

82 Committee on Economic, Social and Cultural Rights, “General Comment No. 14 (2000) The Right to the Highest Attainable Standard of Health (article 12 of the International Covenant on Economic, Social and Cultural Rights),” E/C.12/2000/4, para 11, <https://undocs.org/E/C.12/2000/4>.

From a human rights perspective, the impact of this new understanding is significant. For instance, it could facilitate the overcoming of the SWAG stereotype in the human rights framework, raising awareness on the topic among human rights practitioners and policymakers. In practice, this could mean that an NGO, in carrying out an empirical study on the right to health of people with eating disorders, decides to also focus on participants living in the Global South and not only the Global North. Or that a State, in developing policies for food insecure groups, might decide to investigate whether among them there are people suffering from eating disorders and if so, provide them with the health-care services they need.

In this sense, the awareness of the link between food insecurity and eating disorders among human rights experts and policymakers could make a difference. It could lead to the development of studies, strategies, and legislation that address the issue.

Moreover, recognising this connection would also entail that eating disorders might be the consequence of a violation of the right to adequate food. In fact, the right to adequate food is realized “when every man, woman and child, alone or in community with others, has physical and economic access at all times to adequate food or means for its procurement”.⁸³ As a result, a food insecure person is a person whose right to food has been violated. If a food insecure person suffers from eating disorders because of the lack of available and accessible food, then it can be argued that eating disorders can be a consequence of a violation of the right to food.

This is not to say that all eating disorders are the result of the violation of the right to food, but that in cases where they are suffered by food insecure people, they might be. This statement is particularly interesting considering that attention is commonly mostly paid just to malnutrition as a health condition caused by the violation of the right to food.

5 Concluding Remarks

Our aim was to cast some light on the relationship between food insecurity and eating disorders. After outlining the main steps that, during the last five centuries, have led to the recognition of eating disorders as psychiatric pathologies and giving evidence of the severity of the phenomenon, we highlighted that it can also be originated by food insecurity. In this regard, we have referred to some recent

⁸³ Committee on Economic, Social and Cultural Rights, “General Comment No. 12 (1999) The Right to Adequate Food (article 11),” E/C.12/1999/5, para 6, <https://undocs.org/E/C.12/1999/5>.

social and medical studies which have found that a condition of food insecurity can lead to the insurgence of eating disorders. Such studies have challenged the main stereotypes that link eating disorders with high-income, Western, white, young women. Drawing from this evidence, we mapped out the law and policy of food security and the relevant human rights perspective for an appraisal of the linkage between eating disorders and food insecurity.

Our analysis shows that the food security policy framework developed by the FAO has generally failed to take eating disorders into consideration. It was mainly due to the lack of scientific awareness around the correlation between food insecurity and eating disorders, since the first comprehensive study dates 2017 and still today this correlation appears rather neglected in the scientific literature.⁸⁴ A rather embryonic and episodic reference in 2020 to the ‘disruption of normal eating patterns’ caused by a condition of moderate food insecurity does not seem to reverse this view.⁸⁵

Against this backdrop, we argue that the relevant conceptual framework should take into consideration eating disorders among the potential results of food insecurity for a more comprehensive policy response. Indeed, each element in the conceptual framework of food security is significant in either triggering or worsening the eating disorder pathology.

While medical understanding of the phenomenon seems to mainly consider the issues of food restriction or availability, a legal appraisal would give a broader and more detailed picture encompassing all the dimensions of food security. As a result, policy makers could adopt a more inclusive approach, by addressing several components – such as the provision of information to consumers and the front-of-package labelling – which could then play a role in preventing eating disorders and in meeting the needs of individuals suffering from this pathology.

Moreover, the relationship between food insecurity and eating disorders does not seem to have been properly taken into account from a human rights perspective. In fact, the image of eating disorders that UN Treaty Bodies and Special Procedures convey seems to reproduce the SWAG stereotype. However, this is not completely unexpected. At the end of the day, the UN human rights monitoring bodies and experts mirror what the medical literature has mainly produced. But the recent studies by Becker, Hooper, Rasmusson and other scholars have turned the tables and

84 Vivienne M. Hazzard, Katie A. Loth, Laura Hooper, and Carolyn Black Becker, “Food Insecurity and Eating Disorders: a Review of Emerging Evidence,” 74. They identified a total of 14 studies quantitatively examining the link between food insecurity and either overall ED pathology, disordered eating behaviours, or ED diagnoses, 11 of which were published since 2017.

85 See *supra* footnote no. 56.

it is time for the UN human rights system to recognise these results, namely that also disadvantaged groups may suffer from this pathology.

In doing so, the UN would align itself with the most recent scientific literature which would help to overcome the SWAG stereotype in the context of human rights and take care of the needs of marginalised populations. Furthermore, considering that food insecurity might imply a violation of the right to food and that eating disorders might be derived from a condition of food insecurity, eating disorders might be the consequence of a violation of the right to food. In practice, this would mean that in dealing with eating disorders, the UN human rights bodies and experts should bear in mind the possibility that they derive from a violation of the right to food in order to provide more complex and comprehensive legal answers.

References

- American Psychiatric Association. 2013. *Diagnostic and Statistical Manual of Mental Disorders*, 5th ed. American Psychiatric Association Publishing.
- Anderson, S. A. 1990. "Core Indicators of Nutritional State for Difficult-To-Sample Populations." *Journal of Nutrition* 120: 1555–600.
- Arenas, D. J., T. Arthur, J. Wang, M. Horace, and Delisser. 2019. "A Systematic Review and Meta-Analysis of Depression, Anxiety, and Sleep Disorders in US Adults with Food Insecurity." *Journal of General Internal Medicine* 34: 2874–82.
- Azaria, D. 2020. "The Legal Significance of Expert Treaty Bodies Pronouncements for the Purpose of Interpretation of Treaties." *International Community Law Review* 22: 33–60.
- Becker, C. B., K. Middlemass, F. Gomez, and A. Martinez-Abrego. 2019. "Eating Disorder Pathology Among Individuals Living with Food Insecurity: A Replication Study." *Clinical Psychological Science* 7: 1144–58.
- Begley, A., E. Paynter, L. M. Butcher, and S. S. Dhaliwal. 2019. "Examining the Association between Food Literacy and Food Insecurity." *Nutrients* 11 (2): 445.
- Bellows, A. C., F. L. S. Valente, S. Lemke, and M. D. N. B. de Lara. 2017. *Gender, Nutrition, and the Human Right to Adequate Food. Toward an Inclusive Framework*. New York: Routledge.
- Bruch, H. 1973. *Eating Disorders: Obesity, Anorexia Nervosa, and the Person Within*. New York: Basic Books.
- Coffino, J. A., C. Grilo, and T. Udo. 2020. "Childhood Food Neglect and Adverse Experiences Associated with DSM-5 Eating Disorders in U.S. National Sample." *Journal of Psychiatric Research* 127: 75–9.
- Committee on Economic, Social and Cultural Rights. 1999. "General Comment No. 12 (1999) the Right to Adequate Food (Article 11)." E/C.12/1999/5. Also available at <https://undocs.org/E/C.12/1999/5>.
- Committee on Economic, Social and Cultural Rights. "General Comment No. 14 (2000) the Right to the Highest Attainable Standard of Health (Article 12 of the International Covenant on Economic, Social and Cultural Rights)." E/C.12/2000/4. Also available at <https://undocs.org/E/C.12/2000/4>.

- Committee on the Rights of the Child. 2003. "Concluding Observations: Italy." CRC/C/15/Add.198. Also available at <https://undocs.org/CRC/C/15/Add.198>.
- Committee on the Rights of the Child. 2016. "Concluding Observations on the Combined Third and Fourth Periodic Reports of Ireland." CRC/C/IRL/CO/3-4. Also available at <https://undocs.org/en/CRC/C/IRL/CO/3-4>.
- Committee on the Rights of the Child. "General Comment No. 13 (2011): The Right of the Child to Freedom from All Forms of Violence." CRC/C/GC/13. Also available at <http://www.undocs.org/CRC/C/GC/13>.
- Cummins, S. 2002. "Food Deserts- Evidence and Assumption in Health Policy Making." *BMJ*: 325, <https://doi.org/10.1136/bmj.325.7361.436>.
- Dattani, S., H. Ritchie, and M. Roser. "Mental Health." In *Our World in Data*. <https://ourworldindata.org/mental-health> (Accessed October 1, 2021).
- Dinour, L. M., D. Bergen, and M.-C. Yeh. 2007. "The Food Insecurity-Obesity Paradox: A Review of the Literature and the Role Food Stamps May Play." *Journal of the American Dietetic Association* 107: 1952–61.
- Erskine, H. E., W. Harvey, and K. M. Pike. 2016. "The Global Burden of Eating Disorders." *Current Opinion in Psychiatry* 29: 346–53.
- Fang, D., M. R. Thomsen, and R. M. Nayga. 2021. "The Association between Food Insecurity and Mental Health during the Pandemic." *BMC Public Health* 21: 607.
- Food and Agriculture Organization. 2009. Declaration of the World Summit on Food Security. Also available at <http://www.fao.org/tempref/docrep/fao/Meeting/018/k6050e.pdf>.
- Food and Agriculture Organization. 1992. "World Declaration and Plan of Action for Nutrition." In *International Conference on Nutrition*. <http://apps.who.int/iris/bitstream/handle/10665/61051/a34303.pdf;jsessionid=1EB17B53B8975CC95056CC4AA01AE4B0?sequence=1>.
- Gaudio, S., S. J. Brooks, and G. Riva. 2014. "Nonvisual Multisensory Impairment of Body Perception in Anorexia Nervosa: A Systematic Review of Neuropsychological Studies." *PLoS One* 9: 1–12.
- Goodman, W. K., M. V. Rudorfer, and J. D. Mader. 2019. *Obsessive-Compulsive Disorder: Contemporary Issues in Treatment*. London: Routledge.
- Gorrell, S., and S. B. Murray. 2019. "Eating Disorders in Males." *Child and Adolescent Psychiatric Clinics of North America* 4: 641–51.
- Haddad, C., M. Zakhour, M. B. Kheir, R. Haddad, M. A. Hachach, H. Sacre, and P. Salameh. 2020. "Association between Eating Behavior and Quarantine/Confinement Stressors during the Coronavirus Disease 2019 Outbreak." *Journal of Eating Disorders* 8: 40.
- Hooper, L., S. Telke, N. Larson, S. M. Mason, and D. Neumark-Sztainer. 2020. "Household Food Insecurity: Associations with Disordered Eating Behaviours and Overweight in a Population-Based Sample of Adolescents." *Public Health Nutrition* 23: 3126–35.
- Kontić, O. 2009. "Richard Morton (1637–1698), the Distinguished Physician of the 17th Century." *Serbian Archives of Medicine* 137: 706–9.
- Krommendijk, J. 2015. "The Domestic Effectiveness of International Human Rights Monitoring in Established Democracies. The Case of the UN Human Rights Treaty Bodies." *The Review of International Organizations* 10: 489–512.
- Lasègue, E.-C. 2009. "De l'Anorexie Hystérique." *Journal Français de Psychiatrie* 32: 3–8.
- Lattanzi, P. 2017. "Promoting Public Health through Alternative Regulatory Strategies. The Rise of Behaviourally Informed Food Law." In *La Contrainte en Droit/The Constraint in Law*, edited by E. Calzolaio, and P. Serrand. Berlin: Lit Verlag.

- Lemberg, R., E. Strother, S. C. Stanford, and D. Turberville. 2012. "Eating Disorders in Men: Underdiagnosed, Undertreated, and Misunderstood." *Journal of Eating Disorders* 20: 346–55.
- Miller, M. N., and A. J. Pumariega. 2001. "Culture and Eating Disorders: A Historical and Cross-Cultural Review." *Psychiatry* 64: 93–110.
- Moncrieff-Boyd, J. 1873. "Anorexia Nervosa (Apepsia Hysterica, Anorexia Hysterica), Sir William Gull, 1873." *Advances in Eating Disorders* 4: 112–7.
- National Institute of Mental Health. "Eating Disorders Research Program." <https://www.nimh.nih.gov/about/organization/dtr/adult-psychopathology-and-psychosocial-interventions-research-branch/eating-disorders-research-program> (accessed October 1, 2021).
- Office of the High Commissioner for Human Rights 2020. "Statement by the UN Special Rapporteur on the Right to Health on the Adoption of Front-Of-Package Warning Labelling to Tackle NCDs." Also available at <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=26130&LangID=E#:~:text=Front%2Dof%2Dpackage%20warning%20labelling%20allows%20consumers%20to%20identify%20more,high%20content%20of%20critical%20nutrients>.
- Orr, B. 1996. *As I Recall*. London: Macgibbon & Kee.
- Phillipou, A., D. Meyer, E. Neill, E. J. Tan, W. L. Toh, T. E. V. Rheenen, and S. L. Rossell. 2020. "Eating and Exercise Behaviors in Eating Disorders and the General Population during the COVID-19 Pandemic in Australia: Initial Results from the COLLATE Project." *International Journal of Eating Disorders* 53: 1158–65.
- Rasmussen, G., J. A. Lydecker, J. A. Coffino, M. A. White, and C. M. Grilo. 2019. "Household Food Insecurity is Associated with Binge-Eating Disorder and Obesity." *International Journal of Eating Disorders* 52 (1): 28–35.
- Shaw, D. J. 2007. *World Food Security. A History Since 1945*. London: Palgrave MacMillan.
- Silverman, R. J. A. 1989. "Louis-Victor Marcé, 1828–1864: Anorexia Nervosa's Forgotten Man." *Psychological Medicine* 19: 833–5.
- Smink, F., D. van Hoeken, and H. Hoek. 2012. "Epidemiology of Eating Disorders: Incidence, Prevalence and Mortality Rates." *Current Psychiatry Reports* 14: 406–14.
- Sonneville, K. 2018. "Disparities in Eating Disorder Diagnosis and Treatment According to Weight Status, Race/Ethnicity, Socioeconomic Background, and Sex Among College Students." *International Journal of Eating Disorders* 55: 518–26.
- Todisco, P., and L. M. Donini. 2021. "Eating Disorders and Obesity (ED&O) in the COVID-19 Storm." *Journal of Eating and Weight Disorders* 26: 747–50.
- UN World Food Conference 1974. "V Resolution." <https://digitallibrary.un.org/record/701143>.
- Vitagliano, J. A., G. Jhe, C. E. Milliren, R. Spiegel, M. Freizinger, E. R. Woods, S. F. Forman, and T. K. Richmond. 2021. "COVID-19 and Eating Disorder and Mental Health Concerns in Patients with Eating Disorders." *Journal of Eating Disorders* 9: 80.
- Way, W. 2013. *A New Idea Each Morning: How Food and Agriculture Came Together in One International Organization*. ANU Press.
- Wilde, P. E., and C. K. Ranney. 2000. "The Monthly Food Stamp Cycle: Shopping Frequency and Food Intake Decisions in an Endogenous Switching Regression Framework." *American Journal of Agricultural Economics* 82: 200–13.