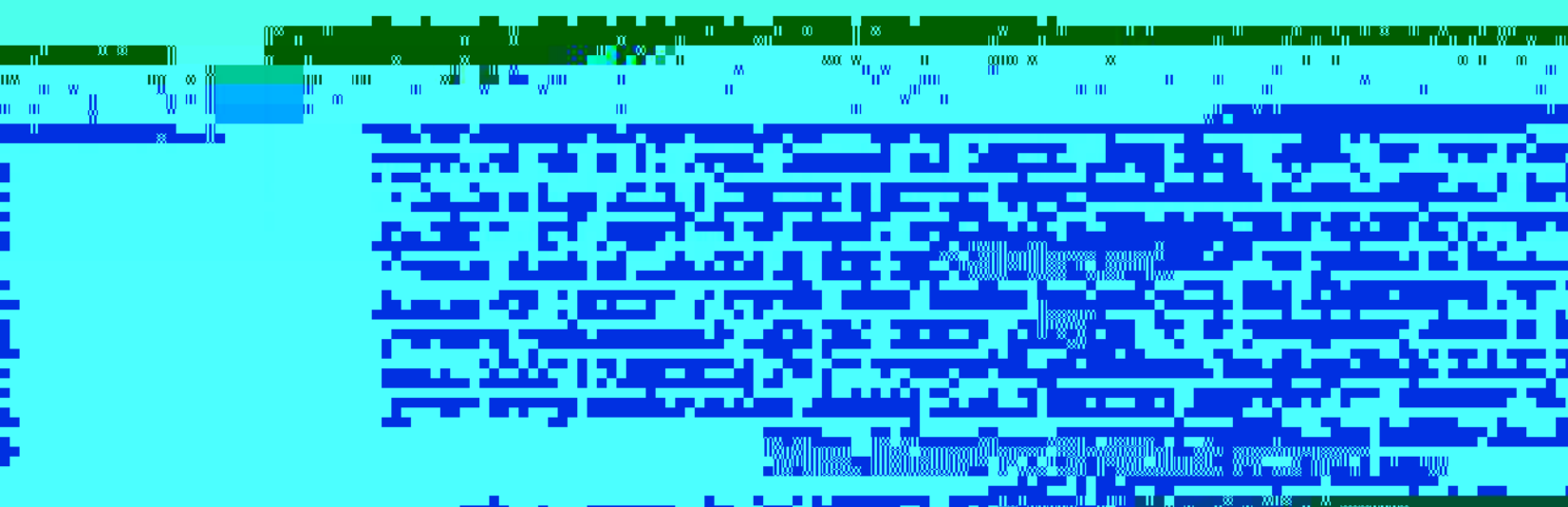
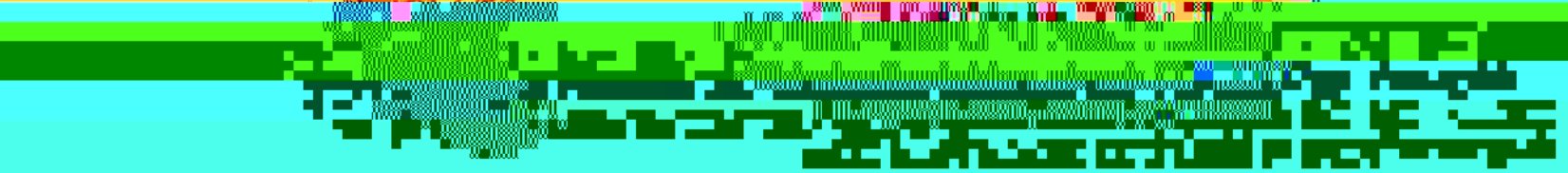


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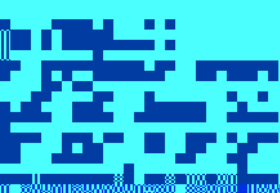


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Mr. Chairman,



in the pipeline.

Efforts to promote gender equality and the empowerment of women,

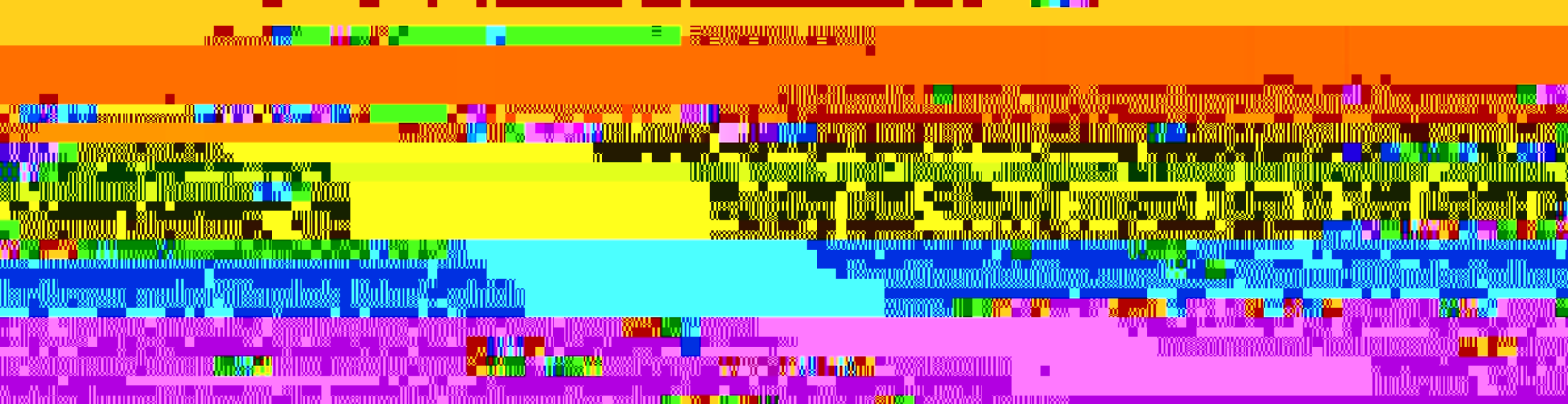
made contributions at the regional level, including in the establishment of the

and the Commission on Women and Gender Equality, which was established in

1992. The Commission has been instrumental in promoting gender equality and

empowerment of women in Thailand and the region.

In addition, Thailand has also



here at the 65th session of the UNGA, this would be I n a i a n d ' s substantive contributions to the issue of mainstreaming gender in an area that is perhaps one of the most neglected

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child nutrition particularly iodine nutrition in pregnancy

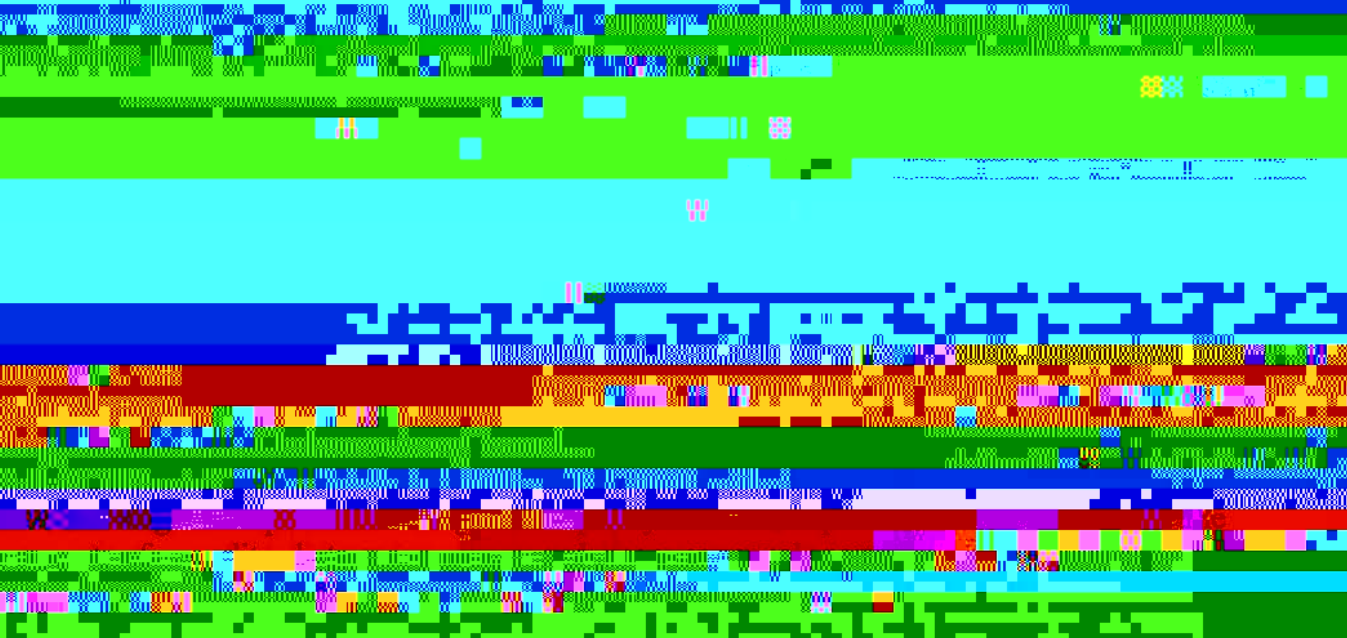


Figure 1. Iodine nutrition in pregnancy. The figure shows the prevalence of iodine deficiency disorders (IDD) in pregnancy across different countries and regions. The bar chart at the top right indicates the percentage of women with IDD, ranging from 88% to 92%. The map below shows the geographical distribution of these findings, with various countries and regions highlighted in different colors.

The prevalence of IDD in pregnancy is high in many countries, particularly in iodine-deficient areas. This is due to the fact that iodine is essential for the synthesis of thyroid hormones, which are crucial for fetal development. The figure shows that the prevalence of IDD is highest in countries with low iodine intake, such as those in the Pacific and parts of Africa and Asia. The bar chart at the top right shows that the prevalence of IDD is generally higher in these regions, with some countries reaching up to 92%.

The prevalence of IDD in pregnancy is also influenced by the iodine content of the diet. In countries with high iodine intake, the prevalence of IDD is generally lower. This is because a high iodine intake ensures that there is enough iodine available for the synthesis of thyroid hormones. The figure shows that the prevalence of IDD is lower in countries with high iodine intake, such as those in Europe and North America.

The prevalence of IDD in pregnancy is also influenced by the iodine content of the soil. In countries with low iodine content in the soil, the prevalence of IDD is generally higher. This is because the iodine content of the soil affects the iodine content of the food grown in that area. The figure shows that the prevalence of IDD is higher in countries with low iodine content in the soil, such as those in the Pacific and parts of Africa and Asia.