

## Nutrition

Insufficient food or a poorly balanced diet short of certain vitamins and minerals (iodine, vitamin A, iron and zinc, for example) can leave infants and children vulnerable to specific conditions or to a host of infections that can lead to physical, sensory or intellectual disabilities.

### Undernourishment in children can lead to blindness and stunting

An estimated 870 million people worldwide are thought to be undernourished. Among them, some 165 million children under 5 years old are stunted, or chronically undernourished, and more than 100 million are considered underweight. Between 250,000 and 500,000 children are considered to be at risk of becoming blind each year from vitamin A deficiency.<sup>1</sup>

Early childhood stunting, which is measured as low height for age, is caused by lack of adequate food, poor feeding and care practices and illnesses such as diarrhea. A multi-country study showed that each episode of diarrhea in the first two years of life contributes to stunting, which is estimated to affect some 28 per cent of children younger than 5 in low- and middle-income countries. The consequences of stunting, such as poor cognitive and educational performance, begin when children are very young but affect them through the rest of their lives.



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### Malnutrition in mothers linked to childhood disabilities

Malnutrition in mothers can lead to a number of preventable childhood disabilities. Approximately 42 per cent of pregnant women in low- and middle-income countries are anemic, and more than one in two pregnant women in these countries suffer iron deficiency anemia. Anemia also affects more than half of pre-school aged children in developing countries. It is one of the most prevalent causes of disability in the world and therefore a serious global public health problem. Consequences of iron deficiency include reduced school performance in children and decreased work productivity in adults. Iodine deficiency is the most common cause of preventable mental impairment worldwide. Pregnant women and young children are particularly susceptible. No global data is available for the number of iodine deficient pregnant women, but 32 countries were iodine deficient in 2011 and globally 1.88 billion people are iodine deficient. Further, maternal health and nutrition conditions may lead to a congenital condition called neural tube defects, which annually affect an estimated 320 000 newborns worldwide. The two most common neural tube defects are spina bifida, which causes paralysis of the legs, and anencephaly, in which most of the brain and skull do not develop. These disabilities may be prevented by maternal folic acid supplementation.

### Children with disabilities at heightened risk of undernutrition

While undernutrition can be a cause of disability, it can also be a consequence. Indeed, children with disabilities are at heightened risk of undernutrition. For example, an infant with cleft palate may not be able to breastfeed or consume food effectively. Children with cerebral palsy may have difficulty chewing or swallowing. Certain conditions, such as cystic fibrosis, may impede nutrient absorption. Some infants and children with disabilities may need specific diets or increased calorie intake in order to maintain a healthy weight. Yet they may be hidden away from community screening and feeding initiatives. Children with disabilities who do not attend school miss out on school feeding programmes.

<sup>1</sup> For a complete list of resources, please see the full SOWC 2013 report at: [www.unicef.org/SOWC2013](http://www.unicef.org/SOWC2013).

## Stigma and discrimination linked to poor nutrition

A combination of physical factors and attitudes may adversely affect child nutrition. In some societies, mothers may not be encouraged to breastfeed a disabled child. Stigma and discrimination may also result in a child with a disability being fed less, denied food or provided with less nutritious food than siblings without disabilities. A disabled child may not be taken for preventive and curative health care as much as non-disabled children. Children with some types of physical or intellectual disabilities may also have difficulty in feeding themselves, or need additional time or assistance to eat. It is probable that in some cases what is assumed to be disability-associated ill health and wasting may in fact be connected with feeding problems.

## Low cost and community-based efforts can prevent nutrition-related disability

Vitamin A deficiency, which can lead to blindness, is a syndrome easily prevented by oral supplementation, costing just a few cents per child. For an equally small amount – five cents per person per year – salt iodization remains the most cost-effective way of delivering iodine and preventing cognition damage in children in iodine-deficient areas. Folic acid, provided through supplementation and fortification, is an effective primary-prevention strategy for neural tube defects. Folic acid is often combined with iron supplementation and fortification to prevent anemia. These low-cost measures help not only children with disabilities but also their mothers as they labor to raise infants and children in strained circumstances.

Community-based efforts to improve basic health, nutrition and care practices have been shown to reduce stunting among young children. Investing in improved maternal nutrition, furthermore, can help reduce the incidence of some disabilities and ensure that mothers are better prepared to provide for their children's needs.

## A question of human rights



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Under the UN Convention on the Rights of the Child (CRC) and the UN Convention on the Rights of Persons with Disabilities (CRPD), all children have the right to adequate food and nutrition. It follows that children with disabilities are equally entitled to the full spectrum of nutrition and care. These Conventions place clear duties and obligations on States and other duty bearers to respect, protect and fulfill these rights.

## A call to action

Progress made towards reducing undernutrition among children and mothers has varied between and within countries, however too many children continue to suffer from nutrition-related preventable disabilities. Adopting an approach to nutrition programming grounded in respect for the rights, aspirations and potential of all children can reduce nutrition-related disability among children as well as improve access to adequate food and nutrition for children with disabilities. Fundamental elements and actions to ensure disability-inclusive nutrition response include:

- Ratify and implement the Conventions (CRPD and CRC).
- Fight discrimination against children with disabilities.
- Dismantle socio-economic and other barriers to inclusion.
- End residential institutionalization.
- Provide families with social welfare, health and other services to meet their needs.
- Ensure that national nutrition standards are aligned with international standards and support their implementation.
- Coordinate services among sectors to support the child.
- Involve children with disabilities in making decisions.
- Collect reliable and objective data on disabilities to inform planning and assess impact.

UNICEF's 2013 flagship report, *The State of the World's Children*, focuses on Children with Disabilities. The report covers a range of thematic areas and attempts to contribute to the global discussion on and draw greater attention to disability rights for children.

This thematic note presents excerpts from the report related to Nutrition. All references and original sources can be found in the full report.

**For the full report or more information:**

Visit our Website: [www.unicef.org/SOWC2013](http://www.unicef.org/SOWC2013)

Or contact: [disabilities@unicef.org](mailto:disabilities@unicef.org) or [cmills@unicef.org](mailto:cmills@unicef.org)