

How do food insecurity, hunger, and undernutrition affect people with disabilities and how can this problem be addressed?

The question and the problem

Food insecurity, hunger, and undernutrition are related phenomena which occur at a high prevalence among people with disabilities in low- and middle-income countries (LMICs). Food insecurity is the lack of regular access to enough safe and nutritious food for proper growth and development. Hunger is the physical consequence of food insecurity, and results from periods when people experience severe food insecurity. Undernutrition results from the insufficient intake of energy and nutrients to meet an individual's needs. Both food insecurity and hunger are driven by the social exclusion of people with disabilities, while undernutrition can be driven both by food insecurity and hunger, and also by the difficulties with eating and/or digesting that are associated with some impairments. All of these phenomena are associated with growth and development problems, worsening of existing health conditions, physical weakness, mental health problems, and reduced quality of life. This evidence brief explores these phenomena amongst people with disabilities in LMICs, and provides evidence-based recommendations for remedial action.

Recommendations

- **Recommendation #1:** Promote early identification of food insecurity, hunger, and undernutrition among people with disabilities through active screening.
- **Recommendation #2:** Increase the resources and programmes available to address food insecurity and hunger, and support adequate nutrition and feeding amongst people with disabilities.
- **Recommendation #3:** Educate frontline workers, caregivers, and family members on the risks of food insecurity, hunger, and undernutrition among people with disabilities, and provide targeted support for adequate nutrition and feeding skills to assist people with disabilities who need support.
- **Recommendation #4:** Explore the possibility of decentralising screening and care for malnutrition to smaller primary care or community clinics for improved coverage.

“...children and adults with disabilities must also be included in general food security and treatment interventions to ensure they receive the best access to nutrition, as a matter of equality and basic human rights”

Challenges

Challenge #1: Food insecurity and hunger among people with disabilities are driven by broader exclusion

- People with disabilities face barriers to education, employment, healthcare, and social protection. These exclusions create risk for food insecurity and hunger.
- These exclusions also interact with impairment-related factors to place people with disabilities in LMICs at risk for undernutrition.

Challenge #2: There is a need to tackle the social determinants of food insecurity and hunger among this population, as well as to provide specific supports for those experiencing undernutrition, regardless of its cause

- Broad-based policy and programming interventions (such as social protection) are needed to reduce rates of food insecurity, hunger, and undernutrition among people with disabilities and their families and households.
- Additionally, where certain impairments are associated with difficulty chewing and swallowing, decreased nutrient absorption, or other contributes to undernutrition, these risks need to be addressed through targeted, evidence-based services.

Challenge #3: Public health services are often disability-inaccessible, and have limited capacity to identify and treat undernutrition among people with disabilities

- People with disabilities may take longer to present at health services due to accessibility issues, such as transport and cost. Late presentation may result in more severe cases of undernutrition and poorer treatment outcomes.
- Health professionals are not usually adequately trained on providing nutritional care to people with disabilities, and there are insufficient nutrition-focused interventions and programmes developed for people with disabilities. For example, the commonly used malnutrition screening method of weight-to-length ratio may not be appropriate for people with growth restrictions, atypical body compositions, and/or postural impairments.

Challenge #4: There is a lack of knowledge around undernutrition among people with disabilities and their caregivers, which is worsened by stigma

- Caregivers and families may not be equipped with skills to effectively feed those individuals with disabilities who experience impairment-related nutritional needs, specifically those who have chewing and swallowing difficulties, increased risk of choking, or regularly insufficient food intake.
- People with intellectual disabilities, psychiatric illnesses or mental health conditions may have trouble obtaining or understanding nutritional information that is not clearly and accessibly communicated, as well as with budgeting for and prioritising healthy foods.
- Stigma may result in people with disabilities receiving smaller portions and less nutritious food. Reliance on community food programmes or welfare benefits is also stigmatised, which may deter people from accessing such programmes, even in contexts where they are available.

Challenge #5: Food is increasingly expensive, especially those foods that are nutritious and healthy, and sources may be inaccessible or difficult to find

- People with disabilities have inflated direct and indirect living costs and therefore, less income to spend on food.
- Due to educational, economic and societal barriers, people with disabilities are often poorer. Poorer people, in turn, are more likely to live in contexts where gaining access to nutritious food is difficult, such as food deserts.
- Architectural barriers (e.g. unreachable items on shelves, walkability to shops, lack of curb-cuts for wheelchairs) make shopping for food more difficult. For those with cognitive or physical limitations, it may also be hard to prepare food at home, leading to more purchases of prepacked or processed (i.e. less nutrient-dense) meals.

How did we find answers

This review of reviews examined systematic, narrative and scoping reviews detailing how undernutrition, food insecurity and hunger affect people with disabilities and how to address this issue. This brief is based on findings from seven reviews of evidence from LMICs, two reviews of evidence from a high-income country (HIC), and eight reviews with evidence from both LMICs and HICs. Three additional sources (one report of a national agricultural survey in a low-income country, one peer-reviewed article from a HIC, and one evidence brief from a HIC) were used to corroborate recommendations.

Evidence-informed Recommendations and Actions

Key Recommendations	Actions
Promote early identification of food insecurity, hunger, and undernutrition among people with disabilities through active screening.	<ul style="list-style-type: none">• Revise screening tools and indicators so that they are standardised and specific to or inclusive of people with disabilities. Train primary healthcare providers to identify and manage undernutrition in people with disabilities.• Screen for undernutrition during regular healthcare check-ups, especially for people with disabilities.• Improve the accessibility of healthcare facilities. Ensure that disability screening is implemented in mainstream malnutrition treatment programmes.• Explore the possibility of decentralising screening and care for malnutrition to smaller primary care or community clinics for more extensive coverage.
Increase the resources and programmes available to address food insecurity and hunger, and support adequate nutrition and feeding amongst people with disabilities.	<ul style="list-style-type: none">• Increase the feeding support resources and food insecurity and undernutrition interventions available for people with impairments that relate to insufficient nutrient absorption.• Develop comprehensive nutrition programmes and link them to existing lay health workers and community-based organisations.• Improve inclusion and suitability through community-based approaches and the involvement of people with disabilities throughout the planning and implementation of all programming.• Aim to make all programs and interventions accessible, appropriate, and affordable.
Educate frontline workers, caregivers, and family members on the risks of food insecurity, hunger, and undernutrition among people with disabilities, and provide targeted support for adequate nutrition and feeding skills to assist people with disabilities who need support.	<ul style="list-style-type: none">• Educate caregivers and healthworkers on feeding techniques and relevant clinical advice/guidelines.• Involve families in care plans to decrease stigma and strengthen social support for people with disabilities, and to mediate the gap between food access for disabled and non-disabled people.• Inform family members and household residents of feeding techniques and nutritional guidelines in relation to the specific impairments and/or disabilities of their family/household member.
Ensure that policy and programming is being developed to address the social determinants of food insecurity, hunger, and undernutrition among people with disabilities.	<ul style="list-style-type: none">• Decentralise healthcare to more accessible locations to improve usage and follow-up.• Train lay (community) healthworkers to provide patients, families and caregivers with important nutritional advice and information on accessing community-specific resources and programmes.

Policy priorities

Policymakers should prioritise disability-inclusive social protection and nutrition provisions, and involve people with disabilities in policy development. Policies that guide the development of nutritional guidance specific to people with different types of impairments should be implemented. Disability should be discussed within healthworker and care guidelines. Policymakers should also improve the accessibility of available resources for increasing community and household knowledge around nutrition.

Conclusion

People with disabilities living in LMICs are more likely to be affected by food insecurity, hunger, and undernutrition. This is partly due to socioeconomic barriers, including exclusion from mainstream nutritional programmes. Feeding and absorption issues relating to certain impairments are a separate but related issue. Meeting the needs of this neglected population should begin with efforts to design and implement tools that are cognisant of disability-specific requirements. The awareness and education of healthcare workers, as well as families/households of people with disabilities should also be urgently addressed.

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GAPS & RESEARCH NEEDS

Future research should use existing guidelines to improve the availability of appropriate, standardised metrics for diagnosing nutritional status amongst people with disabilities. Including people with disabilities in the research process is not often done but is also critical. The existing literature focuses heavily on people with *physical* disabilities, so there is a need for research with people with other kinds of disability. Finally, there is a need for more longitudinal studies on undernutrition treatment outcomes for people with disabilities living in LMICs.

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