

CHILDREN WITH DISABILITIES IN ZAMBIA

Households with Children with Disabilities in Zambia Face Hardships on Food Access and Dietary Diversity – March, 2022



KEY TAKEAWAYS

- One third of families of children with disabilities reported that COVID-19 had a major impact on their ability to find adequate food.
- Households of children with disabilities had significantly lower dietary diversity compared to other households in their community. This included less available fruit and foods high in protein and iron.
- Households with children with disabilities reported educational services (83%) and nutrition and feeding services (74%) as their highest support needs.

BACKGROUND

Prior to the COVID-19 pandemic, children with disabilities were three times more likely to be malnourished compared to children without disabilities.¹ COVID-19 has further increased their risk for malnutrition by worsening food insecurity.² In a recent report, households with children with disabilities living in low-resource areas in Lusaka, Zambia (called 'compounds') reported that their ability to access food was greatly impacted by COVID-19. These households also reported that their income dropped as businesses and markets closed, leading to lower meal quantity and quality.³

The pandemic has disrupted the livelihoods and increased food insecurity for many people living in resource-limited communities. While governments and civil societies have adapted their policies and programs in response to the

pandemic, inequities and a lag in progress for households with children with disabilities persist. Therefore, this assessment aimed to determine if the elevated food insecurity was more pronounced among households caring for a child with a disability compared to other households in the same low-resource communities in Lusaka. We specifically compare the impact of COVID-19 on dietary diversity, a measure of food consumption that reflects household access to sufficient quantity and quality of food, and individual nutritional quality of the diet.

METHODOLOGY

In September and October 2021, households with children with disabilities and community members living in the same area were surveyed as part of *Kusamala+*, a community-based program implemented by Catholic Medical Mission Board (CMMB) Zambia and St.

¹ Kuper & Heydt, 2019. The Missing Billion: Access to health services for people with disabilities.

² Briefing note: SPOON (2020) Links between COVID-19 and nutrition for vulnerable children. Better Care Network (bettercarenetwork.org)

³ SPOON (2021) Health Impact Assessment of COVID-19 on Families with Children with Disabilities Living in Three Communities in Lusaka - December, 2020. (https://www.spoonfoundation.org/wp-content/uploads/2021/01/HIA_COVID-19_Children-with-disabilities_Zambia_Summary-report_Jan-14-2021-3.pdf)

Catherine's University (Saint Paul, MN, USA). *Kusamala+* aims at reducing stigma towards disability and improving quality of life for children with disabilities and their families.

Households with children with disabilities were asked about the child's disability and function; education; social support; quality of life; dietary diversity at the household and child levels;⁴ feeding and nutrition; and the impact of COVID-19. Community members representing households without children with disabilities were asked about their knowledge and perceptions about disability; quality of life, household dietary diversity and the impact of COVID-19.

Respondent to the household dietary diversity questionnaire were asked about all the foods eaten inside the home during the previous day and night, by any member of the household. Food groups included nshima, vegetables, fruit, meat, eggs, fish, beans, dairy, fats, sweets, and condiments. Respondents to the child dietary diversity questionnaire were asked about the same food groups the child consumed the previous day, eliminating the ones that do not significantly contribute to the child's diet quality (e.g., sugar/honey).⁵ Household Dietary Diversity Scores (HDDS) and Individual Dietary Diversity Scores (IDDS) were then computed by summing the number of food groups consumed in the household or by the child, respectively. The ranges for HDDS and IDDS are 0-12 and 0-8, respectively, with higher numbers indicating greater diversity. Target values for HDDS and IDDS were calculated using the average scores of the 33% of households with the highest diversity.

⁴ Kennedy G, Ballard T, Dop M. Guidelines for Measuring Household and Individual Dietary Diversity. Nutrition and

RESULTS

Adults from the households of children with disabilities were older and there were more female respondents compared to community members representing households without children with disabilities (Table 1).

TABLE 1. CHARACTERISTICS OF RESPONDENTS

	Households with children with disabilities	Households without children with disabilities
Number	436	1027
Female	95%	68%
Mean age	39 years	38 years

Nearly 30% (n=127) of caregivers reported that their child with disability had difficulty feeding, including eating limited foods, difficulty sitting upright, coughing and choking during feeding, requiring significant assistance, and taking a long time to finish a meal. A higher proportion of households with children with disabilities (32%) indicated that COVID-19 had impacted their ability to get food to a great extent, compared to households without children with disabilities (22%). Illustrative quotes from families of children with disabilities are presented in Table 2.

Households impacted by disability were
1.5 times more likely

to report having less access to food due to COVID-19 compared to other households in their community.

Consumer Protection Division, Food and Agriculture Organization of the United Nations; 2011.

⁵ Kennedy et al.

TABLE 2. QUOTES FROM HOUSEHOLDS WITH CHILDREN WITH DISABILITY

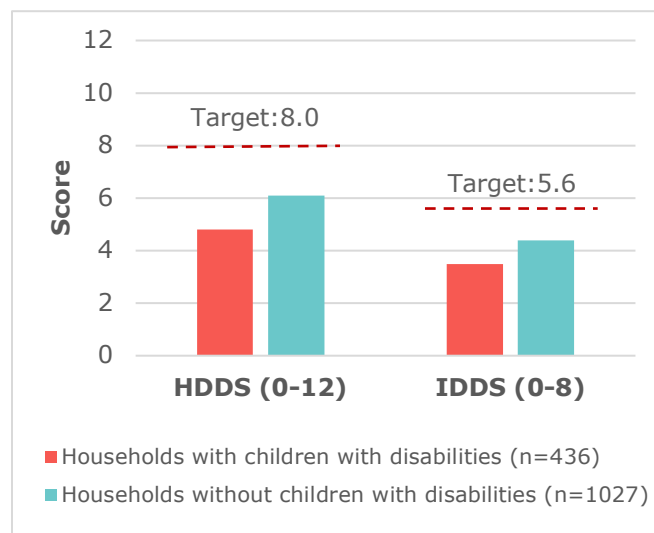
Intake	<ul style="list-style-type: none"> • "We restrict to a single meal on some days..." • "...not enough money to feed everyone..." • "...we used to afford a balanced diet..."
Access	<ul style="list-style-type: none"> • "Access to food has become scarce." • "Food has become so expensive..." • "...food is impossible to access."
Care needs	<ul style="list-style-type: none"> • "Children need more attention..." • "COVID has brought more challenges, care is harder..."
Support	<ul style="list-style-type: none"> • "No money to support our children especially with COVID" • "Less visits from caregivers and other support"

Households with a child with a disability had lower HDDS and IDDS compared to households without children with disabilities (Figure 1). Specifically, while nshima and vegetables were significantly more available in households with a child with a disability, fruit, iron-, and protein-rich foods were less available. Among households with a child with a disability, HDDS did not differ by household size or whether or not the child with disabilities had difficulty with feeding.

Only 1 in 4 households impacted by disability reported consuming foods high in iron and protein the previous day, two nutrients essential for child growth and development.

Finally, when households with children with disabilities were asked on the types of services and support needed, they most commonly noted educational services, nutrition and food support, and medical services. Up to 95% of families reported that these needs have not changed since COVID-19.

FIGURE 1. HDDS AND IDDS AMONG HOUSEHOLDS WITH CHILDREN WITH DISABILITIES VERSUS THOSE WITHOUT



RECOMMENDATIONS

These findings demonstrate the disparate higher needs among households impacted by disability compared to other households in the community. Households with children with disabilities need improved dietary diversity, particularly increased access to iron- and protein-rich foods important for children's growth and development; and stronger nutrition support. The hope is that such evidence, when shared with key stakeholders, policy makers, and funders, can mobilize additional resources for these children and their families. The continued COVID-19 response and recovery efforts should target families of children with disabilities as a priority group and address the impact of the pandemic on nutrition, feeding, and food security. Additionally, the nutrition and education sectors should strengthen the inclusion of children with disabilities and their families in their policies and programs.