



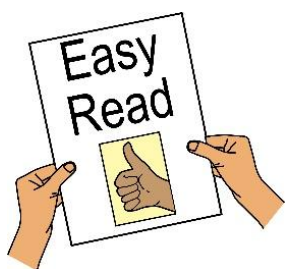
Advocacy Brief

March 2025



**Nutrition and Inclusion for Children
with Disabilities – start early**

Nutrition and Inclusion for Children with Disabilities – start early



This is the **Easy Read** version of this document.

Words in **bold** are explained in the box near the end of this brief, on page 7.



For children to grow, learn and thrive, they must have good **nutrition**. As well as being protected and learning from an early age, nutrition is essential for children to grow up well.

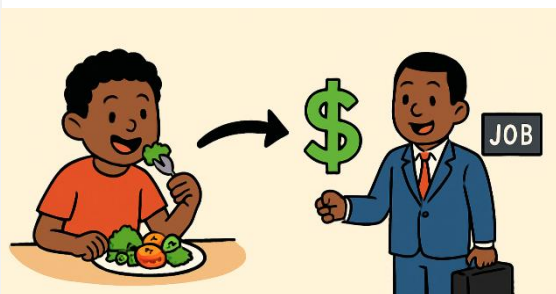


Every child has a right to health and family:

International agreements say that all children, including those with disabilities or without family care, have the right to health and family life.



This includes access to health services that improve their dignity, independence and inclusion.



When children can eat good food, it saves money on healthcare in the future. Also, when these children become adults, they can work and do not need social support.



Nutrition is key to achieving at least 12 out of the 17 global Sustainable Development Goals. ^a



More than 291 million children worldwide have disabilities ^b. Compared to children without a disability, these children are:

3x



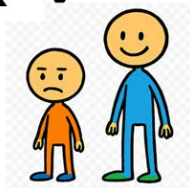
- 3 times more likely to have **malnutrition** ^c

2x



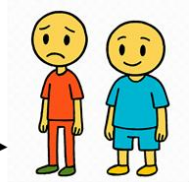
- 2 times more likely to die from **malnutrition** ^c

1/3 x ↓



- a third more likely to be stunted (too short for their age) ^d

1/4 x →



- a quarter more likely to be wasted (too thin for their age) ^d

1/4 x



- a quarter less likely to get **early stimulation** ^d

Note: the small letters above near the end of sentences relate to studies and reports which are listed from page 10.



Around 8 out of 10 children with disabilities have feeding difficulties^e. This can lead to health problems like **malnutrition** and **respiratory illnesses**.

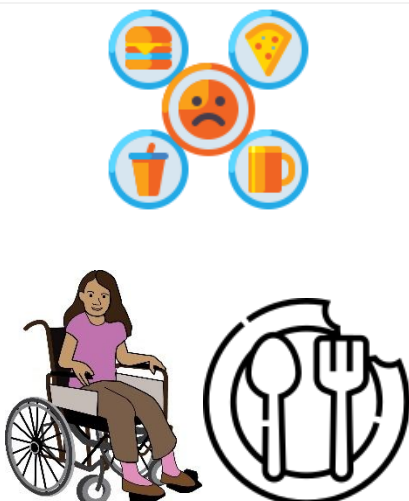


Many children with disabilities are:

- excluded from health and nutrition programs
- more likely to lose the care from their family



- more likely to be placed in **institutions**.



Institutions are not a good environment for children to grow up in. They do not have individual care. Also, the food may not be very healthy and they might not feed children in the safest way.



This means that children in institutions are more at risk of **malnutrition** ^e.

Ways to give children with disabilities better nutrition:



1. **Support families and caregivers:** Teaching caregivers about nutrition and how to best feed children can make a huge difference to children's health.



2. **Make programs inclusive:** Make nutrition and child development programs accessible and inclusive to children with disabilities.



3. **Improve data:** Nutrition studies should show disability data separately. Governments and partners should then use this data about disability to check the progress on nutrition goals.



4. **Make inclusive policies:** Create policies that:

- prioritize children with disabilities (put them first)
- fund (pay for) the work involved in inclusion,
- and
- make decision-makers accountable (answerable).



**Here are the words
used in this document
explained:**

Early stimulation: doing activities with children to help their development, like playing, reading and talking.

Institutions: a place where children are separated from their families and communities, live together in groups, and do not have choices about their lives.

Malnutrition: Maybe eating enough food but might not be healthy food.

Nutrition: healthy food and drink.

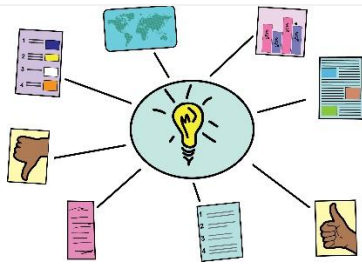
Respiratory illnesses: diseases that affect the lungs, making it difficult to breathe.



For more information:

Spoon Foundation 25 NW
23rd Place, Suite 6 #170,
Portland, Oregon 97214
USA

1-503-954-2524
www.spoonfoundation.org



Here is a list of our sources. This means where we got our information from:

a Scalingupnutrition, n.d. NutritionandtheSustainableDevelopmentGoals. Available: <https://scalingupnutrition.org/nutrition/nutrition-and-the-sustainable-developme nt-goals/>

b Olusanya B.O., et al. Global Burden of Childhood Epilepsy, Intellectual Disability, and Sensory Impairments. Pediatrics. 2020 Jul;146(1):e20192623. doi: 10.1542/ peds.2019-2623. Epub 2020 Jun 17. PMID: 32554521.

c Kuper, H., & Heydt, P. 2019. The Missing Billion: Access to health services for 1 billion people with disabilities. Available: <https://www.lshtm.ac.uk/TheMissingBillion>

d UNICEF, 2022. Seen, Counted, Included: Using data to shed light on the well-being of children with disabilities. Available: <https://data.unicef.org/resources/children-with-disabilities-report-2021/>



e Calis, E. A., et al. 2008. Dysphagia in children with severe generalized cerebral palsy and intellectual disability. *Developmental Medicine & Child Neurology*, 50(8), 625–630. van Ijzendoorn, et al. 2020. Institutionalisation and deinstitutionalization of children 1: a systemic and integrative review of evidence regarding effects on development. *Lancet*, 7 (8), 703-720. DOI: [https://doi.org/10.1016/S2215-0366\(19\)30399-2](https://doi.org/10.1016/S2215-0366(19)30399-2)

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