

 Ursula Viana Bagni¹
 Thaís Lima Dias Borges²
 Aline Alves Ferreira³

¹Universidade Federal Fluminense. Faculdade de Nutrição Emília de Jesus Ferreiro. Departamento de Nutrição Social. Niterói, RJ, Brasil.

² Universidade Federal do Rio Grande do Norte. Programa de Pós-graduação em Ciências da Saúde. Natal, RN, Brasil.

³ Universidade Federal do Rio de Janeiro. Instituto de Nutrição Josué de Castro. Departamento de Nutrição Social e Aplicada. Rio de Janeiro, RJ, Brasil.

Correspondence
Ursula Viana Bagni
ursulaviana@gmail.com

Inclusive nutrition: (re)acknowledging the paths of inclusion in the practice of the nutritionist

Nutrição inclusiva: (re)conhecendo os caminhos da inclusão na prática do nutricionista

Abstract

Debates on embracing diversity and the inclusion of more vulnerable populations in the health area have been growing at the national and international levels. In Brazil, the trajectory of Inclusive Nutrition was pushed forward at the beginning of the 2000s and is currently defined as a practice in which the nutritionist uses all available resources to promote inclusion, health, food safety, and nutrition of vulnerable populations through timely actions adjusted to their singularities, based on acceptance, respect for diversity, accessibility, and encouragement of autonomy. It extends over all the areas of action and practice of the nutritionist, focusing on the production of new ways of caring and of organizing work aimed at food and nutritional security and social justice. Thus, the knowledge that has been built in this direction must be incorporated by professionals, from their training to their daily practice, aiming to directly and/or indirectly benefit the health and nutrition of vulnerable populations.

Keywords: Health. Nutritionist. Diversity. Social inclusion. Vulnerable populations.

Resumo

Os debates sobre o acolhimento das diversidades e a inclusão de grupos populacionais em maior situação de vulnerabilidade na área da saúde têm sido crescentes em âmbito nacional e internacional. No Brasil, a trajetória da Nutrição Inclusiva foi impulsionada no início na década de 2000, e atualmente é definida como a forma de exercer a profissão na qual o nutricionista utiliza todos os recursos disponíveis para promover a inclusão, a saúde e a segurança alimentar e nutricional de pessoas em situação de vulnerabilidade, por meio de ações oportunas e ajustadas às singularidades desses sujeitos, tendo como base o acolhimento, o respeito à diversidade, a acessibilidade e o estímulo à autonomia. Atravessa todas as áreas de atuação e cenários de prática do nutricionista, com foco na produção de novos modos de cuidar e novas formas de organizar o trabalho que visem à segurança alimentar e nutricional e à justiça social. Assim, os saberes que vêm sendo construídos nessa direção devem ser incorporados pelo profissional desde a sua formação até a sua prática cotidiana, visando beneficiar direta e/ou indiretamente a saúde e a nutrição dos grupos populacionais em maior situação de vulnerabilidade.

Palavras-chave: Saúde. Nutricionista. Diversidade. Inclusão social. Populações vulneráveis.

INTRODUCTION

Diversity is defined as the quality or condition of what is diverse, that is, it refers to the multiplicity of things, beings, or entities. It refers to difference, dissimilarity, variation, and variety.¹ And it is easy to see that diversity is inherent in everything surrounding us: chemical elements, microorganisms, plants, animals, celestial bodies, and much more. There is an infinity of shapes, colors, flavors, aromas, sounds, sizes, densities, textures, temperatures, combinations, and exceptions. In nature, diversity reigns.

Logically, diversity is also present in human beings in several dimensions. The most elementary ones are biological and related to genotype and phenotype. The first refers to the set of genes that all humans have inherited from their parents, and, consequently, from their ancestors. The second is how this set of genes is expressed in interactions with environmental factors, being responsible for the diversity in the appearance of individuals, such as eye color, nose shape, hair texture, and skin tone.² But there are also other intrinsic and extrinsic aspects that (really) differentiate people: age, race/ethnicity, language, cultural identity, religious belief, gender identity, affective and sexual orientation, psychic and cognitive aspects, physical and work capacity, state of health, among others.

Because it is inherent to human nature, living with all this diversity should be something natural. By understanding that everyone is different and that normality is a subjective concept, Brogna³ points out: *“the difference is not only in the other but within me as well”*.

However, people who deviate from a socially constructed *“standard of normality”* often have their existence permeated by adversities such as inequality, prejudice, and exclusion. From them, vulnerabilities emerge. In addition to living under a greater risk of harm, these subjects also have more difficulties in recovering from its effects.⁴ Therefore, these issues must always be considered by health professionals in their work. Being attentive to the singularities of the subjects allows the search for a more inclusive and non-discriminatory practice.

It is important to highlight that including *“is not inserting the different ones into a group of equals, because there are no equals”*.³ Inclusion means recognizing, understanding, and welcoming human diversity. It also means to fight, based on a set of actions, the inequality in opportunities due to social differences, placing people in conditions of equity in the same spaces.^{4,5}

The last few decades have been marked by the growth of social movements promoting diversity and the inclusion of vulnerable populations in the health area.¹ Scenarios of exclusion, segregation, and integration are fought to be overcome within the different spaces of public and private health care, including those regarding food and nutrition actions.⁴

The historical trajectory of Inclusive Nutrition in Brazil

Inclusion in the health area began to gain strength in Brazil with the enactment of the Federal Constitution of 1988, which states in Article 196 that *“health is a right for all and a duty of the State, guaranteed through social and economic policies aimed at reducing the risk of diseases and other injuries and universal and equal access to actions and services for its promotion, protection and betterment”*.⁶ It was also propelled by the creation of the Brazilian Unified

¹ a “Vulnerable populations” is a generic term designating “those who are more likely to experience processes of social exclusion, being placed on the margins of society, and finding their possibilities for social participation increasingly diminished” (Barros et al., 2014, p. 82). It encompasses people with disabilities, the LGBTQIA+ population, native peoples, and traditional communities (e.g., indigenous peoples, descendants of Afro-Brazilian slaves who escaped plantations before abolition, peoples from Candomblé *terreiros* and those of African origin, riverside dwellers, gypsies, and others), illiterate ones, young and old people who live in institutional care, the homeless population and those in settlements; migrants and refugees, people deprived of liberty, among others. They are subjects who “share challenges in common related to their social and economic condition, social support and living conditions, including stigma and discrimination, violence, restrictions on their civil and political rights, reduced access to social and health services, lack of educational opportunities and exclusion from work opportunities” (Barros et al., 2014, p. 83)

Health System (Sistema Único de Saúde – SUS) since inclusion permeates its doctrinal principles: access to health services should be universal for all citizens, without prejudice or discrimination; full monitoring of health promotion and protection actions, treatment and rehabilitation at all levels of complexity reached by the system; and equity, to welcome differences and consider the specific needs of each individual according to their social context.⁷

Regarding food and nutrition, the first steps towards inclusion only occurred in the 2000s and 2010s, when the concept of “*dietary inclusion*” began to be coined. Initially, this term referred to the offer of specific foods for people with dietary restrictions, for specific dietary needs at get-togethers, and other social events involving food, or in the menus of collective food services aimed at schoolchildren^{8,9} and workers.¹⁰

Restrictions and specific dietary needs may occur by choice or necessity, and the most frequent reasons are food allergies and intolerances (with the exclusion of foods such as milk and derivatives, wheat, soy, peanuts, walnuts, almonds, chestnuts, seafood, dyes, flavorings, additives, preservatives, among others); non-communicable chronic diseases, such as diabetes and hypertension (with a significant reduction in the use of salt and sugars); vegetarianism (abstaining from the consumption of meat), veganism (abstaining from the use of any animal product) and other ideological choices (abstaining from transgenic foods, those with pesticides or preservatives, among others).¹¹ Regardless of the motivation, living with a dietary restriction is a process that presents challenges, mainly due to a lack of information and the prejudice of a society that, many times, is not prepared to accept and deal with this condition.

From the perspective of “*dietary inclusion*”, people with specific dietary needs would then be less exposed to the health risks imposed by the inflexibility of the menus offered in different spaces (such as abstaining from lunch because there are no options that meet their needs) and would suffer fewer constraints (such as having to bring their food to a get-together). In practice, however, it became evident that this strategy only achieved the integration (and not the inclusion) of people with dietary restrictions over the years, since the foods indicated for their consumption were often different from those offered to people without dietary restrictions, limiting their choices and social interaction.

Catering services, institutional kitchens, and other establishments focused on the production and sale of food realized that providing meals that could be consumed by the greatest possible number of people was a large and growing market niche. Then, the concept of “*inclusive cuisine*” or “*inclusive food*” was born, which was refined and is currently adopted by thousands of establishments around the world, from the simplest to the most luxurious ones, and refers to offering diversified and tasty menus that can be enjoyed by anyone, with or without dietary restrictions.

The “*inclusive cuisine*” is then established as the set of practices that seek to include and integrate people with dietary restrictions in the most varied scenarios of community life.¹² The production of food and meals based on this concept, which can be handmade or machine-made, starts from carefully choosing each culinary ingredient, and replacing unwanted ones with safe, adequate, and healthy substitutes. With the popular premise of “*excluding foods to include people*”, different dietary restrictions can be contemplated in a single preparation so that it can be shared universally, allowing those with specific dietary needs to be included in different spaces of social coexistence, ranging from work to get-togethers. Eating is an important cultural and social element, and inclusive food is revealing a new world of abundance for those historically segregated and excluded due to dietary restrictions.

Over time, the need to move forward became increasingly evident: inclusion in Food and Nutrition also needed to encompass other subjects and be present in other dimensions of nutritional care. In addition to offering safe and enjoyable meals for people with specific dietary needs, nutritionists should also be aware of the countless other singularities of those under their care, especially vulnerable populations.

In this sense, the second edition of the National Food and Nutrition Policy, published in the early 2010s, emphasizes the importance of looking beyond specific dietary needs in the context of food services.¹¹ According to

it, all care related to food and nutrition in its different scenarios (food and nutritional diagnosis and surveillance, adequate and healthy food promotion, food and nutrition education, food guidance, dietary prescription, serving food for special needs, supplying food at hospital level, and enteral and parenteral nutritional support) need to adjust to the singularities of each subject, such as gender, race, ethnicity, stage of life, food culture, socioeconomic condition, biological aspects, among others.¹¹

At the international level, debates in this direction were also emerging, aimed mainly at people with disabilities and in situations of extreme poverty and vulnerability. In the mid-2010s, the term *“inclusive nutrition”* began to be timidly adopted in technical-scientific publications, referring to this school of thought and approach to care in nutrition.^{13,14}

At the end of the 2010s, Brazil took the forefront of the debate on diversity and inclusion in the area of food and nutrition, driven by the reformulation of the Code of Ethics and Conduct for Nutritionists.¹⁵ Several of its articles are in line with inclusion in the practice of the nutritionist, basing it on the defense of the rights of individuals and collectivities (Art. 1 and 2), in the respect for diversity in the ways of being and living of subjects (Art. 3), and in the nutritional care beyond the biological one (Art. 6), with the adequacy of conduct and practices to the needs and life contexts of each individual (Art. 37 and 38), and adoption of all available resources for comprehensive care (Art. 5). The need for continuous professional improvement is also clear, both technical-scientific and relational, which is essential for nutritionists to be prepared to deal with diversity in their practice (Art. 4 and 18).¹⁵

Thus, in the early 2020s, Inclusive Nutrition begins to be pointed as a professional practice based on the inclusion of vulnerable populations, *“considering their weaknesses, peculiarities, social vulnerabilities, habits and customs, respecting their diversity and autonomy, thus promoting Food and Nutrition Security and the guarantee of their rights.”*¹⁶ The production of technical-scientific material on the subject at the national and international level has been expanding more and more in recent years,¹⁷⁻²⁵ revealing innovative strategies for inclusion with the development of actions in the field of Food and Nutrition that aim at social justice.

After all, what is Inclusive Nutrition?

Inclusive Nutrition can currently be defined as a practice in which the nutritionist uses all available resources to promote inclusion, health, and food and nutritional security of vulnerable populations, through timely actions and adjusting to their singularities, based on accessibility, caring, respecting diversity, and encouraging autonomy. In opposition to the socially constructed normativity, it seeks to produce new ways of caring and new ways of organizing work in the different areas and scenarios of the nutrition practice,²⁶ having its continuous improvement as a driving force.

Within the scope of nutritional and dietary assistance in the areas of Clinical Nutrition, Nutrition in Sports and Physical Exercise, and Nutrition in Collective Health, Inclusive Nutrition is reflected in the adjustments made in the different stages of nutritional care to meet the singularities of each subject, such as the adoption of appropriate evaluation procedures, diagnosis, and intervention and nutritional monitoring. Within the scope of Public Health Nutrition, the nutritionist can manage public policies and programs from different sectors in primary health care aimed at vulnerable populations and develop specific actions toward their nutritional surveillance and education.¹⁷

In the area of Nutrition in Food Service, Inclusive Nutrition goes beyond menu adjustments, considering the specific dietary needs of the population. The nutritionist can seek architectural accessibility in food consumption spaces for customers and workers with disabilities and reduced mobility; communication accessibility for those with sensory impairments, using alternative strategies for presenting menus and signaling spaces; and the attitudinal accessibility of workers to deal with vulnerable populations in food consumption spaces (e.g., the procedure in case

a person with autism suffers a meltdown; care protocols for those who are deaf, blind or with reduced mobility; and use of inclusive language for the LGBTQIA+ population) and within the food services (e.g., support for illiterate workers; adjustments in the work process for employees with disabilities; team training for collaborative work and without discrimination).¹⁷

In the area of Nutrition in the Production Chain, Industry, and Food Marketing, Inclusive Nutrition can also be present, for example, in preparing products adjusted to the specific dietary needs of the population and in the search for accessibility in labels and packaging for those visually impaired and/or illiterate.

In the area of Nutrition in Teaching, Research, and Extension, Inclusive Nutrition transversally permeates undergraduate and graduate curricula, being present in disciplines and internships, research projects, and extension actions developed by teaching and research institutions. Promoting continuous education actions to qualify nutritionists who work in different areas of the labor market is also paramount,¹⁵ and the theme should always be present in technical-scientific events in Food and Nutrition. Students who are part of vulnerable populations must be guaranteed care and accessibility, to overcome prejudice and discrimination from colleagues and staff; the mitigation of the lack of architectural, communicational, methodological, and instrumental accessibility; and be guided on professional performance after completing the course.¹⁷

FINAL CONSIDERATIONS

In agreement with the current demands of society, Inclusive Nutrition is a way of practice for the nutritionist that expands access to health, reduces barriers, and guarantees the rights of vulnerable populations in Food and Nutrition, constituting an important tool of social justice. It is essential that this knowledge, which has been gradually built up in the health area, be incorporated by professionals from their training to their daily practice in different areas and scenarios, aiming to directly and/or indirectly benefit the health and nutrition of vulnerable populations.

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Contributors

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