



Urban Nutrition

Reducing the triple burden of malnutrition

Problem Statement

Globally, 156 million children under the age-five are stunted, and 50 million are wasted – 17 million of whom are severely wasted. Approximately half of all stunted children live in South Asia, a region affected by rapid urbanization and a growing obesity epidemic. A third of all stunted children live in sub-Saharan Africa, a region that is also characterized by urban expansion and increasing rates of obesity¹. The global impact of conflicts, natural disasters, and climate change has contributed to increased migration into cities by populations seeking safety, shelter, and services. As the world's cities expand, urban centers are increasingly home to larger numbers of malnourished people, particularly women and young children. Based on these trends, a greater share of the world's malnourished population will reside in urban centers over the coming decades.

While urban areas provide opportunities for better access to markets and employment, as well as health, social and education services, they often manifest high levels of inequality. In comparison to rural populations, urban dwellers generally exhibit better nutrition and food security indicators. Globally, one-fourth of urban children are stunted, compared to one-third of rural children. However, these statistics include all urban children and are not specific to the urban poor, including residents of informal settlements. As a result, our understanding of urban nutrition is affected by national statistics that often mask the high prevalence of malnutrition among the urban poor. A study of 47 developing countries based on existing DHS data examined stunting and mortality of the urban poor. This analysis found that urban poor had higher rates of stunting and mortality than their rural counterparts in a number of countries.

Key Messages

- With the rapid pace of urbanization, SDG 2 can only be achieved if governments, the private sector, civil society and international organization prioritize the significant reduction of the triple burden of malnutrition – undernutrition, micronutrient deficiencies, and obesity - in our world's cities.
- Aggregated national and regional statistics often disguise the nutritional status of urban poor – especially individuals living in informal settlements. Malnutrition in all its forms is no longer an exclusively rural problem, with high rates of wasting, stunting, and micronutrient deficiencies increasingly apparent in urban contexts.
- Programmes to improve urban nutrition must be context specific, prioritize the triple burden of malnutrition, utilize multisectoral platforms, and be built on partnerships that include the private sector, governments, civil society and international agencies.

SDG 2 cannot be achieved without recognizing this importance of addressing the demographic shift to urban areas. To achieve Zero Hunger, we will need to adapt policies, strategies and programmes to improve urban nutrition, especially among pregnant and breastfeeding mothers and young children with high nutrient needs for healthy growth and development.

¹Ref UNICEF

²Van de Poel, E., O'Donnell, O., & Van Doorslaer, E. (2007). Are urban children really healthier? Evidence from 47 developing countries. *Social science & medicine*, 65(10), 1986-2003.

Analysis

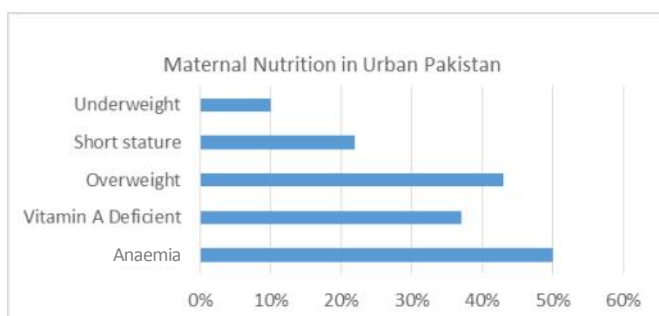
For the urban poor – especially in informal settlements – the lack of appropriate water and sanitation infrastructure and the poor quality of social, education and health services has resulted in a persistence of malnutrition in all its forms. In addition, there is often the underlying assumption that urban residents have more access to nutritious foods. However, due to their dependence on markets for food – as opposed to domestic agriculture and livestock production – the urban poor are particularly vulnerable to price increases and market shocks. In addition, proximity to markets does not ensure accessibility or affordability of nutritious foods, especially for women and young children.

42 million children under age five are overweight, up from 31 million in 2000. The increasingly common co-existence of undernutrition, micronutrient deficiencies, and obesity within the same country, the same community and even the same household, is increasing rapidly.

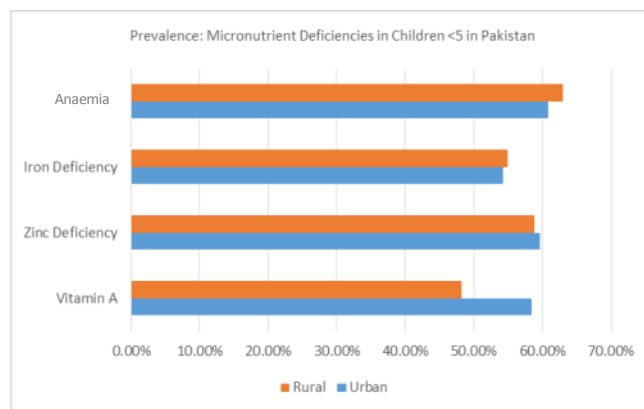
In urban centers there is a high abundance of processed and ultra-processed foods that are often high in sugar, salt, and calories, yet low in the nutrients required for healthy growth and development. These products, which are often more easily accessible in urban markets, provide an affordable, and often reliable, and convenient source of nourishment. However, in combination with an increasingly sedentary urban lifestyle, the reliance on such foods, especially among pregnant and lactating mothers and young children, significantly contributes to the triple burden of malnutrition. At the same time, processed and packaged foods, if appropriately formulated, can provide a reliable and affordable source of good nutrition in the urban context.

The case of urban Pakistan:

Malnutrition in urban Pakistan illustrates the increasingly common narrative of maternal and child malnutrition in our cities. It begins with poor maternal nutrition status (see table 1: Maternal Nutrition Indicators in Pakistan). Pregnant and lactating mothers are often poorly nourished and increasingly overweight. As a result, they have a much higher risk of giving birth to a child who is low birthweight. Rates of low birth weight in urban Pakistan are high at 35 percent, while an estimated 20 percent of stunting is believed to start before birth. The urban lifestyle, combined with social and gender norms and limited accessibility and affordability of nutritious foods.



Exclusive breastfeeding is low, early introduction of poor quality complementary foods is high, and dietary diversity among mothers and children is low. Only 8 percent of mothers in urban Pakistan meet adequate dietary diversity.



A child who begins his or her life with poor nutrition and frequent exposure to disease is more likely to become stunted and/or wasted. They are also at greater risk of becoming obese later in childhood or as an adult resulting in the persistence of the intergenerational cycle of malnutrition

Priorities to improve urban nutrition:

Improving urban nutrition requires multisectoral nutrition specific and nutrition sensitive strategies and programmes that prioritize the triple burden of malnutrition. In the urban context, lasting change can only be achieved with the participation and commitment of governments, the private sector, civil society and international agencies to expand programme reach and scale up solutions to reach the most vulnerable. Nutrition programmes must be well coordinated and complemented by efforts to improve water, sanitation, and health.

To support governments, communities and households in addressing the challenge of malnutrition in urban contexts, WFP will prioritize the following actions:

- develop advanced urban nutrition assessment methods, especially through the application of innovative tools for data collection and analysis, to improve the understanding of nutritional status among the urban poor in order to more effectively contribute to policy development, targeting, and monitoring and evaluation of programme implementation;
- increase the availability of safe, nutritious foods in urban setting through market-based approaches and strengthening of social protection and social safety net schemes including fortified staple foods and fortified complementary foods for children age 6 to 23 months;
- improve access to a diverse food basket, including fortified foods, by expanding the use of cash based transfers;
- advocate for safe, nutritious foods and services through enhanced social marketing for improved diets that support healthy growth and development and reduce the risk of non-communicable diseases;
- collaborate and partner with the private sector and municipal authorities to expand and refine urban programmes; and
- remain committed to strengthening local emergency preparedness and response capacity, recognizing increased vulnerabilities of urban populations to natural and man-made disasters

³Ref UNICEF