

## CHAPTER 3

### FOOD SECURITY AND NUTRITION

# Growing Cities, New Challenges

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## KEY MESSAGES

- Poverty, food insecurity, and malnutrition become increasingly urban problems as urban populations expand everywhere.
- Persistent child undernutrition, stubborn micronutrient deficiencies, and an alarming rise in overweight and obesity in urban areas mark the shift of the burden of malnutrition from rural areas to cities:
  - One in three stunted children now lives in an urban area.
  - Rapid increases in overweight and obesity have been concentrated in urban areas.
- The urban poor face a challenging food environment.
  - Food security in the city depends on access to cash. Extremely poor urban households in many developing countries spend more than 50 percent of their budget on food.
  - Dependence on purchased food and employment in the informal sector—especially for women—leave

the urban poor vulnerable to income and food price shocks.

- Formal and informal safety nets often fail to protect the poorest of the urban poor.
- Limited access to healthcare, safe water, and sanitation in cities leads to severe health and nutrition inequalities for the urban poor—especially slum dwellers.

## POLICY AND RESEARCH NEEDS

- What is the extent of poverty, food insecurity, and malnutrition in urban areas?
- What is the quality of urban diets, what are the nutrient gaps, and what are the dietary patterns that increase health risks?
- What are the effects of the urban food environment on food access and food choices?
- How can we best tailor programs and policies to support the urban poor in tackling the distinct challenges of urban life?



For the first time in history, more than half of the world's population lives in urban areas.<sup>1</sup> By 2050, two-thirds of the world's population is projected to be urbanized, as 2.5 billion additional people are born in or migrate to urban areas.<sup>2</sup> Africa and Asia, which currently have 40 percent and 47 percent, respectively, of their populations living in urban areas, are expected to account for 90 percent of this growth.<sup>3</sup> Just three countries—China, India, and Nigeria—are projected to add 900 million urban residents by 2050.<sup>4</sup> In North America, Europe, and Latin America and the Caribbean, between 73 and 82 percent of the population currently lives in urban centers, but urbanization in these regions is expected to slow or stagnate between now and 2050. Globally, the growth of cities, large and small, and peri-urban areas is creating a new set of challenges and opportunities for addressing poverty, food security, and nutrition.

## POVERTY, FOOD INSECURITY, AND MALNUTRITION MOVE TO THE CITY

Poverty, food insecurity, and malnutrition are moving to the cities, as the world's population becomes more urbanized. Between 1993 and 2002, the global

rate of poverty—those living on less than a dollar a day—declined from 28 to 22 percent, largely reflecting a drop in rural poverty rates in developing countries from 37 to 30 percent. Urban poverty remained unchanged at approximately 13 percent. During the same period, the *absolute number* of poor people residing in urban areas rose by 50 million (from 242 to 292 million), while the number of rural poor declined by 148 million (from 1,031 to 890 million).<sup>5</sup> As a result, the urban share of the poor in developing countries rose from 19 to 25 percent in one decade.<sup>6</sup> By 2020, up to 85 percent of the poor in Latin America are expected to live in towns and cities, as will close to half (45 percent) of the poor in Africa and Asia.<sup>7</sup>

The Multidimensional Poverty Index, another measure of poverty, includes 10 indicators reflecting three dimensions of poverty (health, education, and standard of living) for 105 countries.<sup>8</sup> This index estimates the urban share of poverty as ranging from

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38 percent in Europe and Central Asia, to roughly 30 percent in Latin America and East Asia and the Pacific, to 16 percent in South Asia, and 14 percent in Africa south of the Sahara.<sup>9</sup> Using the same index for a smaller set of countries, the annual rate of decline in poverty is also faster in rural compared to urban areas (1.3 percentage points versus 1 percentage point).

Food insecurity and malnutrition are likely to follow these trends, given their close links with poverty. A study of 12 African countries found that in all but one, at least 40 percent of the urban population was energy deficient (lacking in calories), with the prevalence of hunger reaching nearly 90 percent in urban Ethiopia.<sup>10</sup> Another study of countries in Africa, Asia, and Latin America found that the urban incidence of hunger equaled or exceeded rural levels in 12 of the 18 countries studied.<sup>11</sup>

Childhood undernutrition reflected in stunting (low height-for-age) has declined rapidly in the developing world, with the number of stunted children dropping from 239 million in 1985 to 163 million in 2011.<sup>12</sup> The bulk of this decline occurred in rural areas, not urban ones.<sup>13</sup> Like poverty, stunting has moved to the cities: the proportion of stunted children living in urban areas rose from 23 to 31 percent—meaning that approximately one in three stunted children now lives in an urban area. Although, on average, child undernutrition is still less common in urban than in rural areas, undernutrition among poor urban children often rivals the levels found among the rural poor.<sup>14</sup> Deficiencies of essential minerals and vitamins such as iron, zinc, iodine, and vitamin A also persist globally and are estimated to affect half of all preschool children and 2 billion people worldwide. No global estimates are available for urban and rural areas, and country-specific studies are far from conclusive.<sup>15</sup> In China, deficiencies of micronutrients such as vitamin A, vitamin B12, iron, and zinc were higher among rural compared to urban children.<sup>16</sup> In Venezuela, adolescents living in rural areas had higher rates of anemia and iron deficiency than those living in urban areas.<sup>17</sup>

Overweight and obesity at the global level have also risen rapidly in both children and adults. Among children, the number of overweight rose by more than 50 percent in 20 years (1990–2011).<sup>18</sup> Overweight in children is most prevalent in high-income countries, but by 2011 as many as

32 million overweight children lived in low- and middle-income countries. The prevalence of overweight in children is often, although not always, higher in urban than in rural areas. A comparison of low- and middle-income countries found a higher prevalence of overweight in rural compared to urban areas in 25 of the 80 countries studied.<sup>19</sup> Among adults, the global rise in overweight and obesity since 1975 has been dramatic—more than doubling in women and more than tripling in men. The increase accelerated in the past decade, and was more concentrated in urban than in rural areas.<sup>20</sup> In a study of 38 countries, mean body mass index and the prevalence of overweight was higher among urban than rural women in most countries in both time periods studied (1991–2004 and 1998–2010).<sup>21</sup> The rise of overweight and obesity in urban areas and its health impacts are described in greater detail in Chapter 4.

Overall, persistent child undernutrition, combined with the stubborn problem of micronutrient deficiencies and the alarmingly rapid rise in overweight and obesity, signals a shift toward a greater overall burden of malnutrition (in all its forms) in urban compared to rural areas.<sup>22</sup> This transfer of poverty, food insecurity, and malnutrition to urban areas demands a new understanding of the drivers of these problems and of the policies, programs, and interventions needed to tackle them. In the following pages, we review the unique features and conditions found in urban areas that shape food security and nutrition, and highlight the opportunities and challenges created by urbanization, especially for the poorest segments of the population. We conclude with recommendations for immediate program and policy actions to help urban residents achieve food security and good nutrition, as well as recommendations for intensifying research efforts.

## A DIVERSE AND PLENTIFUL FOOD SUPPLY

Urban food supplies are strikingly diverse. Urban residents enjoy a greater variety of foods and food sources (such as supermarkets, convenience stores, restaurants, and street foods) than their rural counterparts. Infrastructure and population densities in urban centers facilitate distribution, transportation, and technology use, allowing suppliers to reach more consumers at lower cost and encouraging the rapid spread of information.<sup>23</sup> Greater

availability of electricity and often higher incomes allow urban households and businesses to use refrigeration to store foods, and therefore shop less often, particularly for perishable foods such as produce, dairy, and meat products. With more women engaged in the labor force in urban areas, demand for convenience in buying and preparing food is increasing.<sup>24</sup> Technologies provide a range of convenient processed goods, including canned and frozen items, snacks, and prepared meals, as well as ultra-processed foods with extended shelf-life.<sup>25</sup>

Supermarkets have expanded rapidly in many developing countries, especially in urban areas of emerging economies. By the mid-2000s, supermarkets controlled 30 to 50 percent of the food market in Southeast Asia, Central America, and Argentina, Chile, and Mexico.<sup>26</sup> Supermarkets can offer a wide range of fresh produce, dairy products, animal-source foods, and a host of processed foods.<sup>27</sup> Also available to urban citizens are more traditional food outlets, such as local grocery stores, fruit and vegetable markets, and street vendors. These still account for a large proportion of food purchases, especially in Africa and Asia and most especially for the urban poor.<sup>28</sup> (Governance of informal food markets to support poor urban consumers and small producers in Africa is discussed in detail in Chapter 6.) As of the mid-2000s, supermarkets in Africa south of the Sahara still accounted for less than 5 percent of urban food expenditures, and they are expected to remain a minority food supplier in the future, especially for the urban poor.<sup>29</sup> In Zambia and Kenya, for example, supermarkets still cater primarily to households in the top 20 percent of income distribution.<sup>30</sup> Urban food retail systems are thus two-pronged, comprising modern retailers, which control a large share of the nonstaple and processed food markets, and traditional retailers, which dominate sales of fruits, vegetables, and usually meat.<sup>31</sup>

Street foods are also available in many cities, and can provide a low-cost, convenient, and attractive source of ready-made food for urban residents, especially among smaller and poorer urban families.<sup>32</sup> Street foods can make up a significant part of the diet of select groups; in Nairobi, Kenya, for example, 51 percent of men in one low-income neighborhood and 72 percent in another regularly purchased street food for lunch, which contributed 23 and 70 percent of their daily energy intake, respectively.<sup>33</sup> In Nigeria, adolescents obtain 40 to

70 percent of their food from street vendors, supplying 20 to 30 percent of their daily energy intake.<sup>34</sup>

On a more negative note, mass media and marketing have greater presence in urban areas, influencing consumers' tastes and preferences, often toward energy-dense and micronutrient-poor processed foods and low-quality diets.<sup>35</sup> Foreign direct investment has contributed to the rise of fast-food restaurants and to the processing and marketing of global junk food brands in developing countries.<sup>36</sup>

Urban agriculture—growing crops or raising livestock in urban or peri-urban areas—can offer another source of food as well as employment and income for urban dwellers. A recent analysis of 15 developing and transitional countries shows enormous variation in the share of urban households that participate in agriculture, ranging from 11 percent in Indonesia to 70 percent in Nicaragua and Viet Nam.<sup>37</sup> Still, urban agriculture accounts for only 5 to 15 percent of total agricultural production in the studied countries, and most households consume the food they produce rather than sell it. Although the contribution of urban agriculture to income is generally low (less than 10 percent in 10 of the 15 countries), urban farming is linked with improved dietary diversity in two-thirds of the countries. But despite its demonstrated benefits, the contribution of urban agriculture may be limited by production and legal constraints related to the availability of key inputs such as water, safe handling of agrochemicals, and disposal of animal or crop waste.

## HEALTHY DIETS ARE BEYOND REACH FOR THE URBAN POOR

While the food environment in urban areas offers tremendous diversity and opportunities for consumers, the urban poor face a set of challenges that may jeopardize their access to high-quality, diverse, safe, and affordable diets and increase their risk of poor health and nutrition. Urban dwellers are more likely to meet their protein and energy requirements than rural dwellers. But urban consumers, especially as their incomes increase, are also more likely to consume imbalanced diets heavy on processed foods, too high in calories, saturated fats, refined sugars, and salt, and low in fiber.<sup>38</sup> In addition, although urban residents tend to consume more fruits and vegetables, urban diets can remain low in

micronutrients such as iron, zinc, and vitamin A. In urban areas of Benin, Kenya, and Mali, for example, women were found to have inadequate intake of several vitamins and minerals.<sup>39</sup> Micronutrient-fortified processed foods such as cereals, oils, bouillon cubes, milk, and noodles are more easily available in urban areas, but high prices for these products may be prohibitive for the poor.<sup>40</sup>

Poor diets among city residents result from a combination of forces. These include food-environment factors such as the availability and aggressive marketing of energy-rich and nutrient-poor processed foods and fast-food outlets; changes in food habits and demand that come with higher incomes; changes in types of employment, particularly for women, which increase demand for convenience and ready-to-eat foods and meals; and changing norms and attitudes toward foods associated with urban living, such as pressures to move away from traditional diets. Chapter 4 further investigates the causes and implications of this dietary transition. Together with more sedentary lifestyles, these factors put the population at increased risk of overweight and obesity and related noncommunicable diseases. An additional concern is the food-safety risk associated with eating out, specifically with street foods.<sup>41</sup>

## NAVIGATING THE URBAN CASH ECONOMY

The urban economy is cash-based. Urban households generally purchase most of their food, making employment and a stable income vital for food access. For the poor, food often accounts for a large share of total expenditure, especially in urban areas. Their livelihoods and food security depend heavily on informal-sector employment, including women's employment, on formal and informal safety nets, and on coping mechanisms for dealing with income or food price shocks.

### THE CHALLENGES OF RELYING ON INFORMAL JOBS

Although urban areas can offer a wide range of employment possibilities for men and women, for the less-educated and less-skilled, employment is often in the informal sector. Most urbanites work in sectors such as petty trade, construction, or manufacturing, where wages are low and jobs are formidably insecure.<sup>42</sup> Across developing countries,

employment in the informal sector accounts for more than 50 percent of all nonagricultural employment.<sup>43</sup> In India, for example, 78 percent of the workforce is employed in the informal sector (excluding agriculture), which is mostly based in urban and semi-urban areas.<sup>44</sup> Women are more likely to be self-employed in the informal economy, and in Africa south of the Sahara, women outnumber men in the informal economy as a whole.<sup>45</sup> Although informal jobs and self-employment may help to diversify income and provide more flexibility in terms of hours worked (which may be particularly useful for women with children), formal-sector employment is generally a more stable and consistent source of income. However, formal employment is less accessible for the poorer and less-educated segments of the population.

For women, working outside the home may require trade-offs related to the cost or quality of childcare. Although it is often assumed that urban women are more likely to work outside the home, empirical evidence shows no difference between urban and rural women, except in Latin America. When they work, however, urban women are less likely than rural women to take their children to their place of work, perhaps because their workplaces—such as markets, offices, factories, and private homes—are less suitable for children. They are also more likely to use hired help or institutional care for their children than rural women.<sup>46</sup> Whether this puts their children at an advantage or a disadvantage depends on the nature, stability, and remuneration of the job, as well as the quality of childcare substitutes used. The few studies on the topic have found little evidence that maternal employment affects child feeding, psychosocial care, health-seeking practices, child health, or nutritional status in low- and middle-income countries.<sup>47</sup> This may reflect the fact that working mothers use adaptive strategies to balance their dual role as income earner and childcare giver—for example, stopping work around the perinatal period (even if unpaid), working fewer hours, or taking their young child along to their workplace. These adaptive strategies may reduce the negative effects of employment on childcare and well-being. But they may also jeopardize the mother's ability to generate the income needed to sustain her household's well-being and food security, especially if she is the sole income earner.

### INCOMES AND FOOD PRICES SHAPE ACCESS TO FOOD

Incomes and food prices play a critical role in food access, given that most food consumed in urban areas is purchased. Extremely poor urban households in 20 low- and middle-income countries were found, on average, to spend more than 50 percent of their budget on food. Food budget shares ranged from 48 percent in Guatemala to 74 percent in Tajikistan.<sup>48</sup> Budget shares for urban dwellers' spending on food appear to be consistently lower than those for rural dwellers, even at the same level of nominal income. This may be due to relatively greater expenditures on other essential items in urban areas, such as transport and rent. Economic factors, along with the influences of marketing and related tastes and preferences, are key drivers of city residents' choices regarding where to eat (at home or away from home) and what to eat (home-prepared food, street food, or fast food).<sup>49</sup>

Dependence on purchased food also means that the urban poor are vulnerable to income and food price shocks. For a household, the impact of a food price shock depends on a number of factors, including whether the household is a net food buyer, and whether it is able to cope by shifting from internationally traded staples to less expensive, less traded goods such as roots and tubers, or if it has land that can be used to grow crops.<sup>50</sup> The urban poor are disadvantaged on most of these counts: 97 percent of urban households are net food buyers, the majority spend a large proportion of their income on traded staples,<sup>51</sup> and most do not have access to land for agricultural production. Nevertheless, analyses of the recent food price crisis suggest that contrary to expectations, poverty—rather than urban or rural location—determined who was most affected.<sup>52</sup> No evidence was found of an urban disadvantage, with the poorest populations in both urban and rural areas suffering the most from food price increases.<sup>53</sup>

### SAFETY NETS ARE LESS ACCESSIBLE TO THE URBAN POOR

For urban dwellers, formal safety nets are not as widely accessible as often perceived. A 2014 survey of more than 100 countries challenged assumptions about access to formal safety nets, showing that on average, only 21 percent of urban compared to 28 percent of rural dwellers are covered by social safety nets.<sup>54</sup> This rural-urban difference may reflect effective targeting—globally, the majority of the poor

still reside in rural areas. It may also reflect the challenges of targeting programs to the urban poor, many of whom live transient lives, either moving frequently or migrating. A recent review of urban social safety net programs in low- and middle-income countries emphasizes the need for an “urban adaptation” of successful rural models and a greater emphasis on evidence generation and learning to provide the urban poor with better-tailored and more effective income and livelihood support.<sup>55</sup>

Informal safety nets, such as immediate and extended family members, trusted friends, and community or neighborhood networks built on social trust, cooperation, and reciprocity, are another possible source of support in times of hardship. Although data are unavailable to document the nature and strength of informal safety nets in urban areas, they may be less sturdy than in rural areas because of weaker identification with the community (especially when residence is temporary); higher levels of violence in urban areas, which can diminish the trust necessary for nonfamily collective action; and the fact that family members may live apart from one another, reducing the ability to undertake activities that do not rely on immediate reciprocity.<sup>56</sup> These limited possibilities for external help in times of trouble, when combined with the need to use cash for food, contribute to substantial insecurity and uncertainty for the livelihoods and food security of the urban poor.

### ENVIRONMENTAL HAZARDS THREATEN HEALTH AND NUTRITION

To live healthy and productive lives, people need more than food. To absorb and use the nutrients they need for growth, physical activity, reproduction, maintenance of bodily functions, and healthy aging, people need to be free of diseases. And for that, they need access to safe water, sanitation, and hygiene services, to high-quality healthcare services, and to safe food. Life in urban areas is often characterized by high population density, air pollution, insects and rodents, other contaminants, and weak infrastructure, especially in informal settlements or slums where most of the poor live ([Box 1](#)). Urban populations are exposed to this unique set of environmental and health risks, which can affect not only their health and nutrition, but also their livelihoods, income, and food security.

### BOX 1 THE PLIGHT OF SLUMS

Slums are settlements characterized by inadequate access to safe water, sanitation, and infrastructure; nondurable and overcrowded housing; and insecure residential status.<sup>1</sup> Slums are often set up on dangerous and unclaimed land, and residents do not pay property taxes that would cover public services such as electricity, water and sanitation, and waste disposal.<sup>2</sup> Given the threat of eviction, slum dwellers often lack incentive to invest personally in housing quality improvements or sanitation and waste and sewage disposal infrastructure, which in turn may have devastating consequences for their health.<sup>3</sup>

In 2014, 881 million people lived in slums in the developing world, an increase from 689 million in 1990.<sup>4</sup> In India, 17 percent of urban dwellers, or 65 million people, live in slums.<sup>5</sup> In Peru, 34 percent of the urban population lives in slums. In Uganda, the proportion skyrockets to 54 percent.<sup>6</sup> By 2030, the number of slum residents in low- and middle-income countries is projected to reach 2 billion, with most living in Africa and Asia and in smaller cities.<sup>7</sup> This extraordinary growth prompted the United Nations to devote a target of Sustainable Development Goal 11, which focuses on improving cities, to upgrading slums.<sup>8</sup>

Life in slums is characterized by overcrowding, indoor and outdoor air pollution, dusty roads, and lack of water, sanitation, and sewage infrastructure, all of which expose residents to a plethora of environmental health risks. Water and food contamination and related infections are particularly common, and affect children disproportionately.<sup>9</sup> Young children living in slums have a greater incidence of diarrheal illnesses and a higher risk of mortality than their non-slum urban peers.<sup>10</sup> Systematic reviews of cholera outbreaks in Africa have sourced them to slum neighborhoods.<sup>11</sup> Exclusive breastfeeding, which offers protection from infections in young infants, was found to be low in slums in India, due to myths and low utilization of health services.<sup>12</sup> Childhood undernutrition is also higher in slums compared with other urban areas, fueling the vicious cycle of poverty and infection and increasing the risks of long-term consequences for cognitive development, economic productivity, overweight and obesity, and related noncommunicable diseases.<sup>13</sup> Respiratory health—affected by overcrowding, indoor and outdoor air pollution, and secondhand smoke—is also greatly compromised among slum dwellers. Pneumonia and asthma are prevalent among children, as are tuberculosis and chronic obstructive pulmonary and lung diseases in adulthood. Other health hazards affecting slum dwellers include injury due to violence and traffic accidents; flooding and landslides due to lack of infrastructure; industrial pollution and hazardous waste; fire; and stress associated with overcrowding and sharing a physical and social environment.<sup>14</sup>

Despite the growing awareness of slums, there is a dearth of government policies and interventions directed at regularizing tenure and improving slum dwellers' health.<sup>15</sup> Slum health should be accorded policy and research attention in its own right, distinct from the areas of urban health and poverty and health.

Source: A. Ezeh, O. Oyeboode, D. Satterthwaite, Y-F. Chen, R. Ndugwa, J. Sartori, B. Mberu, et al., "The History, Geography, and Sociology of Slums and the Health Problems of People Who Live in Slums," *Lancet* online (October 16, 2016), [https://doi.org/10.1016/S0140-6736\(16\)31650-6](https://doi.org/10.1016/S0140-6736(16)31650-6).

Access to healthcare, clean water, and proper sanitation services is generally greater in urban than rural areas.<sup>57</sup> Access to these basic services appears to range across a continuum—rural dwellers have the least access, followed by the urban poor, with the urban non-poor enjoying the best access.<sup>58</sup> Urban dwellers are also more likely than their rural counterparts to use health services for both curative and preventive services.<sup>59</sup> Socioeconomic disparities in cities and towns, however, have tremendous effects on access to and use of these services.<sup>60</sup> Poor urban dwellers tend to live in crowded, often unplanned environments with limited access to high-quality water sources, sanitation facilities, water drainage, and waste disposal

services. These conditions make it almost impossible to prevent contamination of water and food, maintain adequate levels of hygiene, prevent respiratory infections through improved air quality, or control rodent contamination or insect vectors of diseases such as dengue and malaria.<sup>61</sup> Not surprisingly, the prevalence of child diarrhea among urban residents is often as high as, or higher than, among rural children.<sup>62</sup> A recent analysis covering 73 countries showed that children in smaller towns or slums are at higher than average risk for diarrhea than are children living in either urban or rural areas.<sup>63</sup> In India, where the slum population is estimated at 65 million, nearly half of slum residents have respiratory diseases and spend more than

10 percent of their household income on associated treatment.<sup>64</sup>

Access to and use of health services is also lower among slum dwellers, compared to other urban residents. In India, for example, 83 percent of urban pregnant women in the top three income quartiles attended the recommended number of prenatal healthcare visits, compared to 54 percent among the lowest quartile, who were mostly slum residents.<sup>65</sup> Similarly, 62 percent of wealthier households had access to piped water, compared to 19 percent among the poorest. In Mombasa, Kenya, less than 20 percent of people living in informal settlements had access to improved water sources compared to 60 percent of those living in formal settlements; and large socioeconomic differences existed even across informal areas.<sup>66</sup> Slum dwellers often have to pay for even low-quality water, which comes with increased risks of child morbidity, undernutrition, and mortality; this is the case, for example, in Indonesia.<sup>67</sup>

Food safety is another major concern in urban areas, where supply chains are long or originate in polluted urban areas and where traceability and accountability measures for food are lacking. Fresh fruits and vegetables are particularly vulnerable to contamination with unsafe heavy metals and pathogens related to fecal contamination (*E. coli*), the latter often the result of bacterial contaminants in the wastewater used to irrigate crops.<sup>68</sup> Street foods are also often contaminated in urban slums due to the absence of regulatory inspection and enforcement, and the health risks they pose are often disproportionately borne by the poorest urban residents, who are more likely to consume them.<sup>69</sup> Food safety concerns have been amplified following highly publicized food scares, such as those in China involving dangerous food additives, counterfeit products, and the sale of expired food.<sup>70</sup> Urban consumers are willing to pay for food quality assurance—as much as an additional 60 percent in Viet Nam—although the urban poor may not be able to exercise this option.<sup>71</sup> A recent review also suggests that the health risks associated with high consumption of street foods are not limited to foodborne diseases. These foods may also increase risks of noncommunicable chronic diseases due to the often high content of energy, saturated fats, salt, and added sugars and low micronutrient content.<sup>72</sup>

## URBAN-TAILORED PROGRAMS AND POLICIES FOR BETTER LIVES

Economic growth alone is unlikely to solve the nutrition- and health-related challenges faced by the urban poor. As the economies of developing countries grow and urbanization intensifies, childhood stunting rates decrease but at a slower rate than the concurrent rises in adult overweight and obesity, and deficiencies of micronutrients persist.<sup>73</sup> Rural dwellers move to cities in the hope that the promise of employment, education, and better lives will materialize, but they confront a number of environmental, health, and livelihood constraints that affect their well-being and that of their family. Because of the unique features of urban poverty, food security, and nutrition—and the socioeconomic and gender disparities within urban areas—tailored programs and policies targeted to the urban poor and vulnerable are critical. Actions are needed to:

- Increase access of the urban poor to healthy, nutritious, and safe foods and stimulate demand for high-quality diets through targeted interventions and policies to create a more enabling environment for healthy choices (see Chapter 4);
- Promote and support urban agriculture to increase food access and allow urban dwellers to cope with price and income shocks, where space and conditions allow;
- Regulate the production of safe, affordable, and nutritious street foods; and provide regular food-safety trainings for informal food retailers and street food vendors (see Chapter 6);
- Support and manage the informal sector economy and harness its potential to protect the livelihoods of the poor and help them move out of poverty (see Chapter 6);
- Ease the trade-offs for working mothers by providing safe, affordable, and accessible child-care options;
- Design cost-effective, well-targeted social protection instruments to help the urban poor cope with income or price shocks and build assets;
- Address the severe inequalities in access of poor urban (and especially slum) dwellers to health-care, water, sanitation, waste removal, and electricity services, and lift the access and utilization barriers faced by urban dwellers where services are available;



- Review policy options and adopt context-specific policies to regularize tenure in squatter settlements (that is, slums),<sup>75</sup>
- Provide opportunities for physical activity (to prevent overweight, obesity, and noncommunicable diseases) through smart urban development that eases access, affordability, and safety constraints related to recreational facilities and public transport (see Chapter 4).

## ADDRESSING DATA GAPS AND RESEARCH NEEDS


The challenges and opportunities facing the urban poor, many arising from the nature of employment, the availability of—but limited access to—services, the urban environment, and urban food systems, deserve significantly more study. Comprehensive, high-quality research is urgently needed to provide guidance on the design and targeting of urban programs and expansion of services to those who need it most. For almost every topic addressed in this chapter, the data and evidence are outdated or incomplete. In particular, updated and accurate data collected over time to obtain trends and disaggregated information by city size, gender, age, and income group are needed to answer:

- What is the extent of poverty, food insecurity, and malnutrition in urban areas?
- Where and how do urban dwellers obtain their food and what factors shape their food choices

and the quality of their diets? What are the effects of the urban food environment, including mass media, incomes, prices, market availability, and the built environment, including electricity and water, on their diets?

- What is the quality of the diet of urban dwellers, what are the nutrient gaps, and what are the dietary patterns that increase their health risks (including food safety and noncommunicable disease risks)?
- What are the patterns of employment for women, men, and youth, and how do these affect childcare and household food security?
- What childcare options are available for working mothers (considering cost, affordability, and quality of alternative childcare)?
- How can programs and policies be better tailored to address the special challenges faced by urban dwellers and support their coping and adaptive strategies to achieve food security and nutrition?

In today's urbanizing world, the numbers of urban poor, food insecure, and malnourished are likely to increase dramatically. Poverty is already shifting from rural to urban areas in some regions. Inclusive public sector action targeted at urban poverty and malnutrition is needed. Governments, program implementers, and researchers can no longer ignore the unique features and needs of urban populations if they are to effectively address poverty, food insecurity, and malnutrition globally.



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