**Nutrition**

The locus of poverty and undernutrition among children appears to be gradually shifting from rural to urban areas, as the number of the poor and undernourished increases more quickly in urban than in rural areas.\(^{16}\) Hunger is a clear manifestation of failure in social protection. It is difficult to behold, especially when it affects children. However, even the apparently well fed – those who receive sufficient calories to fuel their daily activities – can suffer the ‘hidden hunger’ of micronutrient malnutrition: deficiencies of such essentials as vitamin A, iron or zinc from fruits, vegetables, fish or meat. Without these micronutrients, children are in increased danger of death, blindness, stunting and lower IQ.\(^{17}\)

The rural-urban gap in nutrition has narrowed in recent decades – essentially because the situation has worsened in urban areas.\(^{18}\) In sub-Saharan Africa, a 2006 study showed that disparities in child nutrition between rich and poor urban communities were greater than those between urban and rural areas.\(^{19}\) Undernutrition contributes to more than a third of under-five deaths globally. It has many short- and long-term consequences, including delayed mental development, heightened risk of infectious diseases and susceptibility to chronic disease in adult life.\(^{20}\) In low-income countries, child undernutrition is likely to be a consequence of poverty, characterized as it is by low family status and income, poor environment and housing, and inadequate access to food, safe water, guidance and health care. In a number of countries, stunting is equally prevalent, or more so, among the poorest children in urban areas as among comparably disadvantaged children in the countryside.\(^{21}\)

A study of the National Family Health Survey (NFHS-3) in eight cities in India from 2005 to 2006 found that levels of undernutrition in urban areas continue to be very high. At least a quarter of urban children under 5 were stunted, indicating that they had been undernourished for some time. Income was a significant factor. Among the poorest fourth of urban residents, 54 per cent of children were stunted and 47 per cent were underweight, compared with 33 per cent and 26 per cent, respectively, among the rest of the urban population.\(^{22}\) The largest differences were observed in the proportion of underweight children in slum and non-slum areas of Indore and Nagpur.\(^{23}\)

A 2006 study of disparities in childhood nutritional status in Angola, the Central African Republic and Senegal found that when using a simple urban-rural comparison, the prevalence of stunting was significantly higher in rural areas. But when urban and rural populations were stratified using a measure of wealth, the differences in prevalence of stunting and underweight between urban and rural areas disappeared.\(^{24}\) A 2004 study of 10 sub-Saharan African countries showed that the energy-deficient proportion of the urban population was above 40 per cent in almost all countries and above 70 per cent in three: Ethiopia, Malawi and Zambia.\(^{25}\)

At the opposite end of the nutrition spectrum, obesity afflicts children in urban parts of high-income countries and a growing number of low- and middle-income countries.\(^{26}\) A diet of saturated fats, refined sugars and salt combined with a sedentary lifestyle puts children at increased risk of obesity and chronic ailments such as heart disease, diabetes and cancer.\(^{27}\)

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**Figure 2.2. Children of the urban poor are more likely to be undernourished**

The proportion of children under 5 who are stunted (right end of bar indicates prevalence of stunting for the poorest quintile of the urban population; left end indicates that for the wealthiest quintile)

![Figure 2.2](image-url)