

The population of Latin America is now largely urban. By 1990, 72 percent of the people of the region were living in cities (Figure 1). By 2020, the urban population could reach 83 percent. With increasing urbanization, the region faces problems of poverty, nutrition, and health that are somewhat different from those when the population was more rural. Thirty-five percent of the people who live in cities are poor.

Increasing urbanization has brought about changes in diet and lifestyles that are profoundly affecting health. Urban dwellers tend to be more sedentary than rural people, to experience more stress, and to consume more drugs, alcohol, tobacco, and fatty, processed foods—all factors that increase the risk of contracting chronic, non-transmissible illnesses such as heart disease. As a result, the disease profile of the region is shifting from a high prevalence of infectious diseases and malnutrition to a rising incidence of chronic disease. This phenomenon is occurring not only in countries with higher incomes, such as Uruguay and Argentina, but also in poorer countries, such as Guatemala.

Latin America is also facing profound demographic changes. Overall rates of malnutrition have stabilized or declined somewhat over the past decade, with the greatest improvement among severely malnourished children. Micronutrient deficiencies of iron, iodine, and vitamin A remain high, however. Infant mortality rates and fertility rates have declined. Consequently, the adult population will grow more than any other age group in the coming 25 years, forcing

policymakers and program administrators to focus on the health problems of an aging population as well as those of the traditionally at-risk population of malnourished mothers and children.

As a result of demographic changes, increased urbanization, and continuing high poverty levels, undernutrition typical of developing countries coexists with widespread prevalence of the chronic diseases that are typical of industrialized societies. The urban poor suffer the worst of both worlds. Policies and programs must gear up to face both kinds of challenge simultaneously.

Nutrition security means not only that people consume enough calories and nutrients, but that their diet is well-balanced and of good quality. To use nutrients efficiently, they must be well cared for and relatively free of disease. To achieve nutrition security for the people of Latin America, policymakers must consider all of these factors: food security, disease prevention and control, health care, and adequate provision of care at household and community levels.

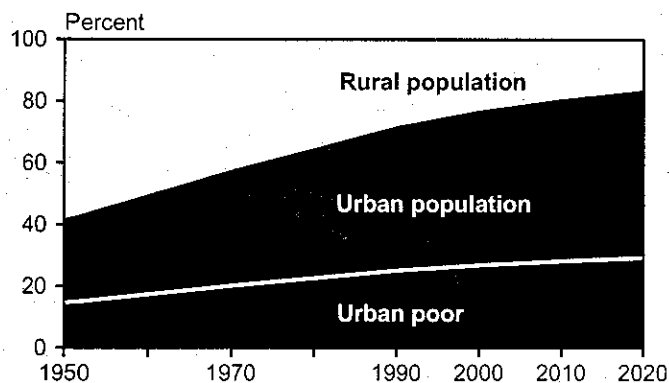
## FOOD SECURITY

In general, the availability of food is adequate in Latin American countries. Access to food is another matter, however. Many urban households lack the income to purchase enough food at current prices to meet their needs.

A number of countries, including Bolivia, Guatemala, and Haiti, still have high levels of child malnutrition. Although urban rates of malnutrition are generally lower than those in rural areas, large differences in malnutrition rates occur among different socioeconomic groups *within* cities. Data from four cities in Peru indicate that children in the lowest-income households are two to nine times more likely to be malnourished than children from upper-income households.

Dietary quality is also affected. Although the poor spend a larger share of their income on food, they consume fewer calories and nutrients than richer families, according to studies conducted in Lima, Peru, and Caracas, Venezuela. Studies in Lima and Buenos Aires confirm that households substitute more expensive foods for lower-quality foods as their incomes rise. For example, higher-income urban households tend to eat more fruits and vegetables than lower-income households, which could be a factor in disease prevention.

Figure 1—Urban population in Latin America, 1950–2020



Source: United Nations.

In urban areas, up to 33 percent of the average urban food budget goes to foods prepared outside of the home—in restaurants or by street vendors. Steps must be taken to assure that such foods are nutritious and safe to eat.

## DISEASE PREVENTION AND HEALTH CARE

People's access to adequate health and sanitation services affects their nutrition security, especially if they are poor. Health system coverage varies widely from country to country in Latin America: for example, 96 percent of the population is covered in Costa Rica and only 34 percent in Bolivia.

In the wake of the economic crises of the 1980s, government expenditures on health care have been reduced by 22 percent in Latin America, declining from \$19 per capita in 1980 to \$15 per capita in 1990 (in 1988 U.S. dollars). Today private income pays for more than half of health care.

The majority of the countries have begun to reform their health systems, incorporating more efficient financing and management practices that will reduce the financial burdens of national governments. This reform process will be gradual because communities have limited experience in participation in health care provision.

As the urban population expands, people are pushed to the peripheral areas of cities where access to clean water and sanitation facilities are often nonexistent. Overcrowding and lack of housing also add to health care problems. On average, in urban areas of Latin America, only 68 percent of the households have drinkable water and 43 percent have waste discharge services. Poor hygiene and contamination of foods under these conditions are unavoidable.

The combined health and sanitation problems prevailing in Latin American cities threaten to overwhelm the response capacity of health systems, which at the same time must pay attention to nutritional deficiencies. Communities that have successfully met these challenges should serve as models to be adapted to local conditions by other communities and extrapolated to municipal levels.

## ADEQUATE CARE

Nutrition security also depends on people's ability to care for themselves and their children. Knowledge about health issues can be a crucial ingredient in maintaining good health, but many people in Latin America are ill informed about health matters. Health and nutrition education therefore should be given high priority.

As women's participation in the labor force grows, women may be better able to control resources within the

household, increasing expenditures on children's nutrition, health, and education, but they may spend less time on direct child care, with potentially negative effects on the health and nutrition of children. Therefore, the availability of local public and private organizations that promote the well-being of children and provide adequate care is important.

In addition, community organizations can contribute to food security. In urban areas of Argentina, Mexico, and Peru public dining rooms (*comedores populares*) offer food services. Special feeding programs for poor pregnant and lactating women and small children are also necessary.

## CHALLENGES AND SOLUTIONS

Latin America faces a number of serious challenges to urban nutrition security:

- The quality and quantity of the urban diet is often inadequate.
- Some household members, such as pregnant or lactating women and small children, are more vulnerable to the effects of poor diet than others.
- Chronic diseases and obesity often coexist with infectious diseases and undernutrition in poor urban households.
- Health systems focus on curative rather than preventive care and underserve the poor.
- Many of the urban poor have limited access to clean water, sanitation and sewerage services, and adequate housing.
- The urban population has little information about ways to improve health and nutrition.

To achieve nutritional security in urban areas, local capabilities must be strengthened and the resources available at the household, community, and institutional levels must be optimized. Actions should concentrate on

- educating the public about health, nutrition, and hygiene;
- increasing local participation in activities to improve health, food, and nutrition security;
- mobilizing local resources to improve the design and implementation of activities to promote food, health, and nutrition security; and
- improving analysis, evaluation, and research in health and nutrition by strengthening urban data collection systems.

By paying special attention to the interactions of malnutrition with health and involving individuals and the community in development of new local-level networks for provision of care, Latin American cities can make significant progress toward eradicating malnutrition and food insecurity by the year 2020.

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"A 2020 Vision for Food, Agriculture, and the Environment" is an initiative of the International Food Policy Research Institute (IFPRI) to develop a shared vision and a consensus for action on how to meet future world food needs while reducing poverty and protecting the environment. Through the 2020 Vision initiative, IFPRI is bringing together divergent schools of thought on these issues, generating research, and identifying recommendations. The *2020 Briefs* present information on various aspects of the issues.