Known to harbor the world’s second largest population, India places second in having the largest urban population as well. It is a country overcome with these unceasingly rising trend of urbanization. High population densities are the products of major cities like Chennai, Delhi, Mumbai, Calcutta and Bangalore. The main concern is not only the number of inhabitants in the metros, but also the mainstream class of people who are the ones being most affected by the issues aroused by urban growth, that is, the urban poor. The substantial shift of rural poverty to urban areas plays a key role in the elevated populace in cities. With unprecedented economic advancement, there is also a burgeoning of urban poverty and economic development, which is closely tied with urbanization. In one year, an approximate 55% of the country’s GDP came exclusively from greatly populated cities. Though these progressions are impressive, they do not come without many dilemmas, which are the conditions faced by the urban poor who appear to swell at a more rapid rate than the overall country itself. This is often termed as “Urbanization of Poverty” which is evidently true.

The situations of the poor urbanites are in all ways adverse with so many mind-boggling statistics and numbers that only seem to be intensifying. The overcrowded residents of India’s cities are exceedingly poor and much over half of them are either homeless or live in slums, squatter settlements, shanty towns (or bustees), on the streets’ pavements, the railway station, etc. They are with extremely low and inhuman settings that renounce dignity, protection, basic amenities and any kind of social services. Many of poor rural farmers, who constitute to most of the urban poor today, migrate for several social and economic reasons that cause severe financial shortfall. This is when they are in desperate need of money, and they look towards those skyscraping cities, in hope to find some work to support their families. Urban cities, until now, have mainly symbolized increased livelihoods for the individual. Here is where the problem lies; these migrant farmers predictably manage to get low level jobs but only brief ones with measly salaries. After that they are imprisoned in the wrath of urban poverty and occupy the slums. Commonly, they get involved in the low-quality informal economy employment which in some cases is the black market that only adds to the amount of social problems already faced by poor urban populations and other in cases they scrape through by unnoticed, yet legal jobs. So, although they are unemployed, they are still striving to find ways to earn money, critically for food, whether it is by cleaning shoes or selling small trinkets on road sides. The depressing part is that when they left their farms, the country poor left everything, their farming skills (which they cannot use), kith and kin, and even their diet.

Rice is the staple food of the Indian diet. Along with it, other side-dishes in the form of lentils (or daal) or vegetable curries are combined to make a meal and sometimes chicken is added as a part of the protein. Sub meals may also include flat bread that is pan fried (called roti). These are about the bare minimums of rural sustenance. Migrant urban families soon find out that these simple dietary items they almost always had in their rural farms are now less and less affordable, this is mainly caused by food market inflation, and that they now have to survive with smaller quantity and less quality of these items. The market soon becomes the only source of food for them and causes considerable change in their lifestyles. They can no longer produce their own food, and depend on other sources for food, which they attain in minimal amounts that supply little, if any, nutrition. The food items they were accustomed to eating which were actually quite nutritious are not available in some new city settlements. It is difficult for them to cope with having to buy almost everything after they left the rural villages in which they were used to getting things from natural resources like wood from forests to aid in their cooking fires which is restricted in the cities. Finally, they have to choose between adapting to new food and starving.
In a March 2010 article, Maheen Mirza notes: “...In the few studies that have attempted to study the urban poor, it’s evident that the nutritional status of the people living [in Bhopal] is so bad- if not worse - than the rural average. The same is apparent in comparisons based on states, gender, age, & social groups within the urban population. ...”. This describes the shift in issues from rural poverty to urban poverty. In fact, there has been noted a lot of media coverage of malnutrition and food access in the rural context, but very little about the urban areas even though the situation is becoming worse there. While subsistence farmers can only eat what they grow, poor urban families can only eat what they buy; therefore just like helping subsistence farmers to buy food, we need to assist poor urban families to make their own food or at least be able to buy food by making basic food items accessible. It has been noticed for the past few years that while growth rates in rural areas declined, in urban areas they grew steeply which supports that there is a great increase in poor urban populations

Given the conditions of poor urban inhabitants, the biggest concern is their nutritional health. To typify just one single family from these countless number of urban poor, there would be around five to six members, struggling to stay together. The grossly minute nutrition they receive from the meager amount of food intake is insufficient for suitable health. Millions of urbanites live on the edge of subsistence because they don’t have the access to the money needed to buy healthier food and more than 80% of their income is spent on food itself. They also tend to by their meals on a daily, per meal basis for three main reasons: 1) the money they receive may be irregular and erratic from day to day, 2) the money they do get is too little to buy in bulk for the next day or even the next meal, because they often have to share the meal, 3) they don’t normally have the resources or sanitary living space to store large quantities of food let alone cook it in some circumstances. Because most can’t cook their food, they buy semi-cooked or processed and packaged foods on the streets which have no natural nutritional value whatsoever. They also eat from roadside eateries which sell small portions of tea or snacks that are only filling but not healthy or nutritious. Malnutrition and inability to eat enough amounts of nutritious food is not only about starving hunger, but also about losing strength, immunity and depletion of the body itself. Children also unknowingly deteriorate in health because of their food preferences. When they have the money, they are more inclined to by the “tastier” foods sold at the food stands (or dhabas) such as a popsicle rather than a banana. These little things build up on the total health of the youth.

Among the most important of these health complications is the persistence of malnourishment of poor urban children. These children were born into an undesirable, unhealthy world, chiefly because of their parents, who later struggle to keep their kids alive let alone themselves, by working hours after hours to earn flimsy sums of money. They are impoverished of essential nutrients for development during their infancy when good health is most vital because of several fundamental factors of change and growth. Food insecurity, severe malnourishment and the unavailability of essential food and dietary needs are one of the leading causes of stunting and wasting of children under the age five in urban areas. When these two are combined, they are collectively called Severe Acute Malnutrition (SAM). It’s a fatal condition that increases sensitivity to infections, which frequently consequences in death. A specific settlement, Gautam Nagar, has lost several children in the past five years to this extreme face of malnourishment. These problems affecting these children are many times overlooked. There is still underweight prevalence for children under three years and some records say that most nutrition programs weren’t even targeting those children. This is more than just a simple problem because it also has a gruesome impact on numerous innocent lives yearly. There can be deadly effects of malnutrition because ultimately, poor health means a weakened body and immune system which puts the person at higher risk and susceptibility to life threatening diseases that are very easily spread in the contaminated environments of urban poverty. High rates of morbidity and mortality of children, in the end, point to their horrible nutritional health. While it affects bodily health, it also affects mental health too. Educational outcomes of malnutrition among children cause a reduced capacity to learn with lowered attention spans. It also results in an overall
loss for the nation through less productivity. These are all adding up to become some of the worst nutritional situations of all developing countries.

Of all states in India, Madhya Pradesh, recognized as the “Heart of India” and with the capital as Bhopal, is probably the most severely shaken with the worst outcomes of urban poverty and comprises of the highest urban poor populations. A multitude of large urban cities dominate this state such as Indore and Jabalpur, including a considerable 90 million people in urban settlements primarily near Bhopal. The 61st National Sample Survey (NSS), estimated that 70.1% of Indian urban residents consume less number of calories compared to the than the designated NSS average than the rural figure of 61.3% in Madhya Pradesh. Indira Nagar another settlement of millions of bastees also faces similar situations.

There isn’t enough attention to trends on this topic. The trends are also not measured properly and passably because of the less recognition, and there is simply a bunch of random, obscured statistics on this matter. Although there were few improvements in some parts of major cities, the overall effect of urban poverty is lingering and continuing to overtake more and more people’s lives and when imagined, the trend line would be constantly increasing with a few declines in the multitude of problems here and there. It’s similar to a never ending cycle. There is clearly no decline on this issue until an outside force could come to prevent it from becoming worse.

Women and children are predominantly affected by malnutrition. The women play powerful roles in keeping the family together. Formidable levels of anemia are very common among women and children and salubrious food is crucial for young mothers who are pregnant, because the frail effect after delivering an unhealthy baby goes to both the mother and child and it contributes to the poor nutrition in poverty.

With the dearth of consistent background information of the nutritional status of urban poverty there are only approximated ideas of the future risks of this situation, but the risks will be greater in number. Gradual increases in sea level will probably be inevitable in the following decades which threaten coastal urban populations. Many of the poor urban settlements are located along the flood plains of major rivers such as the Ganges and Brahmaputra Rivers and more exposed to cyclones. Floods can also cause severe damage to slum areas like the destruction caused by massive floods in Karachi in 2007. The landscapes of cities are relatively flat and impermeable and cause extra water runoff that can overflow open waste drainage systems which in turn may increase the risks of water-borne diseases. The urban poor are more vulnerable to these risks because they don’t have safe shelter. If these natural disasters do take place, the millions of urban poor will be stranded without anywhere to go.

In order to make a difference in the lives of these people, we need to firstly analyze and acknowledge some truths. Nutrition security of urban poverty stems from food distribution and storage mismanagement, inflation in market prices, the ignorance of the urban poor on a wholesome diet, inaccessibility of fresh food in slum-like areas, and overpopulation. The issue of malnutrition of urban women and children is a delicate and multifarious national problem that involves gradually resolving the many sub-dilemmas little by little, step by step, and thus making it a more important issue to act upon immediately. However, there is a lack of extensive information that is compulsory to take any action. This is why the beginning step should be to collect more data by interactions with the affected urban citizens to gain realistic background in the deprived communities. This will help to develop more organized and meticulous observations. Poverty should cease to be excessively defined by levels of income or consumption, but by living standards. Because of set limits on the Poverty Line and other characteristics, urban poverty nutrition is widely underestimated. Also identifying the urban poor social classes and their separate concerns by using techniques like geographical targeting can be considered. By having this elevated understanding of the special needs of the poor, the government can decide the right areas that need the most assistance at the right time. It is necessary to modify and then execute previously
used methods to meet the critical needs of the poor who live outside of slums and on the streets in various places among the cities, as well. This would include helping out the underserved, underestimated, and under concerned people for their priority needs, because they are the ones that could begin to develop into the worst case scenarios, thus preventing them from enduring even worse situations is essential. After accomplishing the previous two goals, the next would be to spread awareness to acquire more global attention and collaboration to produce ideas and solutions.

Organizations need to make a situation or environment of self-sufficiency in which the urban poor can get help to eradicate malnutrition. The primary priority should be to aid the children, who are their future; to become healthy. Next importance should be on their education and access to careers for good living after that. One way to implement this idea is by the promotion of “Urban Agriculture” or “Urban Farming”, which can also abate the rising food expenses in cities. Urban agriculture initiatives are slowly emerging in diverse parts of the world (some projects have taken place in large financial cities like Mumbai), changing the lives of those involved, and is gradually attaining widespread social awareness and popularity. This idea is beneficial multifold: 1) the Government of India is starting to encourage it so it will get national support, 2) women play a key role in it, through this, they can ensure that their children receive food, and women constitute an important part of farming life and so urban agriculture can also deal with women empowerment and equity issues in urban poverty, 3) it’s an already started idea to different metros around the world, so we can observe its effects on other poverty centers before actively enforcing it, 4) this is a more social project which will allow organizations to also focus on other health necessities, resources, and it will take into account food management and distribution along with it, and finally, 5) most urban residents were previously rural farmers, so this can be helpful to them to use skills they already know, it will give them access to the healthy natural and nutritional food, and they can sell the surplus produce to local urban markets. While doing this we can allow the use of local resources optimally and to the full capacity so that slowly building wealth of these poor urban residents can help them improve their lifestyles and living conditions. This can be a very effective solution to urban nutritional health problems if the women are given the leading roles in organizing these gardens near the slum settlements. City farming can also draw attention of more non-profit organizations and charities that will most likely try to improve accessibility of services, health care, and other prospects to the urban poor.

Another approach is by allowing the poor to deposit their savings in banks and other formal sector financial institutions, and expanding access to short-term credit. Financial institutions can significantly assist the unorganized isolated poverty. Government agencies need to cooperate with public health agencies to work towards extracting the social capital required for the urban poor. They can educate, encourage, and empower poor urban women so that they can involve in health care organization for the slum communities.

The severity of malnourishment of Indian urban poverty, especially of children, needs to be addressed worldwide in order to make advancement in its future health and food security.


