

Hidden Nutritional Deficiencies in Urban Diets across PakistanM.Bhatti¹¹ Bahria University, Karachi CampusDOI: <https://doi.org/10.69491/qn25ag88>

To,

The Editor,

Through your esteemed journal, I would like to highlight a critical issue concerning the overlooked nutritional deficiencies in urban diets across Pakistan.

Urban diets in Pakistan are associated with hidden nutritional deficiencies, particularly among adolescents. Studies have shown that urbanization leads to increased consumption of fats, sugars, and processed foods, while decreasing intake of carbohydrates, fiber, and certain micronutrients (1,2). Urban adolescents in Pakistan often fail to meet the recommended dietary standards, with female adolescents being particularly at risk of inadequate macro- and micronutrient intake (3). Malnutrition remains widespread across Pakistan, with nearly half of children under five being stunted and almost all deficient in at least one micronutrient (4).

Urban school-aged children in Pakistan face the dual burden of rising childhood obesity and persistently high rates of undernutrition (5). High prevalence of anemia in pregnant women in urban Pakistan is associated with dietary factors like tea consumption, pica, and low intake of eggs and red meat (6).

Community-level nutritional interventions are needed to combat hidden nutritional deficiencies in urban diets across Pakistan, such as:

1. Organizing regular nutrition awareness sessions in schools, workplaces, and community centers which should educate people about the importance of balanced diets, including the consumption of fruits, vegetables, whole grains, and lean proteins.
2. Supporting initiatives for fortifying commonly consumed urban staples like flour, oil, and salt with essential micronutrients. Public-private partnerships can help make fortified foods accessible and affordable for the urban population.
3. Promoting the concept of urban gardening or small-scale kitchen gardens in schools and households that can encourage families to grow their own fresh vegetables and herbs, improving access to nutrient-rich foods.
4. Designing targeted interventions for women, especially adolescent girls and pregnant women, focusing on dietary diversity and supplementation, such as providing iron and folic acid tablets in collaboration with community health workers.
5. Advocating for policies that limit the trans-fat and sugar content in processed foods and implementing front-of-pack labeling to help consumers make informed dietary choices.
6. Conducting workshops that teach families how to prepare affordable, nutrient-dense meals using locally available ingredients.
7. Using mosques and other places of worship as platforms for delivering nutritional education, particularly around key community events and festivals.
8. Training community health workers to screen for and address nutritional deficiencies in urban areas and ensuring that they distribute supplements and counsel families on proper diets during regular home visits.
9. Collaborating with local food vendors and restaurants to promote healthy menu options and discourage the sale of

nutrient-poor, high-calorie junk foods near schools and workplaces.

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