ARCHIVOS LATINOAMERICANOS DE NUTRICION
Organo Oficial de la Sociedad Latinoamericana de Nutrición

Vol. 44 No. 2
(Suplemento)

NUTRITIONAL PROBLEMS IN THE URBAN AREAS OF VENEZUELA

Eleazar Lara Pantin[1]

Universidad Carabobo-IVSS-Fundación. Cavendes,Unidad de Investigaciones en Nutrición.

SUMMARY In the last sixty years, Venezuela has seen the geographic distribution of its population change to the point where more than 80% of its inhabitants have come to live in the urban areas of the country. The rise of development poles has attracted the majority of those living in the rural areas, and many immigrants from neighbouring countries who came in search of better living conditions. Those who came from the rural areas progressively adopted dietary patterns characterised by a disproportionate intake of fats and carbohydrates, and low levels of physical activity. They also stopped producing their own food to become part of a mass consumption society characterised by the dependance on money to acquire food, therefore dependent on the availability of jobs and the buying power of salaries. These factors, together with the serious sanitary conditions prevalent in the poverty belts in which they come to live, produce a delicate nutritional situation in the urban areas of Venezuela. The high prevalence of overweight and raising levels of undernutrition represent a step back to situations surpassed years ago. Recent studies place 80% of the urban population in poverty levels, with a prevalence of undernutrition that reaches 13.8% of the population under 15 years of age, while overweight affects near 9% of them.

INTRODUCTION

At the beginning of the forties, Venezuela was a rural country that, after having been ruled for almost thirty years by a tough peasant from the Andes highlands who had become a military man, saw part of its population ravaged by various epidemics. While a large number of the survivors abandoned little by little their agricultural activities, looking for better living conditions in the underdeveloped cities, others were attracted by the recently emerging oil exploitation areas, a fabulous asset later to be a primary source of wealth and a decisive factor of the most important changes to take place in the years to come.

Today, as the last years of the twentieth century elapse, our country has more than eighty percent of its inhabitants living in the same cities that welcomed the rural migrants. However they do not resemble them at all in their physical and population structure, in the way of life of their inhabitants and in the complexity of their problems.

The changes in the physical structures of the cities, determined by their population dynamics, have forced them to lose the typical grid structure of their streets, to make them grow in an anarchic way due to the explosive growth of their improvised 'barriadas' or shantytowns, as new groups are arriving, now not only from the Venezuelan countryside, but from the neighbouring countries whose economic and social conditions are worse than ours. They are all motivated by the same reason: the search of a better present for all, and a less limited future for their children.

This evolution of the human component of Venezuelan cities has many elements that should be analysed when talking about the nutritional situation of their inhabitants.

In the first place, those who came from the rural areas several decades ago, brought with them in full their dietary habits and their disposition to hard work, which was the only kind of work they had learned from their parents and had practiced from a very early age in their country life.

Those who have arrived in the last twenty years, have done so attracted by the apparent image of comfort of the city life, just as it is presented by the mass media that reach every corner of the country. This is reinforced by the fact that ninety seven percent of the population is reached by radio, and T.V. coverage approaches ninety percent.

The motivation is quite different for those who came yesterday and the ones arriving nowadays. Just as different are the cities that welcomed those of yesteryear with open arms, and the ones that await them now to make them part of a machinery less and less human and filled with problems and limitations.

On the other hand, those who came from other lands in the

1 Apartado 3458, Valencia 2002 A, Venezuela.

1950's were mostly from European countries in which, even though they were part of the less favoured classes, they had an internal wealth derived from living in places where history ennobles the spirit with the breaking of each dawn.

In spite of being part of programmed immigration conceived to improve the productivity of the fields, which were already witnessing the significant decrease in their population, the majority of these immigrants settled in the cities to transform the primitive grocery shops that fulfilled the daily needs of the families in their neighbourhood, selling in accordance with the traditional dietary habits, into improved grocery stores that evolved towards more advanced marketing systems with a deep influence from the countries of origin of those immigrants. At the same time, their habits were slowly colonising Venezuelan cuisine at all levels, so much so, that the Italian pasta has become one of the most consumed products.

These people that, as I said before, came from sectors of utmost poverty in their countries of origin, aided by their exemplary capacity for work, left external poverty never to return to it in spite of the new realities of the countries where they have put down roots.

Those who came from poorer countries have made no significant contributions as far as consumption patterns are concerned, but they do compete for food availability with the ones who come to the cities from the Venezuelan countryside. They add up to the malnutrition statistics and seriously affect the reach of the social programs aimed at reducing the dietary deficit that now affects so many people.

Nevertheless poor migrants from the country itself, poor but legal immigrants from the more advanced Europe and poorer immigrants, illegal mostly, from underdeveloped Latin America, all arriving in the cities, significantly reduce their levels of physical activities to form an atypical subgroup of malnourished. Their marked overweight is the result of the consumption of food rich in less expensive carbohydrates and the substitution of the daily walk to work and the physical demands of it by motorised transport and mechanised labor in the industries that lured them to move to the cities (1).

This last fact characterised for years the nutritional situation of the urban areas of Venezuela, in such a way that, at the beginning of the eighties, overweight was predominant over undernutrition in the population under 15 years of age, and those of us who work in hospitals that see to the needs of the less favoured sectors of the population, regarded with surprise and awe those cases of severe undernutrition.

As a point of reference, in the study carried out in the University Hospital Angel Larralde of the Social Security Service, where the headquarters of our Unit of Investigation is located, and that covered a period of one year from October 1986, only six cases of severe undernutrition were reported, three of which were the result of congenital malformations that affected the feeding capabilities of the patients in the poor homes they came from (2).

As for adult population, it is of interest that obesity has increased its prevalence to alarming levels. Evidence of this reality can be found in research done in the Valencia area, in which an increase of over one kg. per year was observed in the working class from the moment they were employed by manufacturing industries.

Taking into account the average age, 31 years, the daily energy need, 3,000 Calories, and the perspective of progressive diminishment of physical effort requirement as with time work becomes more mechanised, we had enough reason to worry, especially since in evaluating the nutritional situation of the families of those workers we found a prevalence of obesity in sixty percent in their wives or mates (3), all living in slums areas of the cities.

Likewise, in our hospital, 39.7% of the men and women who came for out-patient care in a two month period in 1985 were obese (4).

That was our developing country when we understood such a country as one that improves progressively its general situation and whose population ascended equally in the social scale, which doesn't necessarily mean improving all aspects of life, but definitely an acceptable reduction in the quantity and quality of the problems typical of underdevelopment.

That was the urban Venezuela of times favoured by an income derived from oil that exceeded the State's capacity to administer it rationally. The diminishment of the occurrence of undernutrition and the increase of the problems related to dietary excess could not be attributed to the favourable impact of a true development policy, but to the spreading of national wealth to all sectors as a consequence of overspill.

This also explains what we observed ten years later. The fall in income derived from petroleum showed that unplanned distribution of economic resources that appeared to be sufficient for everything and everyone, had only been good enough to palliate exterior poverty, not allowing the larger sectors of the population to abandon interior poverty which made them return, when the overflowing resources diminished, to the situation that seemed left behind.

The phantom of external debt that threatens the political, economic and social health of Latin American countries, put an end, in our case, to that wealth for everyone and turned it into a poverty that affects eighty percent of the Venezuelan population (5).

Obviously, the percentage living in the urban areas being similar, it is to be expected that such poverty has changed the dietary outlook of our population.

Life in the cities is accompanied by a total dependance on money for household food availability. As it is possible neither to work the land nor to raise animals in urban living conditions in our country, salaries become a fundamental determinant of

what can or cannot be done regarding nutrition.

As it is known, one of the consequences of adjustment measures applied in all the countries of the region to make them capable of paying their external debt, is the increase of unemployment. This fact is felt more strongly when another of the consequences of those measures comes forth: the disproportionate increase in the prices of food products resulting from the withdrawal of subsidies. In our country, that did not know the meaning of inflation, the prices of food went up 125% in 1989, at the same time the real salaries decreased thirty percent, which represents the greatest reduction in forty years (6).

The consequences of this disastrous combination of unwanted circumstances are plain to see. In the Paediatric Service itself, where we found only three severely undernourished children between 1986 and 1987, twelve were hospitalised in the first two months of this year. At the same time, in the other Public Hospital of the city, that serves not the workers but the even poorer sector of the population, a similar number was hospitalised in only seven days.

The official statistics coincide, in their way, to present the seriousness of the 'new' nutritional situation of the urban areas of Venezuela. The prevalence of undernutrition in the population under fifteen years of age has evolved in such a way that, from 9.85% in 1980 (7) it went to 12.5% in 1990 and to 13.8% in 1991 (8). It is significant that in the same period, the percentage of children with weight above the average fell from 13% to 8.4%, corresponding, as was already stated, to the type of overweight resulting from the excessive intake of the cheapest energy source, carbohydrates.

Currently, our country faces a difficult situation with respect to food availability in order to fulfil the nutritional and energy needs of the population. Never before, as they are now, had the figures of availability of food items that are usual sources of micronutrients as important as vitamin A, zinc and iron been as low as they are now (9).

For vitamin A, the figures declined in 1989 to 70% adequacy, while for iron it reached 62%. In relation to this mineral it is worth mentioning that, by the year 1986, anaemia was no longer a public health problem, but in studies carried out last year in the urban population of 7, 11 and 15 years of age, it was found that the prevalence of low ferritin levels, increased 80% in relation to the figures registered five years earlier.

Even though there is no data about zinc availability, the fact that it shares sources with the other micronutrients makes us think that we are facing a similar risk of deficiency.

Although it is true that the data on the food balance sheets are not specified for rural and urban areas, it is very clear that a large portion of the dietary needs of the minority that lives in the countryside are satisfied by domestic production on a small scale, while it is the people in the cities that depend to a higher degree on the production and imports registered in the official documents, so that the data in the balance sheets are quite close to urban reality.

Compared to previous long-past times, in which food availability was also insufficient, it is necessary to make clear that the problem then sprang from the low capacity of supply, typical of a country with undeveloped agriculture and lacking industrial substructure. Now the research in social and economic areas lead us to the conclusion that the difficulty lies in a low capacity of demand as a consequence of the loss in buying power of present salaries due to the impact of the economic adjustment measures.

These elements outline a dietary and nutritional situation of the Venezuelan urban population, that, although it has similar external characteristics to the one observed some decades ago, it is accompanied by a number of quite different determinants and conditioning factors, a fact that demands special consideration in defining programmes and integrating policies that lead to a real solution of the above mentioned problems.

The majority of the poor people that live in the slums of modern Venezuelan cities have returned to this condition after the illusion of wealth vanished. This is confirmed by the reappearance of what the passing of time had led us to believe were sad situations we had overcome.

REFERENCES

1. Lara P, E. Obesity in developing countries. En: Recent Advances in Obesity Research: V. Berry EM, Blondheim SH y Eliahou HE et al (Eds). Londres, John Libbey, 1987, pp 5-8.
2. Solano de S L, E Lara P, A Perelli et al. Evaluación inmunológica de lactantes y preescolares en riesgo nutricional. An Venez Nutr 4, 1992 (en prensa).
3. Morales, G & M Rocco. Sistema de información, medición y predicción del estado nutricional del sector obrero. Proceedings of the I Venezuelan Nutrition Congress. Caracas, 1985, p 63.
4. Ruiz, A, C Tombazzi, A De León, R Graterol et al. Prevalencia de obesidad en los pacientes del Hospital Universitario "Dr. Angel Larralde". Revista de Clínicas 2:13-15, 1989
5. Fundacredesa. 15 Años Investigando Para el Mejor Conocimiento de Venezuela. Caracas, Ediciones de la Presidencia de la República de Venezuela, 1991, p 30.
6. Fundación Cavendes. Impacto de la crisis socio-económica sobre la población: señales de alerta - Venezuela 1989. Caracas, 1990.
7. Bermudez Chaurio, L & A Contreras. Situación Nutricional de Venezuela. En: Nutrición Un Desafío Nacional. Caracas, Ediciones Fundación Cavendes, 1985, pp 115-128.
8. Instituto Nacional de Nutrición. Boletines del Sistema de Vigilancia Alimentaria y Nutricional. Caracas, 1990 y primer trimestre de 1991.
9. Instituto Nacional de Nutrición/Fundación Polar. Hojas de Balance Alimentos, Caracas, 1986-1989.
10. Layrisse, M: Personal communication.