



Who Eats When, What and How Much?

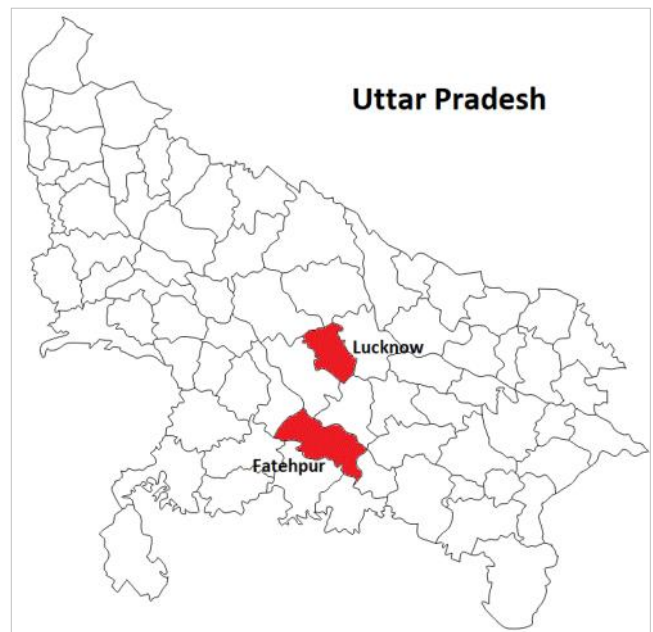
Understanding intra-household food patterns within poor households in two locations in Uttar Pradesh, India

BACKGROUND

India's food safety nets reach millions of vulnerable households to ensure better access to food. However, decisions on how that food is shared amongst household members determine individual food and nutrition security and are dictated by prevailing social norms, which are often biased against women and girls.

In India, the United Nations World Food Programme (WFP) supports the Government in improving the coverage, operational efficiency and quality of the Targeted Public Distribution System (TPDS), the Mid-Day Meal (MDM) programme in schools and the Integrated Child Development Services (ICDS) scheme.

To enhance the inclusivity of food safety nets, it is critical to understand the norms and practices that govern food distribution and consumption within the household and assess how they influence food consumption by members, particularly women and girls.



SURVEY DETAILS

Partners: WFP and Society for Advancement of Resourceless by Training and Handholding (SAMARTH)

Month of data collection: December 2019

Locations surveyed: Fatehpur (Rural); Lucknow (Urban poor)

Sample size & methods:

Quantitative: Household survey of 400 households (250 Rural; 150 Urban)

Qualitative: Focus group discussions (8); In-depth interviews with community women (20); In-depth interviews with community health workers (10); Key informant interviews (6)

KEY FINDINGS

Changing norms, yet women sacrifice food for their family

- Women are often responsible for deciding what to cook, and for cooking and serving the food.
- The social norm of women eating last is changing. Increasingly, women are eating with other family members. However, the mindset that women must sacrifice food for other family members continues to be seen among several families.
- Changes in mindset/behaviour/attitudes are more pronounced in urban, better educated and nuclear households, compared to others.
- In poor and vulnerable households, the male members are given preference in terms of food quantity, eating order and consumption of special foods – all at the cost of the women's consumption.
- Women can eat 'with' or 'after' other family members, but it is still considered disrespectful by families if they eat 'before' others.

Food restrictions and taboos adversely affect girls and women

- There are diverse notions of food restrictions, mostly related to women and children.
- Food taboos often result in restricting consumption of nutritious food by children, adolescent girls and pregnant and lactating women.

Some common food taboos/restrictions include :

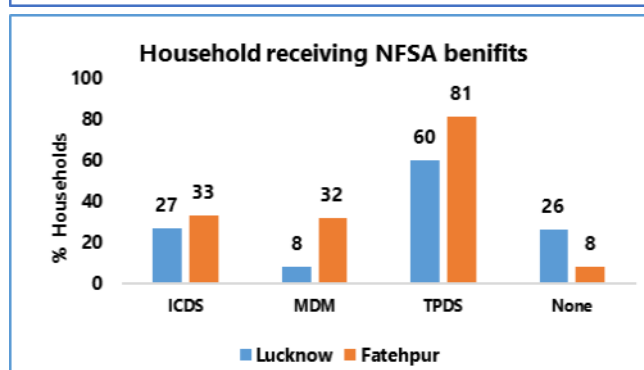
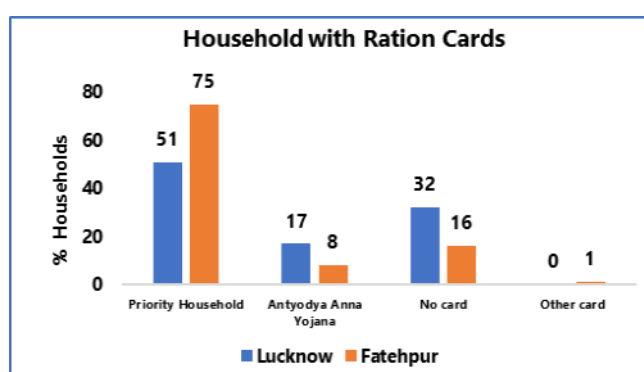
Children	No consumption of cold foods or seasonal fruits in the winter season, mostly fruits and raw vegetables such as oranges and radishes
Adolescent girls	Should not eat sour foods, fruits, or protein rich foods such as eggs and meat
Pregnant women	Should reduce their food intake and avoid fruits (especially papaya), dry fruit, rice, and meat/fish/eggs

Dependence on food safety nets

- The survey found that households in both rural and urban areas have high dependence on food safety nets. While rural households could meet a portion of their requirement from their own production, urban households could not do so and therefore their requirement to purchase grains was comparatively higher.
- In both urban and rural areas, most households rely on purchase of cereals from the open market as PDS is not sufficient to meet their needs.
- 40% of the sample households in Fatehpur and 29% in Lucknow purchased food from PDS.
- One quarter of the households in Fatehpur (rural) accessed food from their own production.

- Eligible beneficiaries belonging to the migrant community are not being covered under most food safety nets. Many respondents in Lucknow were registered in their rural places of origin. After migration to Lucknow they could not access the PDS since they can only use fair price shops near their place of origin.
- Consumption of higher nutrient value foods such as pulses, fruits, and nuts was seen to be low because they are not available at subsidized prices, resulting in low household dietary diversity.
- Most adolescent girls are not getting their share of Take Home Rations because of irregular supplies.

Challenges in improving community food and nutrition practices



Poverty	<ul style="list-style-type: none"> * Poor households lack dietary diversity due to poor affordability. * Poor households lack knowledge of locally available, economical, nutrient rich food sources.
Gender	<ul style="list-style-type: none"> * Females well oriented into gender stereotyping, do not resist discrimination. * Men do not take interest in enhancing knowledge and practices on nutrition.
Age	<ul style="list-style-type: none"> * Persistence of poor infant and young child feeding practices, especially complementary feeding. * Desire for thin figure among adolescent girls leads to avoidance of proper diet.
Behaviours	<ul style="list-style-type: none"> * Poor hygiene and sanitation are crucial factors affecting population nutritional status. * Rising preference for junk food is leading to unhealthier food choices across the population.

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