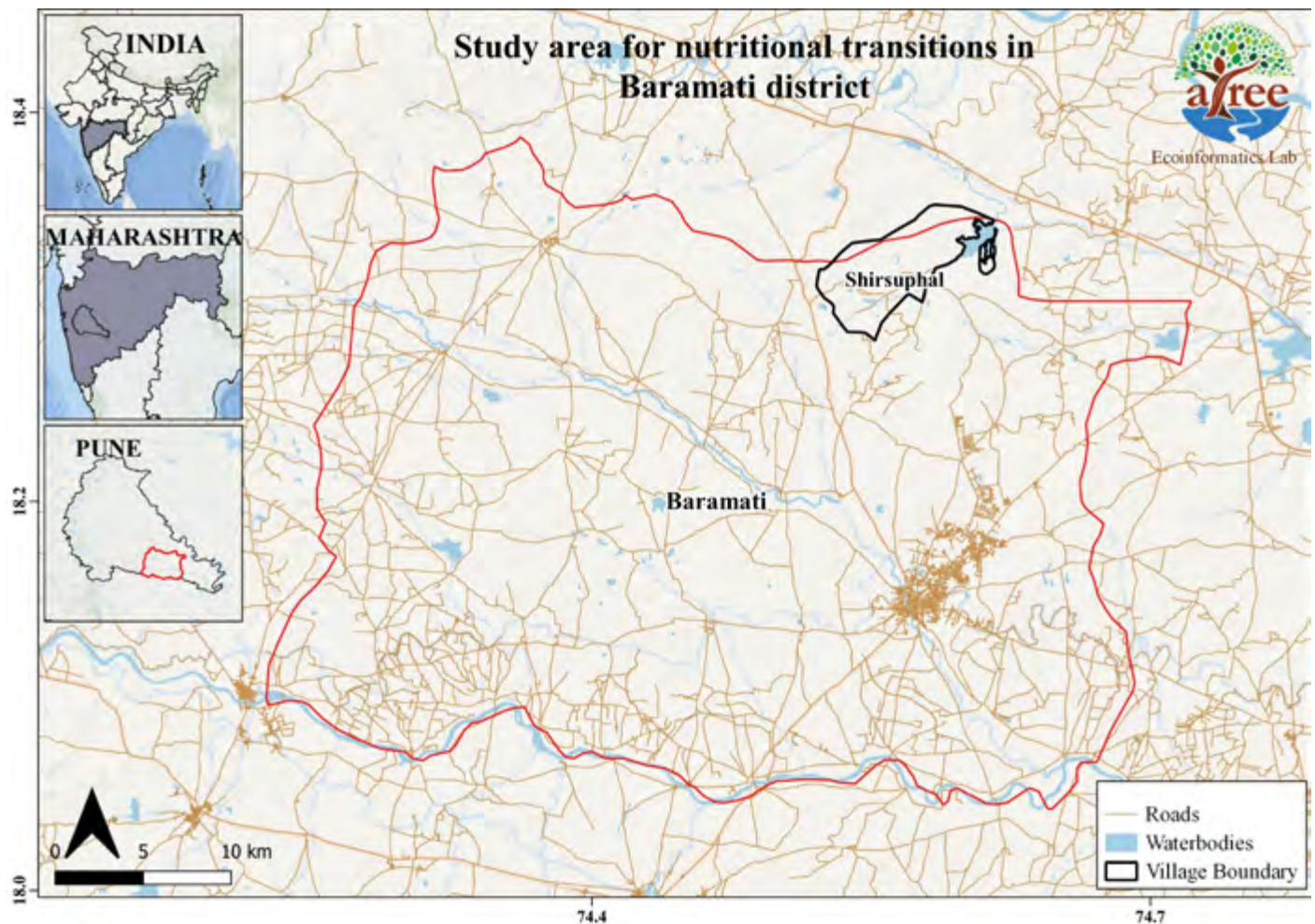


# Nutritional equality amid urbanisation



## Baramati Town and Shirsuphal Village



# Executive Summary

Local economies transitioning from predominantly rural and agrarian to urban and industrial may challenge dietary choices. Access to and affordability of fresh food may be limited by economic and lifestyle factors. Preference for convenient processed and packaged food may result in a shift to less healthy diets. Often urbanising economies and lifestyles also increase the burden of work on women, and disproportionately impact their role as providers and consumers in the household. This may mean fewer or less nutritious meals for women in order to accommodate the food and nutrition needs of other members of the household, even though the women also contribute earnings and labour to the household economy.

In this brief, we explore the gendered aspects of nutrition in economic transition, and suggest the following measures to address nutritional inequality:

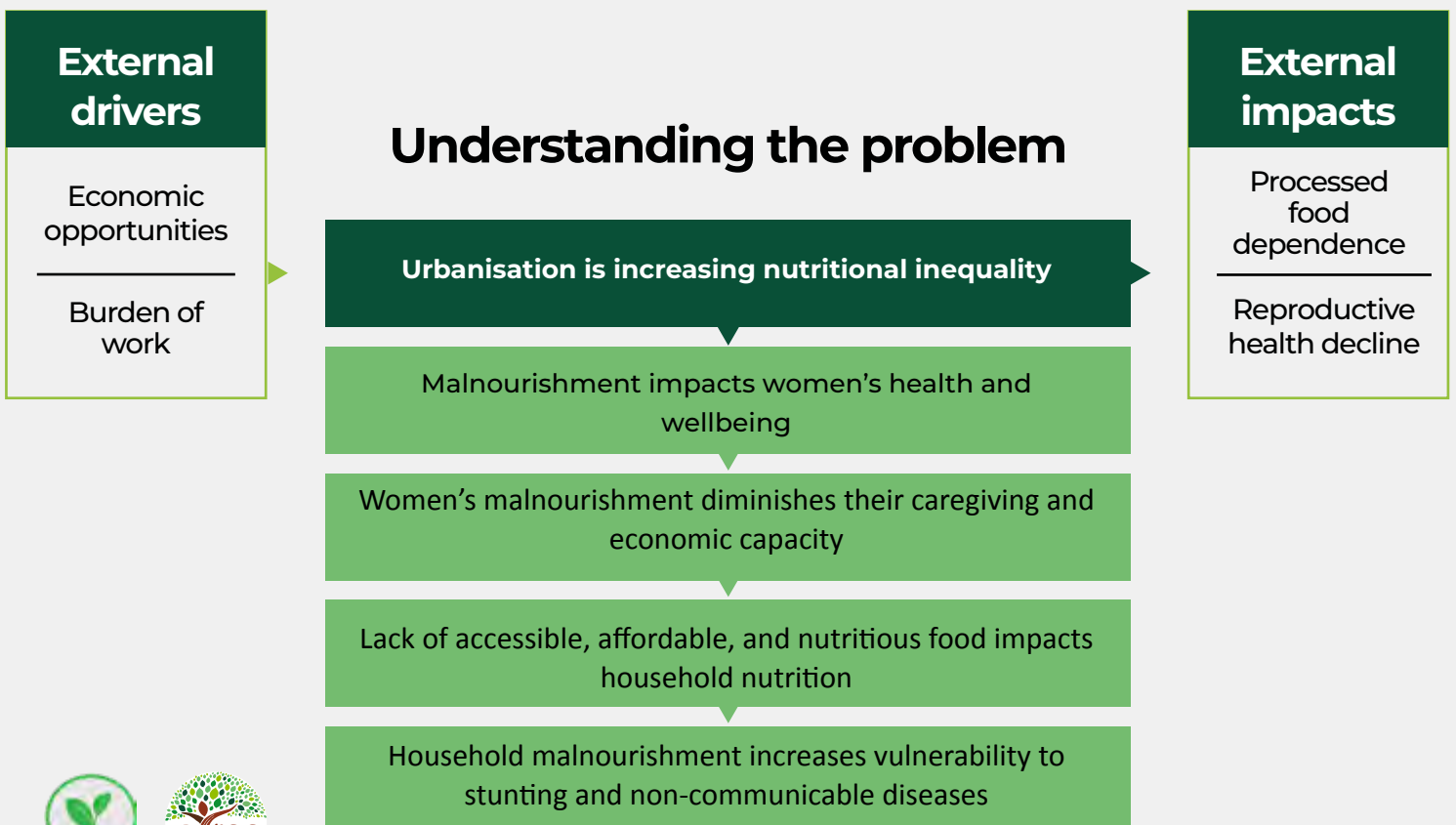
1. Provide women with subsidised nutrition
2. Extend inclusive nutrition nets to women
3. Target attitudes, awareness, and education

# What is the Problem



Baramati city is a small urban centre that is rapidly urbanising, and can be considered to represent small towns across India. The rapidly urbanising area is undergoing a change in population dynamics, overlapping administrative boundaries, and livelihoods. The rural, peri-urban and urban areas around Baramati district are witnessing a change in their food procurement and consumption practices. For example, household consumption of grains and fresh foods is increasingly being replaced by processed and packaged foods in favour of convenience, and at times, affordability.

Amid this transformation, the role of women in the household is diversifying from primary caregivers to breadwinners, but this change is not sufficiently compensated in their domestic duties. Therefore, despite increased workloads, women may continue to eat fewer, smaller, or less nutritious meals than their male counterparts. Further, as urban lifestyles are adopted, processed and packaged foods are becoming more accessible and affordable than farm-sourced foods. As women juggle more work, the convenience of such calorie-dense but nutrient-poor foods often wins preference over traditional foods that require more time and effort to prepare. This reliance on markets as opposed to farms for meeting food needs may impact nutritional diversity and food security in the coming years.



# The Research

## Introduction

Baramati sub-district, covering an area of 1382 sq. km., is located in the western Indian state of Maharashtra. Baramati city, a small urban centre, is the sub-district headquarters with a population of 54,000 (Census, 2011) surrounded by peri-urban and rural areas. The major source of livelihood around the subdistrict continues to be dominated by farm-based occupations - agriculture and poultry farming. Urbanisation is bringing in more people to the city, and women are increasingly employed in these occupations.

## Methods

Household surveys, individual interviews, focus group discussions, case studies, photo-essays, activity diaries, and nutrition diaries were used to collect primary data. We used a multistage sampling for the household surveys in Baramati, wherein different neighbourhoods of Baramati town, neighbouring peri-urban areas, and Shirshuphal village were identified randomly, after which snowball sampling was used to select households within these neighbourhoods for the survey. A total of 51 completed surveys were collected from urban, rural and peri-urban households. Nutrition diaries covering a period of one week were collected from 13 households. Additionally, women's time and activity records covering a one month period were collected from 10 households.

## Findings

Presently, up to 80% of the households across the urban-rural gradient source their food products from markets, while 20% source certain coarse grains and dairy occasionally from their native farms. There were differences in the number of meals, the quantity of food, and the variety of food products consumed per meal across these households in the urban-rural gradient. The average number of meals consumed in urban small-town households was three, as compared to two meals in rural and peri-urban households. Moreover, rural households also reported an increase in the practice of snacking on pre-made and pre-packaged foods. Intra-household gender differences in food consumed within the homes are present in households across Baramati. Meat, fish, poultry, milk, and eggs were reported to be consumed more by men in the households as compared to women. Urbanisation is making pre-packaged foods and snacks more readily available in the market. Increased employment opportunities are also driving a move away from agrarian livelihoods, making farm-based foods less accessible to households. Migration of people into urban centres, availability of water and arable land, and land use policy are also influencing the shift from agrarian to urban livelihoods.

**Women tend to eat fewer meals and fewer proteins (eggs, fish, meat, milk) than men, to avoid household insufficiency.**



# What can be done?

Nutritional inequality can be addressed by making nutritious food accessible and affordable for women. This could be in the form of public distribution system (PDS) packages or mid-day meals for eligible urban and peri-urban women, supported by the government as well as employers. It could also include periodic distribution of supplements such as iron and vitamins through the PDS, public health centres, or the mid-day meals scheme.

Whereas mothers are well-supported by government nutrition initiatives, other demographics of women tend to be overlooked, and sometimes excluded from food support schemes due to singlehood (no male head or household identity to access schemes). The nutritional needs of, and awareness about, adolescent girls and post-reproductive women's health, can be taken into account in existing government initiatives. This includes monitoring nutritional adequacy (rather than merely deficiency) in communities, and enabling women to avail food and nutrition schemes based on individual identity.

Attitudes to women's nutrition can be changed by disseminating information about balanced and nutritious diets, ways to achieve them, and the related health and wellbeing implications. This can be done alongside the subsidised meals and supplement distribution, and also at public health centres and through periodic community meetings and events to promote women's nutrition.

## Solving the problem



### Related SDGs

#### Provide women with subsidised nutrition

Offer nutritious mid-day meals and supplements to eligible urban and peri-urban women, along the lines of school meals and MNREGA



#### Extend inclusive nutrition nets to women

Extend women and child development nutrition services, and senior citizen food subsidies, to women of non-reproductive age



#### Target attitudes, awareness, and education

Educate and engage women on nutrition and health through public health centres and events in public spaces



# How?



## Provision

### Subsidised nutritious meals and supplements through:

- Ministry of Consumer Affairs and Public Distribution's Wheat-Based Nutrition Programme
- Local employers



## Extension

### Nutrition awareness and supplements through:

- Ministry of Women and Child Development's Scheme for adolescent girls
- Integrated Child Development Scheme
- Ministry of Consumer Affairs and Public Distribution's Targeted Public Distribution System / Antyodaya Anna Yojana

### Nutritional adequacy monitoring by:

- NITI Ayog Poshan Abhiyan



## Targeting

### Awareness and education by:

- Ministry of Health and Family Welfare's National Health Mission
- Public health centres

### Engagement on women's nutrition and health by:

- ASHA
- Aanganwadi Workers
- Ministry of Panchayati Raj's Poshan Maah