

## Food in Cultural Context

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**Abstract:** This paper explores the socio-economic profile of the women and further investigates the perception about the healthy food, the discrimination in serving the food and belief and privacy about food. In this paper, the researcher investigated the phenomenon by using interview and observation technique at a village of Bulandshahr District, U.P. (India). The results revealed that majority of the women are Hindu who belonged to the early age group (25-45) and OBC castes, educated up to secondary and higher secondary level belonged to lower income group, were housewives, lived in middle size houses and in nuclear families. During the field observation it is found that people are vegetarian considered milk and milk products, ghee, butter, green, vegetables and pulses as more essential for the health of the people. The gender discrimination is observed in the distribution of food items between male and female in the family, poverty may be a reason for not being in a position to provide desired food at different times. Another frequent practice observed was to maintain the privacy in food serving and eating practices.

**Key Words:** Food habits, Culture and Discriminatory Practices.

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### I. Rationale Of The Study

Diet and nutrition are important factors in the promotion and maintenance of good health throughout the life cycle. A normal balanced diet must include daily foods from the various food groups in sufficient amounts to meet the needs of an individual. Health and nutritional status of an individual depends on the food she eats. The components of the diet must be chosen judiciously to provide all the nutrients needed in adequate amounts and proportions. Foodstuffs selected from each group should take into account the income, socio-cultural factors, availability and nutritional requirements. Selection of foods from the different food groups also results in variety in the diet, which not only ensures nutritional adequacy but also increases food acceptability. Deficient intakes of essential nutrients such as calcium, iron, magnesium, zinc, vitamin A, vitamin B6, vitamin C, were found more in large proportion of young women than young men. A faulty diet can certainly be a source of stress and this leads to the formation of poor dietary habits. Women with deficiencies of folic acid and other B-vitamins are at an increased risk of various diseases.

In poor societies, the prevalence of anemia is three to four times higher than in rich societies. Globally fifty-six percent of pregnant women are affected by anemia. About 740 million people world-wide are affected by goitre, and over 38% of the population living in 130 countries is estimated to be at risk of Iodine Deficiency Disorders (IDD). In 1999, 12% of the regional population in countries in South East Asia was affected by goitre. The association between health and national developments are Complex. The interaction is a two-way phenomenon, with health being both influenced by and influencing economic development. Unfortunately, improved health has for too long been considered solely a result of economic growth, a part of the product of growth, rather than one of its causes (Sorkin, 1977).

Food is important for humans as part of social life and especially because it contains nutrients needed by humans. Unfortunately, people are not always able to access food, for various political, economic and geographic reasons. Food eaten in amounts that are too small, or too large, or that is unbalanced, results in malnutrition or diseases (WHO, 1990). Food and nutrition problems are often difficult to solve because of the multitude of factors in their etiology and maintenance. Under nutrition is a result of inadequate food intake and disease. A child who consumes a good diet but who frequently suffers from diarrhoea or fever most likely becomes undernourished. Thus, disease is the immediate causes of under nutrition. Poor diet and disease, in turn, are caused by food insecurity, as well as inadequate maternal and child health care. The distant causes are social structures and institutions, political systems and ideology, economic distribution, and potential resources (UNICEF, 1998).

Food and nutrition policies in the poor societies have focused primarily on food production, the control of communicable diseases and education (WHO, 1990). The latter is necessary despite an abundant supply of nutritious foods, because micronutrient deficiency, especially anaemia, remains common. Periodic iron tablet supplementation for pregnant women is the recommended short-term solution for the prevention of iron deficiency (MOH and WHO, 2000). However, according to the International Conference on Nutrition's (ICN) World Declaration on Nutrition and the plan of action for nutrition, signed by the ministers of 159 countries, the

first priority should be given to food-based strategies. This is because experience has shown that the most effective and least costly approaches to reducing micronutrient deficiency problems are to increase the availability and consumption of micronutrient-rich foods (Buyckx, 1993).

There is no doubt that India has made substantial progress in human development during the post-independence period. Prior to independence, many people in the country were not even being able to dream of a square meal every day. However, as an attempt to boost the agricultural production by modernizing the technique of farming in the country, Green Revolution during 1960s contributed a great deal in solving the food problem and making the country self sufficient in food. According to Measham and Chaterjee (1999), Green Revolution provided a breathing spell for the country by achieving a balance between human numbers and food output. The overall nutritional status has definitely improved during last few decades. Still, more than half of Indian children under five years of age are moderately or severely malnourished, 30 percent of newborns are significantly underweight and 60 percent of Indian women are anaemic and such manifestations of malnutrition are certainly unacceptable. Thus it may be said that improvements in nutritional status have not kept pace with progress in other areas of human development, at least when homogenous distribution is taken into consideration.

According to Swaminathan (1982), good nutrition is a function of both economy and education. And as revealed by Ronzio (2004), women are usually vulnerable to malnutrition for both social and biological reasons throughout their life cycle. As children in some parts of the world, girls are discriminated against in access to health care, to food and education and in other ways. As teenagers, they have a risk of early pregnancy and suffer with more risk of retarded growth than boys. Reproductive aged women are subject to numerous stresses affecting the health and wellbeing. Elderly women in many societies are deprived too. Thus, there exists an intergenerational cycle of growth failure for women. Poor nutrition as such, is very much poverty driven and it remains entangle inside a vicious circle.

In the words of Rousseau, "Where there is no mother, there can be no child. Their duties are reciprocal; and if they are badly fulfilled on one side, they will be neglected on the other ...". This quotation is very appropriate to the subject of adequate nutrition for each woman. The belief that a woman should eat better foods and more foods (for pregnant women) is as old and has been held by both the extremes- laymen and scientists (Fleck and Henrietta 1971). But, there has been a gap between the thought and the action. This study aims at providing an empirical data showing the picture of a village of Uttar Pradesh regarding food in a cultural context. Human eating behavior depends on both biological and cultural factors. The present study is more concerned about the perception about the healthy food, the discrimination in serving the food and belief and privacy about food.

## **II. Objectives Of The Study**

In the light of above mentioned frame work following objectives will be undertaken- to assess the socioeconomic profiles of the respondents, to explore the perception about the healthy food, to know how food is served in the family, to differentiate between male and female in terms of serving the food, to find out their belief and privacy about food. The first objective takes note of the socioeconomic profile of the women in terms of age, religion, caste, education, occupation, income, types of family, types of houses etc. The second objective takes note of the perception about the healthy food. The third and fourth objective takes note of the gender discrimination in serving the food. The fifth objective is to find out how rural people maintain their belief and privacy about food.

## **III. Area Of Study**

The area of study is the village Jasnawali Kalan in districts Bulandshahar, Uttar Pradesh. The distance of this village is 6 km from district head quarter in north direction, block of this village is Bulandshahar and Tehsil is also Bulandshahar. Jasnawali Kalan is small village with total 237 families residing. The Jasnawali Kalan village has population of 1222 of which 652 are males while 570 are females as per Population Census 2011. Average Sex Ratio of Jasnawali Kalan village is 874 which is lower than Uttar Pradesh state average of 912. Child Sex Ratio for the Jasnawali Kalan as per census is 793, lower than Uttar Pradesh average of 902. Jasnawali Kalan village has higher literacy rate compared to Uttar Pradesh. In 2011, literacy rate of Jasnawali Kalan village was 78.90 % compared to 67.68 % of Uttar Pradesh. In Jasnawali Kalan Male literacy stands at 92.68 % while female literacy rate was 63.38 %. As per constitution of India and Panchyati Raj Act, Jasnawali Kalan village is administrated by Sarpanch (Head of Village) who is elected representative of village. In Jasnawali Kalan village; Schedule Caste (SC) constitutes 41.41 % of total population in village. In the village Agricultural is the main activities for livelihood. The land of village is fertile, irrigated most of the villagers are depending on agriculture. Agriculture is the main occupation of the villagers. Landless peoples having very small land holdings are depend on agricultural laboring work provided by large holding farmers some other are involved there partially depend on non agriculture work and mainly on agricultural laboring.

#### IV. Methodology

The data for the present study have been collected from 200 respondents for the require fulfilment of the information. Respondents have been selected by using the purposive sampling, representing the participants of different categories of age; religion, caste, education, occupation, income, condition of residence, etc. Information was collected from women of this village. Data have been collected with the help of some specific research techniques like- observation, interview guide/ schedule. At first stage observation technique has been used to collect the information, interview guide/schedule have been used at the second phase of data collection. Initially some case studies have been undertaken to understand the maximum possible aspects. The data have been classified by simple statistical techniques, by using the simple classification and tabulation to arrive at the findings.

#### V. Findings

##### 5.1. Socioeconomic Profile of the Women

The socioeconomic profile of the respondents plays an important role because it affects every aspect of respondents' day to day life. The socioeconomic profile included these variables such as age, religion, caste, education, size of family, occupation and income of the respondents. The respondents who belonged to different socioeconomic profile, during the field visit it is found that half (51%) of the women belonged to the age group of 36-50 and the smallest number (4%) of the women belonged to the age group of 66-80. All the women were Hindu. Majority (55%) women belong to OBC category and large number (44%) women belonged to SC category a few number (1%) belong to general category. One third (34%) of the women educated up to middle and secondary level (6-10), one fifth (21%) of the women educated up to higher secondary level of education and small number (11%) educated up to graduation and above. Half (52%) of the women live in nuclear family and a little less than half (48%) of the women live in joint family. It is really a surprising fact that today in the rural society more than half of the respondents are living in nuclear families where as joint family is the characteristic of only rural society. Three fourth (76%) of the women are housewife, few (4%) of the women are working in government service and one fifth (20%) of the women are engaged in other work. The majority (82%) of the women belong to the low income group (up to- 10,000), few (7%) of the women belonged to the middle income group (10,001- 20,000) and small number (11%) of the women belonged to the higher income group (30,001- above) per month. All of the women live in pakka house. Among them majority (79%) of the women have 1-3 rooms small number (11%) of the women have 4-6 rooms and a few (3%) women have 7 and above rooms in their houses. Majority of the women had light, ventilation, bath room, and toilet and separate kitchen in their house, whereas small segment of women was deprived of such facilities.

Thus, majority of the women were Hindu who belonged to the early age group (25-45) and OBC castes, educated up to secondary and higher secondary level belonged to lower income group, were housewives, lived in middle size houses and in nuclear families, had light , ventilation , toilet and bathroom facility in their house.

##### 5.2. Food Habits

In rural India people subsist on agriculture and the larger part of the diet is obtained from locally produced food. It is widely recognized that the diet of the people a particular area is greatly influenced by local condition of soil and climate , the density of population, extent of urban contacts, religious customs and traditions relating to fast feast and taboo( Nagla ,2007). In the village food habits may be observed in the terms of perception about the Healthy food, serving habits, reason for not serving similar food and eating habits and the related facts are mentioned below

##### 1. Perception about the Healthy Food

Adequate diet tends to be thought of in terms of quantity, not quality, of sufficient staple food, not a balance of many foods. Consequently, malnutrition may exist where the potential exists for an adequate diet. Hassan (1971) found that in the North Indian village of Chinaura, "people generally believe that it is adequate quantity of food that is important. The idea of quantity is restricted to certain food recognized to be strengthening .....'. No distinction is made between protective and energy producing food. Sujatha (2002) in her study of village in Tamil Nadu finds that variety in food is sought more in those foods that are consumed in large quantities and frequently, and less in those foods that are consumed in lesser quantities and infrequently

Perception of the villagers about the healthy food may be observed in the form of their views about the item of healthy food like milk and milk products, butter and ghee, green vegetables, pulses, fruits and dry fruits and meat and egg. The items for healthy food are given in the following table:

**Table – 1: Perception about the Healthy Food**

S.No.	Items for the Healthy Food Viewed	Percentage	Respondents
1	Milk and Milk Products	42	84
2	Ghee/ Butter	26	52
3	Vegetables	10	20
4	Pulses	11	22
5	Fruits & Dry Fruits	08	16
6	Egg. & Meat	03	06
	Total	100	200

The above table shows that 42% respondents believed that healthy food is milk and milk products, 28% respondents believed that the healthy food is ghee and butter, 10% respondents had a strong belief in green vegetables, 11% respondents believed in pulses, 08% respondents liked in fruits and dry fruits and 03% respondents had a strong belief in meat and egg.

Thus, the facts revealed that largest number of the villagers had the firm belief that milk is the main source of healthy food, one fourth of the villagers believed in ghee and butter where as one fifth of the respondents felt that vegetables and pulses are the main sources of energy. There were few persons only who believed in fruits and dry fruits. Another interesting finding is that large majority of the villagers were vegetarian with very few who were non- vegetarian.

It is apparent from these facts that people in the village of Uttar Pradesh considered milk and milk products, ghee, butter, green, vegetables and pulses as essential diet for the health of the people than other items like cereals, meat fish, egg, dry fruits etc. Moreover milk and ghee are easily available to rural people. Generally every family in rural areas has buffalo in their houses, utilize milk for their consumption and prepare ghee at home. This appears due to their geographical condition, their agriculture production and availability of resources.

## 2. Norms of Eating Habits

**Richards (1939)** has talked of numerous social and cultural factors that are involve in the dietary pattern of tribal of Northern Rhodesia has shown that the method of storage , distribution system of production and cooperation, economic incentives or traditional attitudes and values in relation to food stuffs are at the root of special deficiency in diet.

Norm of eating food is important norm which is essential in understanding the health of the individual. During the field visits it has been found that serving habits of food among villagers are not same, in some families food is served in equal form and in some families food is not served in equal form. The serving habits of the villagers are given in the following table-

**Table- 2: Style of Serving Food among the Family Members**

S.No.	Serving Food Habits	Percentage	Respondents
1	Serve unequal food	58	116
2	Serve equal food	42	84
	Total	100	200

The above table shows that majority (58%) of the respondents say that they do not serve equal food to all members and large number (42%) of the respondents reported that they serve equal food to all the members.

In the village today the discrimination is observed in the distribution of food items between males and females in the family. Majority of the respondents do not serve the same food to all family members in the family. There may be various reasons behind the unequal distribution of food and the findings about this are explored in table-3.

## 3. Reasons for not Serving Equal Food

There is strong cultural belief about the food given to mothers who give birth to a child. For example, after delivery of a child, energetic food is given. However, there are some families who cannot afford this kind of diet because of their low income. They reduce the quantity and variety. Even though they have the knowledge about type of food at different times for the body, they provide contradictory reasons for not being in a position to arrange the same (Matthew, 1979). Poverty may be a potent reason for not being in a position to provide desired food at different times.

During the field visit it has been found that serving habits of food among villagers are not same, in some families food was served in equal quantity and in some families food was not served in equal amount. There may be various reasons for not serving equal food to all family members like -males are given more food because their work is hard, males are chief earners in the family, males do hard work,

sons are helpful in old age, if girls are given more healthy food they will grow fast. The reason for not serving similar food is given in the following table-

**Table-3: Reasons for not Serving Equal Food**

S.No	Items for the Healthy Food	Percentage	Respondents
1	Males are gives more food because their work is hard	21	42
2	Males are chief earners in the family	06	12
3	Males do hard work in the field	08	16
4	Sons are helpful in old age	14	28
5	If girls are given more healthy food they will grow fast	09	18
6	They serve similar food to all family members	42	84
	<b>Total</b>	100	200

The above table shows that 21% respondents believed that males are given more food because their work is hard, 6% respondents reported that males are chief earners i.e. sole bread winner in the family, 8% respondents believed that males do hard work in the field, 14% respondents reported that sons are helpful in old age, 9% respondents felt that if girls are given more healthy food they will grow fast and 42% of the respondents reported that they serve equal food to all family members.

Thus, in majority of the families food is not served in equal quantity, there are various reasons behind that in one fourth of the families food is served more to male members of the family because they work hard, in some families because they are the main earning members of the family. Another finding is that in some families more food was served to sons because they will be of great help in old age, in some families food serve less to girls because they think that girls will grow rapidly if more food will be provided to them. It appears that this feeling emerged due to the fear of early responsibility of marriage with proper dowry and her safety and security from the outer word. Poverty may be a reason for not being in a position to provide desired food at different times.

**4. Privacy and Food Serving Practices**

In the village, a widely accepted belief connected with health and disease is the effects of evil eyes. Some individuals are believed to be in the possession of certain amount of supernatural power. Children are considered to be most susceptible to the effect of evil spirit and bad eyes. The villagers, who had belief in evil spirit and bad eyes, gave multiple answers for the practices of serving the food among their members for avoiding the effects of evil spirits. Practices in serving the food was observed in terms of food being served inside the house, if somebody comes then they will hide the food, delicious food is served inside the house and not applicable. The practices in serving the food of the respondents are given the following table-

**Table 4: Privacy and Food Serving Practices**

S.No.	Privacy and food Serving Practices	Percentage	Respondents
1	Food is Served inside the house	33	66
2	If somebody comes then they will hide the food	15	30
3	Delicious food served inside the house	25	50
4	After drinking milk it is necessary to wash mouth with water	17	34
5.	Not applicable	10	20
	<b>Total</b>	100	200

The above table shows that 33% respondents reported that food is served inside the house, 15% respondents believed that if somebody comes inside the house then the food will be covered, 25% respondents believed that the delicious food is served inside the house, 17% respondents believed that after drinking milk it is necessary to wash mouth with water, whereas 10 % respondents reported that these eating habits are not in practice in their home.

Thus, the most frequent practice observed was to serve the food to their members inside the house where nobody from outside could watch them. This belief was confined to the delicious food. Similarly, a tendency was found to hide the food when somebody comes to the house. It was also believed by villagers that milk should not be left in the mouth as it attracts evil spirits.

**VI. Conclusion**

Thus, by observing the facts it may be concluded that majority of the women are Hindu who belonged to the early age group (25-45) and OBC castes, educated up to secondary and higher secondary level belonged to lower income group, were housewives, lived in middle size houses and in nuclear families, had light, ventilation, toilet and bathroom facility in their house. Regarding the perception about healthy food, discrimination and belief and privacy about the food it is apparent from the facts that people in the village

of Uttar Pradesh considered milk and milk products, ghee, butter, green, vegetables and pulses as more essential for the health of the people to that cereals, meat fish, egg, dry fruits etc. Moreover milk and ghee are easily available to rural people. Generally every family in rural areas has buffalo in their houses, utilizes milk for their consumption and prepares ghee at home. This appears due to their geographical condition, agriculture production and availability of the resources. Even today, in villages the discrimination is observed in the distribution of food items between males and females in the family. Majority of the respondents, do not serve the same food to all family members in the family. There are various reasons behind that in one fourth of the families food is served in greater quantity to male members of the family because they do hard work, in some families because they are the main earning members of the family; another finding is that in some families more food is given to sons because they will provide help and care in old age. In some families food is served less to girls because they think that girls will grow rapidly if food will be provide more to them .It appears that this feeling emerge due to the fear of early responsibility of marriage with proper dowry and her safety and security from the outer world . Poverty may be a reason for not being in a position to provide desired food at different times. The most frequent practice observed was to serve the food to their members inside the house where nobody from outside could watch them. This belief was confined to the delicious food. Similarly, a tendency was found to hide the food when somebody comes to the houses. It was also believed by villagers that milk should not be left in the mouth as it attracts evil spirits.

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