

## **Perception of Rural Women of Three Generations on GFD and Coping Strategies of Different Life Stages: A Qualitative Study Directed at Mirzapur, Tangail, Bangladesh**

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**Abstract:** Rural women of three generations have different perceptions and experiences on GFD and coping strategies which vary from generation to generation due to educational and professional backgrounds. This ethnographic qualitative study uses in-depth interview, participant observation, unstructured questionnaires, purposive sampling and it is conducted at 5 villages of Mirzapur Thana of Tangail, Bangladesh for same socio-cultural backgrounds. It takes 2 months for collecting primary data. 15 in-depth interviews are conducted separately by 60 minutes. Professional and educational background of participants are used to analyse their identity of 'Self' and 'Other' by Simone de Beauvoir's concept of 'The Second Sex'. This study discovers that GFD is strictly followed by unemployed illiterate women and their knowledge is inter-generationally passed down, reversely, educated employed women do not believe in it. Notably, all participants of this study believed on food restrictions in menstruation, during and after pregnancy period. Besides, illiterate unemployed women only took some food restrictions for 7 days after pregnancy period. Moreover, GFD also perpetuates inferior position of women in illiterate unemployed families that converted them into 'Other' while educated employed women are 'Self' for not being subordinate in family. Furthermore, illiterate unemployed women had taken many coping strategies in different life stages which have some long-term negative impacts on themselves that would not be accepted as a coping strategy by educated employed women. Thus, educated employed women would be 'Self' where illiterate unemployed women would be 'Other'.

**Key Words:** Rural Women, Three Generations, GFD, Coping Strategy, Different Life Stages. Self, Other

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### **I. INTRODUCTION**

Hunger is similar to poverty which is prevalent in rural areas (Watkins, 1997 cited in Ziegler et al, 2011, p.3) where South Asian women including Bangladeshi women strongly believe in GFD (Gendered Food Distribution), internalize gender roles and unequal gender power relations compared to male members in intra-household spheres (UNESCAP, 2009; Mukherjee, 2009, p.16 and Patel, 2012 cited in ADB, 2013, p.13) since majority of rural women are illiterate (Smith et al., 2003 cited in IDS, 2014, p.24) and culturally it is expected that women should be served food to men for feeding while they defer their own food which is often justified as violence (Adams, 1990; Charles and Kerr, 1988; De vault, 1991; Ellis, 1983 cited in Avakian and Haber, 2005, p.225). Even this inequitable intra-household distribution of food has been challenged to a little extent by women (IDS, 2014, p.39). This is because most of the time girls often take self-starvation voluntarily which is a reflection of their ambivalent relationship with their mothers (Freud, 1946 cited in Counihan, 1999, p.49). But Girls who earn an income, they would have given nutritious foods and survived than those who did not (Villasenor, 1982; Rosenzweig and Schultz, 1982 cited in Rogers and Schlossman, 1990, p.70). Even women's education is the most important factor for reducing malnutrition and improving diets in household sphere (Nisbett et al., 2017, p.26). Therefore, this study articulates how rural women of three generations change their identity of 'Self' and 'Other' by their professional and educational backgrounds in childhood, puberty, adulthood, motherhood and old age. Even this study is an ethnographic qualitative research where it uses in-depth interviews, participant observation, unstructured questionnaires in order to explore the in-depth perception of participants on GFD, to understand their sources of explanation on GFD, how the sources and explanations of GFD determine their position in family, their different life stages' coping strategies for GFD as well as how coping strategies keep long-term impact on family life.

## II. LITERATURE REVIEW

Women are producing the majority amount of food in the world and managing their families' nutritional needs, but they are the victim of 'food insecurity' due to following of existing socio-cultural norms of GFD. This is because most of the rural women are illiterate (IDS, 2014, p.20) and they do not know the existing socio-cultural factors, specifically, GFD would bring them into a great risk of health. This feature is also prominent in South Asian regions where male breadwinner eats best, first and most (Counihan and Kaplan, 1998, p.2), then sons eat next and women and girls eat at the last moment when there may be no food or very little left (Neogy, 2012 cited in IDS, 2014, p.22). Not only this, GFD plays a vital role in the distribution of sidedishes (such as meat, vegetables, ghee, yogurt which contain a higher proportion of micronutrients) among only more valued household members like adult males and small children while staple foods (such as rice, lentil soup and bread) are usually distributed fairly equally among all family members (Gittelsohn et al., 1997 cited in IDS, 2014, p.22). Even GFD is an old age tradition which is set by the communities. As per the larger society, a woman who eats before the husband is a bad woman. Besides, there is no special food provision for pregnant woman, rather she continues to eat last and least. Additionally, "A woman with poor nutritional status, as indicated by a low body mass index (BMI), short stature, anemia, or other micronutrient deficiencies, has a greater risk of obstructed labour, having a baby with a low birth weight, having adverse pregnancy outcomes, producing lower quality breast milk, death due to postpartum haemorrhage, and illness for herself and her baby (International Institute for Population Sciences [IIPS] and Macro International 2007, 267 cited in Neogy, 2010, p.479-480). Remarkably, South Asian women not only suffer from acute malnutrition in pregnant period, but also in different life stages which results in across generations (Ramchandran, 2012; Decron and Singh, 2013 cited in IDS, 2014, p.23). Yet, a rural girl marries off before 18 years of age and becomes mother with a pre-existing fragile condition of health (Haider, 1995, p.97). Thus, the malnutrition of mother severely impacts on foetus (Rogers, 1980; Koblinsky et al., 1993 cited in Haider, 1995, p.104) since maternal poor nutritional status is often regarded as a proxy measure of LBW (Low Birth Weight) of a child (Hamilton et al., 1984 cited in Haider, 1995, p.104) as well as maternal malnutrition causes poor brain development of children as same as maternal anemia is related with very high rates of maternal death (Kent, 2005, p.21). So, it is recognized that food is regarded as a life and death issue for women (Shiva, 2009, p.30). Therefore, food and nutrition insecurity is a gender justice issue as well as women and girls are victim of unequal access to food and resources in family sphere which also triggers them in a position of low status (IDS, 2014, p.2). Surprisingly, women are nurturing the GFD where male members of the family receive the most nutritious food than their daughters, and women often constrict their own food intake (IDS, 2014, p.9). When food is limited in household, women often play the vital role to distribute foods by sacrificing their own as well as their daughters' foods for protecting their families (IDS, 2014, p.25). Besides, inadequate food often boosts tensions, discrimination by men towards women or by older women towards their daughters-in-law and also leads to physical or psychological violence against women and girls (IDS, 2014, p.28) as well as forced and child marriage of girls (Girls Not Brides, 2014 cited in IDS, 2014, p.29).

GFD often creates a form of deprivation which affects women and children differently, such as malnourished children have poor growth attainment, frequent infections, reduced learning ability and surged psychological problems, alternatively, malnourished women have experienced depression, anxiety, obesity, disordered eating behaviours (Alaimo et al., 2001; Alaimo et al., 2002; Kaiser et al., 2002; Kleinman et al., 1998; Oh & Hong, 2003; Reid, 2000; Adams et al., 2003; Basiotis & Lino, 2001; Dixon et al., 2001; Kendall et al., 1996; Siefert et al., 2001; Tarasuk & Beaton, 1999; Whitaker et al., 2006 cited in Shariff and Khor, 2008, p.26). Similarly, maternal anemia is related with very high rates of maternal death (Kent, 2005, p.21). Even mother who are suffered from hunger and malnutrition, their brain cells are underdeveloped, with increased the vulnerabilities of diseases (such as HIV/AIDS), physical blindness and deformities etc. This physical illness can also be passed down from generation to generation over the cycle of life. For example, a malnourished mother gives birth to a baby who is physically and mentally underdeveloped and these problems pass onto their own children (CESCR, 1999 cited in Ziegler et al., 2011, p.2).

GFD is the distinct ethnic identity of women where a girl is severely influenced by her mother's dieting habits and her mother also learns these lessons from her mother which vary from the socio-historical contexts (Dottolo and Dottolo, 2018, p.70). Thus, culture and ethnic identity of food are transmitted from generation to generation, specifically, grandmother to mother and finally granddaughter (Dottolo and Dottolo, 2018, p.144). For that reason, daughters and granddaughters reflect their food practice and physical appearance by their previous generations (Dottolo and Dottolo, 2018, p. 62). Ethnographically, food taboos are prevalent for women in different life stages and many pregnant and lactating mothers comply with existing food taboos of their society or community which abstain them from nutritious foods (Santos-Torres, 2003; Hartini et al., 2005; Bentley et al., 1999 cited in Meyer-Rochow, 2009, p.8). Due to inadequate nutritious food intake for maintaining GFD, women also take some coping strategies in different life stages which can differ by seasons, geographic locations and other socio-economic factors (Chagomoka et al., 2016; Wabwoba, Wakhungu,

Omuterena, 2015; Ngi di and Hendriks, 2014 cited in Tsegaye et al., 2018, p.2). However, educated women who have more income earning capacity and decision-making autonomy in household, ultimately, accelerate the improvement of health and nutrition for women and children. (Fartahun et al., 2007; Hindin, 2006; Myntti, 1993; Pfeiffer et al., 2001 cited in Shariff and Khor, 2008, p. 32).

Throughout literature review, many researchers exhibited gender-based socialization process, women's social or family status, biological or medical science explanation of women's health, socio-cultural factors of unequal food distribution, GFD norms and coping strategies in different socio-cultural and geographical background, physical and mental health problems of women in different life stages for GFD, intergenerational malnutrition problems. Yet, existing studies could not reveal the perception of rural women of three generations on GFD, sources of explanation on GFD, how the elucidation of GFD plays a vital role on women's position in family, different life stages coping strategies and long-term impact on family life for taking coping strategies. Besides, this study is an ethnographic qualitative research where perceptions and experiences of women on GFD and coping strategies in different life stages would be the main focus.

### **III. OPERATIONAL DEFINITIONS**

**Three Generations:** In this research, three generations indicate a familial generation of maternal lineage where first generation is grandmother, second generation is mother and third generation is daughter.

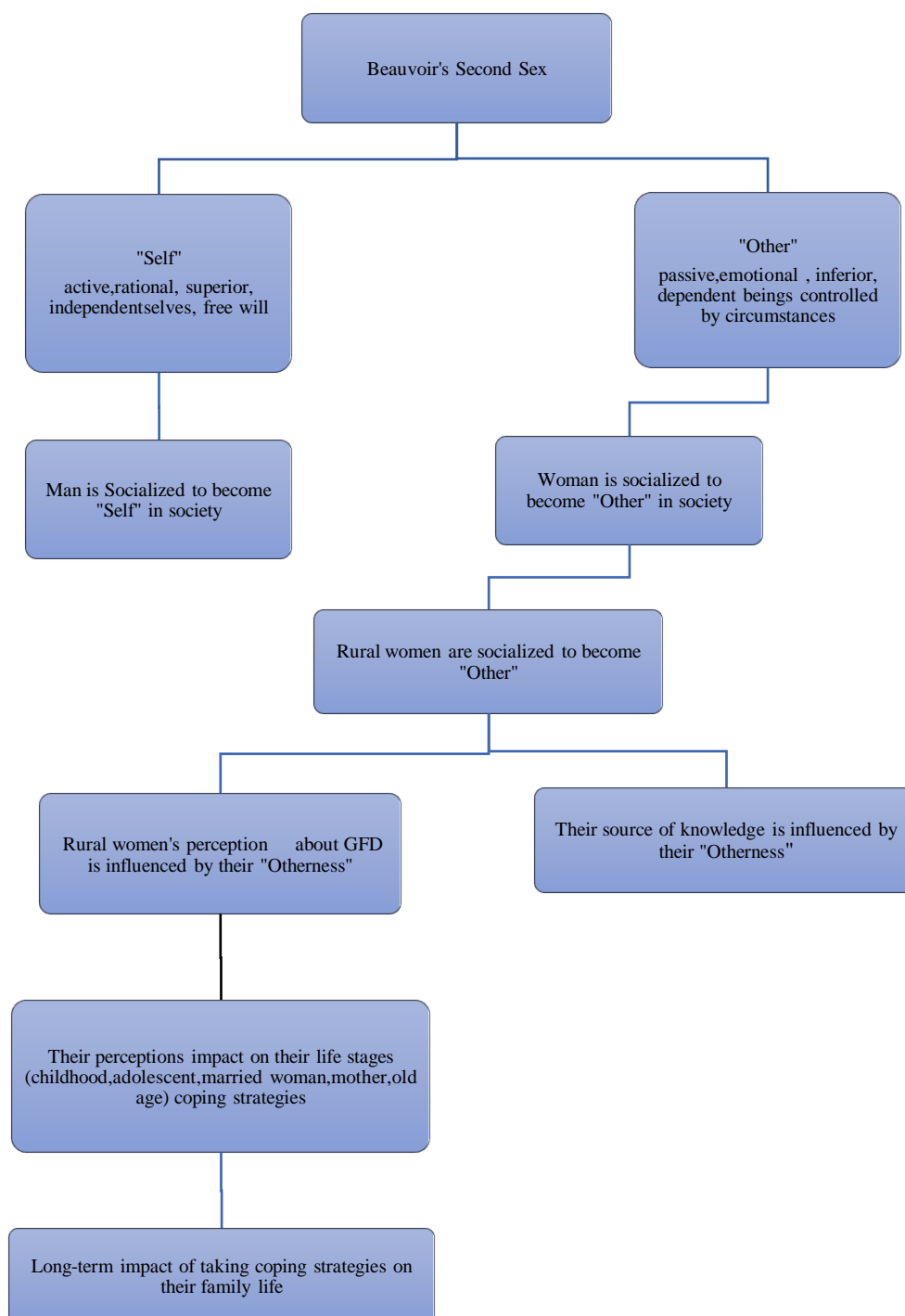
**GFD (Gendered Food Distribution):** GFD means unequal distribution of food within household where male eat adequate food before female and certain foods are not given to female in different life stages due to their biological sex which are prescribed by existing socio-cultural norms or expectations.

**Coping Strategies:** Coping strategies are a response to survive in an adverse events or shocks (Devereux, 2001 cited in Mjonono, Ngidi and Hendriks, 2009, p.314). People use it in order to deal with stresses, pain and natural changes and it is also called a learned behavioural pattern which is achieved by conscious assessment of substitute plans of action. Yet, coping strategies often have some negative effects on people's daily lives (Mjonono, Ngidi and Hendriks, 2009, p.314). However, coping strategies are not common features within the households and between households, rather, it is different at different poverty levels (Maxwell et al, 2003 and Devereux, 2001 cited in Mjonono, Ngidi and Hendriks, 2009, p.314)

### **IV. OBJECTIVE OF THE RESEARCH**

The objective of this research is to know the perceptions of rural women of three generations on GFD, to comprehend their sources of explanation on GFD, how the elucidation of GFD has contributed to their position in family as well as to investigate their coping strategies in different life stages for GFD and long-term impact of taking coping strategies in their family life.

## V. THEORETICAL FRAMEWORK



Source: Based on 'The Second Sex' (1949) of Simone de Beauvoir

## VI. RESEARCH METHODOLOGY

This study is an ethnographic qualitative research where it uses in-depth interviews, participant observation, unstructured questionnaires in order to explore the in-depth perception of participants on GFD, to understand their sources of explanation on GFD, how the sources and explanations of GFD determine their position in family, their different life stages coping strategies for GFD as well as how coping strategies keep long-term impact on family life. The study also gathers secondary data from various kinds of books, national and international journals etc. In order to collect primary data, this study is conducted at 5 villages (Haria, Marishon, Kamarpara, Warshi and Bahuria) of Mirzapur Thana, Tangail District of Bangladesh where socio-cultural backgrounds are the same as well as it takes 2 months for collecting primary data. Sample size of this study is 15 rural women where 5 grand-mothers, 5 mothers and 5 daughters are participated for in-depth

interview. Even this study also employed purposive sampling method for selecting rural women of three generations from family of 5 categories.

**Table: Family Categories of Five Professional and Educational Background**

Family Category	Three Generations Women of maternal lineage	Educational Background	Professional Background
1. Farmer Family	Grand-mother	Illiterate	Unemployed
	Mother	Illiterate	Unemployed
	Daughter	Illiterate	Unemployed
2. Day Laborer Family	Grand-mother	Illiterate	Unemployed
	Mother	Illiterate	Unemployed
	Daughter	Illiterate	Unemployed
3. Small Business Family	Grand-mother	Illiterate	Unemployed
	Mother	Illiterate	Unemployed
	Daughter	Educated (Graduation)	Village School Teacher
4. Teacher Family	Grand-mother	Educated (Graduation)	Village School Teacher
	Mother	Educated (Graduation)	Village School Teacher
	Daughter	Educated (Graduation)	Village School Teacher
5. Clerical Job Family	Grand-mother	Educated (Graduation)	Office Assistant
	Mother	Educated (Graduation)	Office Assistant
	Daughter	Educated (Graduation)	Office Assistant

Moreover, tape recorder and close verbatim are also used for primary data collection. After data collection, the raw data is edited and coded.

15 in-depth interview of this study is conducted separately by 60 minutes and unstructured questionnaires are also used to know the situation in detail. Besides, participant observation method is used to understand the real human behaviour of these areas. Thus, participant observation method as well as theoretical framework of 'Self' and 'Other', taken from 'Second Sex' (1949) of Simone de Beauvoir, are also used to justify validity and reliability of this study.

Professional and educational background of participants are used to analyse their identity of 'Self' and 'Other' by Simone de Beauvoir's Second Sex (1949) and this article also shows how rural women of three generations change their identity of 'Self' and 'Other' by their professional and educational background in different life stages. Not only this, their life stages would be divided into 5 stages: 1. Childhood (0-5 years), 2. Puberty (11-15 years), 3. Adulthood (16-20 years): before marriage and after marriage, 4. Motherhood: pregnancy and after pregnancy period and 5. Old Age.

The ethics of this study is totally followed by taking permission of participants and the limitations of this study is it is conducted on a small scale.

## VII. FINDINGS AND ANALYSIS

### Perception on GFD:

This study explores that grandmothers and mothers of farmer family, day labourer family, small business family were strongly maintained and believed in intra-household GFD. Therefore, a grandmother of farmer family states that: "Due to family well-being, women should keep Aag vat<sup>1</sup> and Valo torkari<sup>2</sup> for males in the family". This statement is also corroborated by mothers of farmer family, day labourer family, small business family. Similarly, grandmothers and mothers of farmer family, small business family, day labourer family also acceded that "Male members of the household are the sole breadwinner of the family, so they should eat more than females". Thus, women of first and second generations are illiterate and unemployed and they became 'Other' by practicing 'GFD' in intra-household arena as they were passive, emotional, inferior and dependent on the income of males. Conversely, clerical job family and teacher family did not uphold and have faith in GFD. This is because grandmothers and mothers of clerical job family and teacher family had good educational background and they are economically self-dependent which leads them to become empowered and aware about the nutritional requirements of family members. Thus, it is manifested that, by having good educational qualifications and economical independency of grandmothers and mothers, they would be 'Self' for

<sup>1</sup>Aag Vat means first portion of boiled rice which is specifically eaten by male members of the family.

<sup>2</sup>Valo torkari means palatable curry of big piece of fish and meat.

their rational attitudes regarding the demand of family food. Therefore, they agreed that women and girls should eat adequate number of nutritious foods as per their requirements of health.

Daughters of farmer family and day-labourer family had practiced GFD in their in-laws' houses since they are married off in impoverished family before 18 years of age. So, they were bound to follow GFD in in-laws as situation prepared them to be 'Other'. Even then, daughters of small business family, clerical job family and teacher family completed graduation and employed in paid employment, and they are independent and rational beings as well as they also challenged Beauvoir's 'Self' concept where it is recognized that women are 'Other' not 'Self'. So, they considered that 'GFD' is a prejudice.

#### **The Sources of explanation on GFD:**

5 grandmothers of all educational and professional backgrounds acquired the knowledge of GFD from their mother, grand-mother, neighbours, friends and relatives. Yet, grandmothers of teacher family and clerical job family would not keep up GFD in family life where they gave equal proportions of food to their family members owing to their well educational background and they relied on their livelihood from monthly limited paid salary which made themselves to think how to prepare their balanced food habits for family members. Hence, they also socialized their daughters and granddaughters by their own knowledge and experience which not only made themselves 'Self', but also prepared their daughters and granddaughters to become 'Self'.

Grandmothers of farmer family, day-labourer family and small business family were also socialized by existing socio-cultural norms and expectations and they practiced it for being illiterate and paid employed. In this fashion, grandmothers of these family taught the GFD to their daughters and their granddaughters were taught it from their mothers. Eventually, mothers and daughters of these families applied it in their daily life of family, except daughter of small business, because she is educated and employed as a school teacher as well as she argued that "*Unequal food distribution is an unjust custom for females because it deprives them and favours males*". It is evident that education and outside paid employment made this daughter to become 'Self'.

Existing socio-cultural norms prescribed some foods for women in menstruation period, during pregnancy and after pregnancy period which were practiced by all grandmothers, daughters and granddaughters (15 participants) and they followed these norms strictly in their lives. In menstruation period they think that if any woman consumes any cress and fish, their menstruation would be odorous. During pregnancy period, they would not be allowed to eat mirka fish, baim fish, hilsa fish, chapila fish, pine-apple, twin banana, grape as well as they were suggested to have little amount of water. This is because they explained that mirka fish, chapila fish, pine-apple and a lot of water caused epilepsy, mouth sores of child, body sores of child as well as the child would leave more excrement respectively. Moreover, they did not give any explanation regarding the rest of other foods because their mother did not explain it to themselves. After pregnancy period, there were some prohibitions of food intake including masakalai dal, cress, sour fruits and all of these foods would be the reason of increasing the excrement of a child, surging the abdominal pain of a baby and taking a long time to alleviate the sores of a mother after child delivery sequentially. Notable that, 15 participants of this study would not ask any question to their mothers or relatives about this kind of food intake traditions, rather, they follow this food intake custom. Thus, in this case, women of three generations (15 participants) would be 'Other' because of their irrationality.

Besides, grandmothers and mothers of farmer family, day labourer family, small business family only followed some food intake traditions after pregnancy period of 7 days where they ate only parched rice, molasses, michri<sup>3</sup> as a tiffin. But as a main food, they ate pepper mash and vegetables with small amount of rice, a little glass of water as well as they did not have any milk. Although their food was inadequate in that period, they did not say it to anyone due to fear. Consequently, they (poor and illiterate women) would be 'Other' since they played a passive role in that matter.

#### **Position in family for the elucidation of GFD:**

Except the daughter of small business family, the first generation and second generation women of farmer family, day labourer family, small business family as well as third generation women of farmer family and day labourer family unanimously conceded that they faced food inadequacy and endured it due to birth as girl. Even they think that the position of women in heaven is under the feet of their husbands. So, they sacrificed their food when food is inadequate in household. One of them regrettably said that "*She has no right to born on this earth because she tolerates hardship of food*". Thus, the inferior status of women and girls in family spheres due to the elucidation of GFD was augmented in illiterate unemployed families. Notable that, after marriage, daughter of small business family did not keep the explanation of GFD in in-laws owing to being educated and economically self-dependent. Similarly, grand-mothers, mothers and daughters of teacher family and clerical job family did not have faith in the explication of GFD, so they deemed that they are not

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<sup>3</sup> Michri is a sugar candy in local bazar or market.

subordinate to males which made themselves 'Self', as opposed to, inferior position of women in family prepared themas 'Other'.

#### **Coping strategies for GFD in different life stages:**

Illiterate unemployed (from farmer family, day-labourer family, small business family) grandmothers, mothers and granddaughters had taken many coping strategies in their different life stages. Due to same geographical location and socio-economical context, they more or less take same coping strategies. Specifically, when a girl had not had enough food in household, she ate many fruits from trees, grist, flattened rice, puffed rice etc. But when she could not be able to endure her food hardship for GFD, then she cried out loudly and her mother tried to give her some foods by cooking. In puberty period, a poor rural girl had experienced many hardships of food when she needed many nutritious foods for her physical and mental development. But unfortunately, she would not have given enough foods, so she often stole many nutritious foods of her family like eggs, bananas and palatable curries with rice before serving it for male members of her family. Moreover, as a married woman of illiterate unemployed family, she suffered to take adequate food as she had food after food intake of male members of household. Even she often ate her food after mother-in-law and daughter-in-law, so quality and quantity of foods were less. So, she took starch of rice, boiled vegetables and potatoes, left-over rice with water or panta bhaat etc. as a coping strategy of life. After that, when she was a pregnant woman, she had taken some foods such as beans and seeds of different vegetables and fruits, fried rice, flattened rice, puffed rice etc., to cope up in family where GFD was strictly followed. Interestingly, grand-mother of day labourer family states that- "*When I felt hungry, then I ate some burnt soil in order to reduce my starving*". In addition, after pregnancy period, she also needed some nutritious foods but she did not have it and GFD also made this situation worse. So, she consumed molasses, boiled vegetables and potatoes, fried rice, flattened rice, puffed rice, beans and seeds of different vegetables and fruits, grist etc. Finally, the old woman also took some coping strategies for GFD where she could want some nutritious foods from neighbours and relatives when food was insufficient for them. Notable that, after marriage of daughter (who comes from small business family), she did not follow GFD for her educational background and self-dependency by paid employment. Likewise, grandmothers, mothers and daughters of clerical job family and farmer family also did not keep GFD in their life, so they could not take any coping strategy. So, it is understood that women who took some coping strategies for GFD, would be 'Other', as opposed to, women who could not take some coping strategies for GFD, would be 'Self'.

#### **Long-term impact of taking coping strategy:**

The coping strategies of illiterate unemployed women in different life stages were mainly based on foods including carbohydrates, vegetables and fruits and there is no any food of high protein sources. So, their coping strategies also had some long-term impact on their lives. Therefore, due to consuming inadequate food in childhood, their health was deteriorated and they were physically and mentally weak. Moreover, food scarcity in puberty period led themselves to have gastric, dizziness, appetite recession, depression and reluctance to work and study. Likewise, before pregnancy period, married women also suffered from gastric, dizziness, reluctance to do household chores, appetite recession owing to inadequate food intake in in-laws for GFD. Similarly, during and after pregnancy period, they faced mental depression and physical weakness for consuming less food in household spheres. Therefore, daughter of small business family stated that "*Hardship of food is a one kind of physical and mental violence against women*". Remarkable that, after marriage, daughter of small business family did not tolerate any food deprivation owing to her education and economical self-dependency for livelihood.

In old age period, grandmother of day labourer family emotionally claimed that- "*From her childhood to old age period, she never had any big piece of fish or meat for GFD*". Thus, this GFD creates long-term mental and physical deprivation and health problems to rural women. Not only this, illiterate unemployed women who corroborated GFD in intra-household spheres, also converted them into 'Other' where they did not deem themselves as independent beings as they relied on males for their livelihood. On the other hand, educated employed women (first generation, second generation and third generation women of teacher family, clerical job family as well as third generation woman of small business family) did not uphold GFD, so they are 'Self' since they were self-dependent for their subsistence.

### **VIII. CONCLUSION**

This study represents that GFD is strictly followed and believed by unemployed illiterate women and their knowledge is passed down from generation to generation but educated employed women did not believe in it. Notably, all participants of this study believed in food restrictions in menstruation, during and after pregnancy period. Besides, illiterate unemployed women only took some food restrictions for 7 days after pregnancy

period. Moreover, GFD also perpetuates inferior position of women in unemployed illiterate families that converted them into 'Other' while educated employed women are 'Self' for not being subordinate in family. Due to distinct geographical location and socio-economic context, illiterate unemployed rural women had taken many coping strategies which had some negative impacts on their health since they mainly consumed carbohydrates, vegetables, fruits, and low proteins which are inadequate for their nutritional requirements of different life stages. In contrast, educated employed women would not take these coping strategies. Thus, educated employed women would be 'Self' where illiterate unemployed women would be 'Other'.

## REFERENCES

- [1]. Asian Development Bank (ADB), *Gender Equality and Food Security: Women's Empowerment as a Tool against Hunger* (Mandaluyong City: 2013) (Online) Available at: <https://www.adb.org/sites/default/files/publication/30315/gender-equality-and-food-security.pdf> (Accessed on 19/6/2021)
- [2]. A.L. Dottolo, and C. Dottolo, *Italian American Women, Food and Identity: Stories at the Table* (New York: Palgrave Macmillan, 2018)
- [3]. A.T. Tsegaye, A. Tariku, A.G. Worku, S.M. Abebe, M. Yitayal, T. Awoke, K. Alemu and G.A. Biks, Reducing amount and frequency of meal as a major coping strategy for food insecurity. *Archives of Public Health, Vol.76*, 2018, 1-9 (Online) Available at: <https://archpublichealth.biomedcentral.com/track/pdf/10.1186/s13690-018-0303-3.pdf> (Accessed 19/6/2021)
- [4]. A.V. Avakian, and B. Haber, *From Betty Crocker to Feminist Food Studies: Critical Perspectives on Women and Food* (United States of America: University of Massachusetts Press, 2005)
- [5]. B.L. Rogers, and N.P. Schlossman, Intra-household Resource Allocation: Issues and Methods for Development Policy and Planning, Papers Prepared for the Workshop on Methods of Measuring Intra-household Resource Allocation, Gloucester, Massachusetts, USA, October.1983, (Tokyo: United Nations University Press, 1990)
- [6]. C.M. Counihan, and S.L. Kaplan, *Food and Gender: Identity and Power* (Harwood Academic Publishers, 1998)
- [7]. C.M. Counihan, *The Anthropology of Food and Body: Gender, Meaning and Power* (New York and London: Routledge, 1999)
- [8]. G. Kent, *Freedom from Want: The Human Right to Adequate Food* (Washington D.C.: Georgetown University Press, 2005)
- [9]. Institute of Development Studies (IDS), *Gender and Food Security Towards Gender-Just Food and Nutrition: Overview Report Bridge 2014.2014*. (Accessed on 21/4/2021) Available at: [https://opendocs.ids.ac.uk/opendocs/bitstream/handle/20.500.12413/5245/IDS\\_Bridge\\_Food\\_Security\\_Report\\_Online.pdf](https://opendocs.ids.ac.uk/opendocs/bitstream/handle/20.500.12413/5245/IDS_Bridge_Food_Security_Report_Online.pdf)
- [10]. J. Ziegler, C. Golay, C. Mahon, S.A. Way, *The Fight for The Right to Food: Lessons Learned* (Geneva: Graduate Institute of International and Development Studies, 2011)
- [11]. M. Mjonono, M. Ngidi and P.S.L. Hendriks, Investigating Household Food Insecurity Coping Strategies and The Impact of Crop Production on Food Security Using Coping Strategy Index (CSI), Peer Review Paper (17<sup>th</sup> International Farm Management Congress, 2009) Available at: [http://ifmaonline.org/wp-content/uploads/2014/08/09\\_Mjonono\\_etal.pdf](http://ifmaonline.org/wp-content/uploads/2014/08/09_Mjonono_etal.pdf) (Accessed on 19/6/2021)
- [12]. N. Nisbett, P. Davis, S. Yosef, and N. Akhter, Bangladesh's story of change in nutrition: Strong improvements in basic and underlying determinants with an unfinished agenda for direct community level support, *Science Direct: Elsevier B.V., Global Food Security, Vol.13*, 2017, 21-29.
- [13]. R. Haider, *A Perspective in Development: Gender Focus* (Dhaka University Press Limited, 1995)
- [14]. S.d.Beauvoir, *Le deuxième sexe [The Second Sex]* (Paris: Gallimard, 1949)
- [15]. S. Neogy, Gender inequality, mothers' health, and unequal distribution of food: experience from a CARE project in India, *Gender and Development, Vol.18*, 2010, 479-489.
- [16]. V.B. Meyer-Rochow, Food taboos: their origins and purposes. *Journal of Ethnobiology and Ethnomedicine, Vol.5*, 2009, 1-10 (Online)
- [17]. Available at: <https://ethnobiomed.biomedcentral.com/track/pdf/10.1186/1746-4269-5-18.pdf> (Accessed on 19/6/2021)
- [18]. V. Shiva, Women and the Gendered Politics of Food, *Philosophical Topics: University of Arkansas Press, Global Gender Justice, Vol.37*, No.2, 2009, 17-32.
- [19]. Z.M. Shariff, and G.L. Khor, Household food insecurity and coping strategies in a poor rural community in Malaysia, *Nutrition Research and Practice, Vol.2*(1), 2008, 26-34