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**Inequality in food distribution among the male and
female members of a family**

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M. Phil. (Part- 2)

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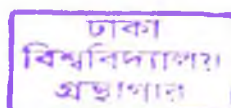
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Abstract

Over the years food discrimination against female members remains a common practice in the households of the traditional Bangladesh society. Against this backdrop, equal distribution of food has become an issue of paramount importance. Earlier research shows that male members are getting preference over the female members in food intake. In view of these, the study assesses gender bias in food distribution among the household members and identifies the factors contributing to this. Female members of the 150 households 45 from Dhaka City and 105 from the rural area of Chuadanga district-- were interviewed in the study. The findings of the study confirm that in educated and economically solvent families discrimination in food distribution is at low level. The patriarchal attitude and ignorance of male members have contributed to this. A set of recommendations have been proposed to prevent the discrimination. These are providing media access to the rural people for raising awareness and enhancing the economic status of the households' members, ensuring education, imparting skills training to the female members and offering them micro-credit support to ensure their employment. Changing of eating culture in favour of the female members is also necessary for improving their socio-economic status in the society as well as in the family.

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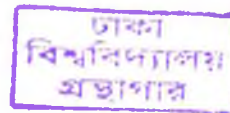
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Abbreviations

BMI	Body Mass Index
BBS	Bangladesh Bureau of Statistics
BIDS	Bangladesh Institute of Development Studies
CED	Chronic Energy Deficiency
CMNS	Child and Mother Nutrition Survey of Bangladesh
FHH	Female Headed Household
FSVGD	Food Security for Vulnerable Group Development
HQ	Head Quarter
MMR	Maternal Mortality Rate
MHH	Male Headed Household
NSP	Nutrition Surveillance Project
TK	Taka

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Approval

This is to certify that I have read the dissertation entitled “Inequality in food distribution among the male and female members of a family” submitted by Jannatul Ferdous, M. Phil.(Part-2) , Registration No-354 , Session: 2001-02, as requirements for the degree of M. Phil. in Department of Management Studies, University of Dhaka. The research was carried out by her under my guidance.

No portion of the work referred to this thesis has been submitted in support of an application for another degree or qualification of this or any other Institution of learning.



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Chapter 1: Introduction

Introduction

1

1.1 Background

Deprivation of women is almost as old as human history. There are many stories indicative of marginalisation and dehumanisation of women in the society. Most of the people in their thoughts and actions, beliefs and attitude, are consciously or unconsciously indifferent to women and some are even against women in some adverse situations, where girls or women are to suffer most. It is because of the patriarchal mindset that the society has to indulge in women's sufferings.

Men formulate rules and regulations on women determining the good and bad of the weaker sex. Women are forced to engage in domestic works, depriving them of their human rights. They are doomed to endure the mistreatments and deprivations silently.

In the male-dominated society, gender equality is still a far cry. The female cannot still exercise their rights to determine their present and future despite continuing a long movement in this regard.

Braving all the hurdles, women continue their efforts to make contributions to the economy and overall welfare of the society. Unfortunately, the male-dominated society in large does not recognise women's all contributions to the family and the society. The racial stereotypes work as a deterrent to utilisation of women's potentials although it is true that without women's participation, proper development of the society is not possible. Therefore, integration of women into the development process is relevant not only in Bangladesh, but also in global context. Though attempts are being made to free women from various types of discrimination, they are still in deplorable conditions.

In some cases, women work harder than men, but their wages are meager and less than their opposite sex's. The poor women give relentless labour to support their family but hardly any reward comes from it. A substantial amount of foreign currency is also earned by the women labourers. But they are still neglected in society.

Although some of the women have got the taste of freedom, some have become famous, and some hold topmost positions, it does not reflect the real status of the women in the society.

In spite of women's contribution, male persons are still the head of a family and they earn and bear the expenses of the family. For that they are given economic supremacy. That is why, the male children are treated with special preference and privileges. Women are subjected to discrimination in all the systems -family, marriage, education, profession, politics and religion. The impacts of these systems contribute to gender biasness in food distribution. For the reason female members in a family receive less food than their male

counterparts. As a result, women are to suffer from malnutrition. 70 per cent of women suffer from various diseases and malnutrition and the prevailing widespread malnutrition in Bangladesh has created a vicious 'circle of malnutrition' specially for women. Though, it is recognized that adequate nutritious food is indispensable for every human. However, Child and Mother Nutrition Survey-2005 found that only 12.9 per cent pregnant women take more food during their pregnancy while 40.4 per cent pregnant women have less food and 46.7 per cent receive food as same as before.

But in Bangladesh, 31.5 per cent people live below poverty line by using upper poverty line according to the nutritional requirement of 2122 kcal per capita per day.

The paper focuses on food distribution in households because of several reasons. One of the reasons is that 'micronutrient malnutrition affects more than 20m children and women in Bangladesh. The diets of more than 85 per cent of women and children in Bangladesh are inadequate in essential micronutrients such as vitamin A.

According to new growth reference standard of the World Health Organization, 40 per cent of under-five children in Bangladesh were underweight in 2005, 46 per cent were stunted and 15 per cent wasted. About 40 per cent of adolescent girls, 46 per cent of non-pregnant and 39 per cent of pregnant women are anemic. It happens because of the poor dietary practice. Chronic energy deficiency (CED) and anaemia contribute to poor maternal health causing risks for both the mother and her infant. Severe anaemia increases the risk of maternal mortality from postpartum hemorrhage.

Non-pregnant adult mothers suffering from chronic energy deficiency (CED) are found mostly in poorest households. About 44 per cent suffering from CED are from poorest households and only 14.7 per cent are from richest households, which indicate that CED is greatly linked to the economic status of the households.

Besides, because of malnutrition, infant mortality rate and child death rate are very unacceptably high in Bangladesh. 'Infant mortality rate of both sexes was 45 at national level while 42 in urban areas and 43 in rural areas. Female infant mortality rate was 41 at national level while 42 were in urban areas and 41 in rural areas (Infant Mortality per 1000 live birth by sex-2007). Child death rate of both sexes was 3.64 at national level while 2.31 were in urban areas and 4.02 in rural areas. Male infant mortality rate was 3.65 at national level while 1.94 was in urban areas and 4.15 in rural areas. On the other hand, female infant mortality rate was 3.62 at national level while 2.70 were in urban areas and 3.89 in rural areas (Child Death Rate per 1000 children of ages 1-4 years by sex-2007).'

Maternal mortality rate (MMR) was 3.37 at national level while 3.73 were in urban areas and 1.96 in rural areas. Poor maternal nutrition often leads to poor nutrition for the child, beginning with low birth weight, the rate of which is 36 per cent in Bangladesh.

The statistics shows that the whole nation pays highly for the persistence of malnutrition. Because of low birth weight and malnutrition, children become physically weak.

In 1998, UNICEF claimed that if the incidence of malnutrition was not arrested, Bangladesh would lose productivity worth \$23,00 crore over the next 10 years. According to a recent World Bank estimate, Bangladesh loses about \$1 billion worth of productivity per year because of chronic malnutrition.

Food is something most fundamental for an individual to survive in a poor country like Bangladesh, where poverty shows its ugliest face in terms of malnutrition, generating a self-sustaining vicious circle of poverty, as a less productive malnourished human resource fails to generate the desired growth to get out of the poverty trap. Hence, poverty reproduces poverty. Roughly 11 core people living in villages spend about 80 per cent of their income on food.

As women account for 48.4 per cent of the total population (According to 2001 survey), their economic, reproductive, educational and social roles will be greatly affected if they suffer from malnutrition, which is an important subject to discuss from a policy perspective.

Nutritional Surveillance Project (NSP) of Helen Keller International and the Institute of Public Health and Nutrition conducted The Nutrition Survey of Rural Bangladesh during the period of 1966-2005 that indicates that about 76 per cent of all rural households were calorie deficient and about 48 per cent were protein deficient. In general, the situation appears to be worse for the lower income group.

The effects on the life of women in Bangladesh due to malnutrition are apparent in many forms such as anemia, low learning and working capacity, low resistance to disease and lack of proper mental and physical development. The nutrition deficiency adds to the maternal mortality rate.

In 2005, almost 40 per cent of pre-school age children and non-pregnant women were chronically malnourished in rural Bangladesh.

Maternal education has an important role in reducing discrimination in distribution of food among male and female members. As there is a strong relationship between maternal education and child nutritional status, high education level of mothers in FHH (Female Headed Households) can contribute to the betterment of the children's education, health, and food. Prevalence of malnutrition in children under five is closely associated with the mother's education status. It is confirmed by the data that ' 46.8 percent children are underweight, 52.4 percent children stunted and 17.3 percent wasted

of the mothers who never attended the school and on the other hand, 21.4 percent children are underweight, 24.7 percent children stunted and 9.2 percent wasted of the mothers who passed SSC/HSC or above.

World Bank report 2009 revealed that mothers with no education are found to be almost 2.5 times more likely to be under-nourished than mothers who have completed secondary education.

For ages, the nation has been giving priority on the issues of the gender disparity. Despite various steps, gender inequality still exists in the society. To ensure sustainable development of the people's socio-economic conditions, to address the issue is a must.

Malnutrition is closely linked to poverty. The rate of malnutrition is higher in the poor countries than in the developed countries. The present study aims at obtaining an in-depth knowledge about whether women take less food in a family. Such knowledge is precondition for ensuring that impoverished women are able to contribute to the development of the nation and also become beneficiaries of the economic and social development.

As women have a significant role in economic, political, educational and cultural development the goal of achieving women empowerment is important for ensuring sustainable development of women and for eliminating widespread gender inequality that exists in Bangladesh. To this end, different policies need to be formed and legal and intuitional measures undertaken to overcome disadvantageous situation of women and remove discrimination against them. In this background a study with the objective of assessing the level of inequality in food distribution at household level is of utmost importance.

1.2 Literature review

Discrimination in food distribution is not new, but researches on this issue are comparatively insufficient in Bangladesh. The present study is an attempt to determine the food distribution system in a family. To this effect, socio-economic condition of the family has been evaluated. Whether the members of a family have knowledge about the equal food distribution is the main focus of the study. Food serving system in a family is also discussed. That the quality food is given to the male members is examined. Attitude of the household heads toward female members may be discussed. In the same way we try to identify the factors which are responsible for gender inequality. The study, therefore, tries to give an overall picture of gender inequality in a family. At different times government organizations, private organizations and individual researchers have tried to find the magnitude of discrimination in food distribution in a family. Some relevant work, which add more information and would support to understand the scope and utility of the envisaged research are reviewed.

In the research article by (Sarkar et al, 2006), it is found that due to lack of sufficient food Bangladeshi women who breastfed up to 24 months and lactating mothers were of lower weight. The breastfeeding women did not consume additional foods compared to non-breastfeeding women of the same age group. On the other hand, in lactating women, energy needs increase by 30 percent over than that of non-pregnant and non-lactating women. The majority of mothers in Bangladesh enter into pregnancy with poor nutritional status, and they do not take additional foods throughout their pregnancy and lactating period.

The result of the study by (Kabir, 2005) supported the hypothesis that boys are given priority when food is distributed and the unequal treatment increases the death rate of girls. The study also observed that in South Asia, sex preference is mainly manifested in the form of excessive mortality of female children. The excessive mortality of female children relative to males is found to be due to the discrimination against females in the allocation of food and health care within the household.

The presentation in a workshop by (Sultana, 2003) observed that more food is given to both the husband and children and generally Vulnerable Groups Development (VGD) women always consume a small quantity of food. The reason is that the husband has to work hard and children may be attacked by various diseases and ill health, or they may not grow properly. VGD women feel weakness due to lack of sufficient food but they feel that in this physical condition, they can still do all the household work. Some VGD women think they must give food to the boy and girl-child equally. However, some think that boys need more food compared to girls. Because, the boy will earn money in future. Generally, VGD women households take their meals together at night. In case of large

family (including father-in-law, mother-in-law, sister-in-law, brother-in-law etc), male member of the household eat their meal first and female members take meals after the males have finished eating. However, if a family consists of the husband, wife and children only, they then take meal together.

(Parvin, 2003) in her presentation supported the Rabeya Sultana's hypothesis. She observed that VGD women often eat at the end, after all the family members have eaten, male household members, particularly husbands, are given more or better portions of meals and according to workshop participants, the reasons for this practice are that: 1. Women are of the opinion that males work hard and should therefore eat more food to give them the strength to earn more money for the family, 2. Wives give more food to their husbands as a way of demonstrating love and respect for them, 3. The issues of women are often teased if they eat more and 4. Inadequate care by the male household members in a male-dominated society influences how food is shared.

Within a household, women get a smaller share of food and other consumption items. There is no disagreement that in a male dominated society; women have less power in determining what they get.

(Rahman, 1998) echoed the same tone that girls are in an even more disadvantaged situation relative to boys, young girls were found to suffer from moderate and severe malnutrition. (Iasmin, 1995) mentioned UNICEF data, 1987 in his study that a Bangladeshi girl takes 20 per cent less food than boy. As a result, the girls are most likely to suffer from malnutrition. .

(Riaz, 1995) analyzed the issue in decision making level and found that the status of women is marginalized and they are kept out from taking decision in a family, which may be understandable from their unequal rights of family enjoyment. To lead the life, they have less access to property (. Kabir, 1993) mentioned in his book in Bangladesh, women take food which is left after the male takes their meal and they live on that. In terms of food distribution, women and girls are purposely subjected to discrimination.

(Assaduzzaman at el, 1993) found in his study patriarchal attitude dominate the decision making in a family and observed that despite longer working hours and almost uninterrupted pregnancies, female members in general and children and lactating and /or pregnant members in particular get much less to eat compared to their physical needs. Their respective deprivation compared to man is much higher.

(Azad, 1992) reflected the discrimination against in his inquisitive writings said women prepare the food, but they cannot eat with the men. In many societies, they cannot serve

the food. Every patriarchic social system, men takes more nutritious food than women and where they take meal with the male, they serve food and male takes meal.

(Mahmud, 1987) in his research observed that in Bangladesh, as in many poor societies, the female-sex group that can be identified as the most nutritionally disadvantages and greatest mortality risk are pre-school aged children and especially girls. It is found that sex pattern of under nutrition and mortality prevailing among children is the consequences of wider gender biased behaviour in the allocation of family resources, both maternal and emotional favouring male children.

Such biased may arise from a complex set of behavioral influences having to do with traditional values, socio-economic norms, as well as economic incentives which determine a household's survival strategy.

Among other things, such strategies are characterized by son preferences in paternal care, greater investment in sons than in daughters with regard to family resources like food, health care, education, etc, and by traditional beliefs and sex-discriminations customs which place a higher value on sons than a daughter, both in society and with the family.

(Mukherjee, 2012) noted that 47 children are undernourished in Bangladesh. But in South Asia 44 per cent boys are undernourished while for girls, it is 47 per cent. Girl children who survive their mothers dying at child birth are not only denied access to mother's milk and the consequent undernourished, but are additionally more vulnerable to denial of adequate nutrition food taken than male surviving new-borns.

This mortality based inequalities faced by women jointly and separately contributes to higher food insecurities among girl children, as also infant and girl child mortality rates. Given a preference for boys over girls that afflict many dominated societies.

Gender inequality can manifest itself in the form of the parents wanting the newborn to be a boy rather than a girl, with the availability of modern techniques to determine the gender of the fetus, sex relative abortion has become common in Asia and is beginning to emerge a statistically significant phenomenon in India and South Asia as well, as a negative fallout of the marth of medical service.

If sex-selective abortion does not succeed or is not possible due to structural, institutional or medical conditions, the girl child starts from the womb with familial and parental environments that hostile to her existence.

This leads to infant-girl and women being in a weaker position to be food by suffering from limitations to physical and social access to food.

Mother's carrying female foetus, neglect their diet (poor is it) or are forced to do so, making the foetes even or more undernourished.

Natality based food insecurities take for women and girl in South Asia ranging from deprivation of nutrition n the mother womb to over-feeding to feeding of substance that lead to food insecurity and ultimately can cause death.

A girl between her first and fifth birthday in India and Pakistan has 30-50 percent higher chance of dying than a boy. This neglect takes the form of poor nutrition back of preventive care (specially immunization) and delays in seeking health care for desease.

In Bangladesh for example the female wage rate is so low that a day's wage cannot maintain a family of three, even if the female worker is employed full time.

(Chen at el, 1981) observed that discrimination against female children was prevalent in the 1-4 year-old group in a cross-sectional dietary intake study conducted in four villages in Matlab upazilla. The pattern of intra-household distribution of food shows that the propotional intake by boys remained almost constant year-round, but that by girls increased during the hunger season in September- October, young girls tend to receive a larger shares of family food at times of shortage. Most of the parents interviewed in the study think that young children are unable to withstand hunger and must be fed first when family food is in short supply. Parents would say that since the girls would eventually leave their parental homes after marriage. They should be given preferential treatment in the allocation of choice of foods in order to increase their attractiveness in the marriage market. And in terms of mortality, female mortality exceeds male mortality by as much as 50 per cent.

(Islam, 2010) found that the male head consumes 4 per cent higher compared to their spouses. The difference between other women in the family and the spouse of male head is however even smaller. I n the urban area, the difference between the head and spouse is larger, 13 percent higher than the spouse.

In the case of meat and fish, 43 percent male heads had taken such food whereas the difference is most striking in the corresponding figure for the spouse is 36 percent.

(Roy at el, 1998) observed that in 1995, nutrition survey was carried out in 14 village of Matlab thana which included a total of 2076 households. From the same, 203 households were identify based on the availability of eligible sibling pairs and the final sample composed 188 brother-sister siblings pairs from 188 households, 63 BRAC and 125 non-BRAC member pairs. It was found that mothers from all socioeconomic groups give

preference to sons in intra-households food distribution. In the study, I was found that in the real observation that if the food cooked was not sufficient for household members, mothers tended to serve more food to husbands. Usually her husband was given priority followed by male children. Mealtime observations revealed that if fish was cooked boys were given a bigger share than their sisters.

(Choudhury et al, 2000) observed that the female children were more likely to be severely malnourished than male is also consistent with higher female children mortality than male in Bangladesh. The study (1994) area included 5 unions in Chakaria thana under Cox's Bazar district. The survey covered all villages in Baraitali, Kayerbeel, BM Char, Harbang and Purb Bhoola unions. A systematic random sample of 12 per cent households considered adequate for most indicators included in the baseline survey was selected. In total, 2016 children aged 6-60 months from different household, were included in the survey.

Save the Children report (2011) came to a conclusion that poor families in the developing countries can spend as much as 70 per cent of their income on food, compared to the average UK family which spend 8.0 per cent.

(Abdullah, 1985) noted that in all four rice harvest seasons, energy intakes of adult men were significantly higher than those of adult women and also in the 1-4 year-old group, boys' intake was considerably higher than that of girls.

Conclusion

Inequality in food distribution exists in households. In domestic environment, female members are deprived of just share of food, though women always remain engaged in preparing food in kitchen room. They are not given importance to have sufficient food. It is the social norms. In spite of feeling hungry, female members can not have their own food prior to male members; they are to wait to have food whichever is left for them. As a result, women suffer from severe malnutrition.

1.3 Hypotheses

Based on the above discussions the following hypotheses can be examined:

1. There is gender discrimination in food distribution in a family in Bangladesh.
2. Male members dominate the decision in a family
3. There is close relation between discrimination in food distribution and education.

1.4 Objective of the survey

Based on the above discussion the following are the objectives of the study.

1. Examine whether there is gender discrimination in food distribution in a family.
2. Examine the socio-economic factors (Location, Education, Occupation, Income and Economic Condition) that are responsible for the gender discrimination.
3. Examine the traditional attitude influencing the food distribution among male and female members.

1.5 The expected outcome

The study shall give an insight about gender discrimination in food distribution in a family. Causes of the discrimination and relation between different factors are explored. The study findings could be used in reducing discrimination in food distribution.

1.6 Limitations of the research

Interview based method was selected to collect data from the respondents. In spite of sincere attempt in some cases, correct data could not be extracted. Because consciously they are likely to avoid providing real picture of discrimination against women in terms of food distribution as it might be humiliating for them in society to divulge fact, besides, there are not sufficient recent data based survey of food discrimination against women that could enrich our research work. The study uses small sample size, based on which solid conclusion seems difficult. Another limitation is limited time for field work.

Chapter 2: Methodology

Methodology

2

2.1 Method of the study

Both primary and secondary data were used for the study. Primary data have been generated through an in-depth field survey of 150 households, 45 from urban area and 105 from rural area. To collect the data, structured questionnaire was used for interviewing the household heads and sample of the households was taken randomly from the families which have at least one son and one daughter. A pilot survey was carried to test the accuracy of the method to get the necessary information. Based on the pilot survey, some changes were made in the methodology in order to data collection procedure easier and simpler.

The socio-economic survey focused on location, educational qualification, occupation, monthly income of the household and economic condition of the household. The survey also collected data on the pattern of food distribution in a family.

2.2 Selection of study location

Two locations are selected, one is urban area and another is rural area. Urban area is selected from Dhaka City and rural area is selected from a village in Alamdanga upazilla under the district of Chuadanga due to convenience of the researcher. The area was chosen in such a way that it covered households from different segments of the society. Data collection was conducted by the researcher between 1 January and 31 January 2008.

2.3 Sample design

The village Kalidashpur, were 243 households in located within 1 km. to the south of Alamdanga Upazila Head Quarter. From 243 households, 105 households which have at least one school going son and daughter were selected using random sampling procedure for rural sample. On the other hand, urban sample was drawn using simple random sampling method in chairman Golli, Moghbazar. People living in this area belong to mixed socio-economic groups.

For rural sample, field work was started from a landmark: Biswas bari. A household was selected if it had at least one school going child. If it did not have the child, it was dropped. In this way interviewing was completed up to 105 households. In addition to questionnaire survey, direct meal time observation and focus group discussion (FGD) were conducted. For the direct observation, 10 rural and 5 urban households were selected from the survey area for one meal to record the behaviour related to distribution and consumption of the food servers and consumers. Mealtime norms and attitude regarding food distribution and consumption were also observed. Efforts were made to

minimize disruption of regular/usual mealtime behaviour and to establish a friendly rapport with such that mothers felt comfortable in distributing food.

Two FGDs – one from rural areas and the other from urban areas, were conducted. FGDs were conducted by the researcher. In each FGD there were six participants.

2.4: Use in data processing

The SPSS method was used for calculating/processing the data.

Relevant data were collected from two ways.

- 1) Primary, and
- 2) Secondary

For the collection of primary data, a total of 150 households were selected as samples. This was allocated between rural and urban areas according to the proportion of rural and urban population based on the 2001 population census. Thus, rural sample is $150 \times 0.70 = 105$ and urban sample is $150 \times 0.30 = 45$.

Data collection took place from villages of Alamdanga upazila under the district of Chuadanga. Because this place is convenient for data collection as almost all the inhabitants in the area are known, friends and relatives.

Urban samples were collected from Dhaka city area as it was very close to my work place. Here questionnaire was used for detail information about household food taking behaviour and practices.

Secondary data was collected from books, magazines, journals, reports by using Dhaka University and BIDS libraries and internet. BBS data were also used.

Chapter 3: Household Profile

Household profile

3

Household

Household as defined by Bangladesh Bureau of Statistics (BBS) is a dwelling unit where a single person lives alone or a group of persons normally live and eat together from the common cooking arrangement. Generally, the eldest male or female earner of the household member is considered to be the head of the household.

Household profile is described in this study with respect to age, education, income and economic conditions of sample households.

3.1 Age of respondents by locations

Age distribution of respondents interviewed by locations is presented. in Table-3.1

Table-3.1: Percentage distribution of urban and rural respondents by age.

Respondent age(Year)	Dwelling area of the respondent		Total
	Rural	Urban	
20 to 29	42 40.0%	6 13.3%	48 32.0%
30 to 39	57 54.3%	34 75.5%	91 60.6%
40 to 49	6 5.7%	5 11.2%	11 7.4%
Total	105 100%	45 100%	150 100%
Mean Age	31.0	34.3	32.0

The age of the respondents who are interviewed in the study is from 20 to 49 years and their mean age is 34. The above table also shows that there is a variation in the mean age of respondents between rural and urban areas. For rural respondents the mean age is 31 years while for urban respondents, it is 34.3 years. This means that urban respondents are of higher age. The table also shows that majority of respondents interviewed belong to 30-39 age group both in urban and rural areas. However, respondents from urban areas are more pronounced in this age group. For example, 54.3 percent respondents in rural areas belong to 30-39 age groups, while 75.5 percent from urban areas belong to this age group. On the other hand, more respondents in rural areas belong to below 30 years age group. Thus, the rural respondents are younger by about 3 years compared to their urban counterparts.

3.2 Education

Education is one of the important indicators for reflecting socio-economic conditions of a group of people. Data on education are shown in Table 3.2

Table-3.2: Educational background of the respondents by locations

Education level of the respondent	Dwelling area of the respondent		Total
	Rural	Urban	
Almost no education	71 67.6%	9 20.0%	80 53.3%
Primary or Below Secondary	26 24.8%	14 31.1%	40 26.7%
S.S.C. or Above	8 7.6%	22 48.9%	30 20.0%
Total	105 100%	45 100%	150 100%

Majority (53.3%) of the respondents are found to have almost no education, 26.7 percent having primary or below secondary level and 20 percent having SSC or above level.

A wide variation is found with respect to educational level of respondents living in urban and rural areas. As shown in Table-3.2, against 67.6 per cent in rural areas, only 20 percent in urban areas have almost no education. On the other hand, against 7.6 per cent in rural areas, 48.9 per cent in the urban areas have S.S.C. or above level of education. Thus, educational background of rural respondents is poor with about one-third having some education only.

3.3. Occupation

Occupation is one of the vital markers for mirroring socio-economic state of a group of people. Data on occupation are shown in Table- 3.3.

Table-3.3: Occupation of the Household Heads by locations.

Occupation of the household head	Dwelling area of the respondent		Total
	Rural	Urban	
Agriculture/ Fishery/Livestock	44 41.9%	4 8.9%	48 32.0%
Business	15 14.3%	16 35.5%	31 20.7%
Labour	34 32.4%	5 11.1%	39 26.0%
Service	4 3.8%	14 31.1%	18 12.0%
Others	8 7.6%	6 13.4%	14 9.3%
Total	105 100%	45 100%	150 100%

The table shows significant difference between rural and urban households head with respect to occupation. In the total sample 32 per cent of households are farmer by profession, 20.7 per cent are engaged in business, 26 per cent in labour, 12 per cent in service and 9.3 per cent in other occupation.

The table shows that 41.9 per cent of households in rural areas are mainly engaged in agriculture, while 32.4 per cent labour-- agricultural and non-agricultural. There are, however, 14.3 per cent households which are engaged in business. In contrast, in urban areas 35.5 per cent and 31.1 per cent households are engaged in business and service respectively. It can be mentioned here that only 8.9 per cent households are engaged in livestock farming including poultry-raising and cow rearing in urban areas.

3.4. Income

Income is one of the vital markers for mirroring socio-economic state of a group of people. Data on occupation are shown in Table- 3.4.

Table-3.4: Income of the household by location.

Per capital monthly income	Dwelling area of the respondent		Total
	Urban	Rural	
Less Than Tk.999	13 28.90%	56 53.30%	69 46%
Tk.1000-Tk.1499	8 17.80%	19 18.10%	27 18.00%
Tk.1500-Tk.2999	11 24.40%	20 19.00%	31 20.70%
Tk.3000-Tk.4999	11 24.40%	10 9.50%	21 14.00%
Tk.5000 or above	2 4.40%	0 0%	2 1.30
Total	45 100%	105 100%	150 100%

It was clearly observed from the table that over half (56 per cent) of the respondents who earn less than Tk.999 live in rural area. In contrast, no respondent who make the same earnings reside in rural area. Among the total, nearly half (46 per cent) of the respondents earns less than Tk.999. On the other hand, the income of only 1.3 per cent respondents was Tk. 5,000 or above. The respondents of income group of Tk.1000-Tk.1499, Tk.1500-Tk.2999 and Tk.3000-Tk.4999 are 18 per cent, 20.7 per cent and 14 per cent respectively.

Chapter 4: Food Intake

Food Intake

4

4.1. Introduction

The family members usually take food thrice a day. The respondents revealed the information during the interview.

Bangladesh is a country with almost sufficient food resources. But to meet the increasing demand for food with the increase in population, the country has to import extra foodstuffs. A majority people living both in rural and urban areas are greatly affected by food shortage. They have poor capacity to purchase essential commodities including food. Subsequently, they are to spend a majority of their income for the foodstuffs although almost all of them, except salt, edible oil and clothes, are mostly self-produced by the rural people. According to CMNS survey 2005, about 47 per cent of the population had homestead vegetable gardens (52 per cent rural area and 28 per cent urban area). 85 per cent of these families consumed the produce from the garden. Besides, they lack proper knowledge of cooking and nutritious food intake. They usually take rice, chapatti, pulse, potato; vegetables with little amount of meat, fish, eggs and milk due to insufficient income. The male members of a family are conventionally served with additional food depriving the female members. The information was extracted from the interviewees, which was closely supported by the survey.

But according to Household Income and Expenditure Survey- 2010 the average quantity of food consumed was estimated at 947.8 grams per capita per day at aggregate level. It was 893.1, 913.8 and 886.2 grams in the year 2000, 1995-96 and 1991-92 respectively. The data shows that quantity of food intake per capita per day has increased by 6.12 percent in 2005 over 2000.

Intake of calories;

Data on the value of food energy intake is measured by the unit of calories. Every food item has its own calorie value and there are different from one to another. Total calorie intake is derived from total consumption of food and presented in forms of per capita per day. Average calorie intake was estimated at 2318.3 kcal per capital per day in 2010. Where as it was 2238.5 kcal, 2240.3 kcal, 2254.0 kcal and 2265.6 kcal in 2005, 2000, 1995-96 and 1991-92 respectively. It shows a gradual decreasing trend until 2005 and it increased in 2010, according to Household Income and Expenditure Survey. 2010.

In rural area, the intake of calorie was 2344.6 kcal in 2010, 2253.2 kcal in 2005, 2251.2 kcal in 2000, 2263.1 kcal in 1995-96 and 2267.8 kcal in 1991-92.

In urban area, the intake of calories shows ups and down over the period. It was 2244.5 kcal, 2193.8 kcal in 2005, 2150.0 kcal in 2000, 2209.1 kcal in 1995-96 and 2258.1 kcal in 1991-92.

The overall calorie intake per capital per day increased by 3.6 per cent to 2318.3 kcal in 2010 from 2238.5 kcal in 2005. It increased by 4.1 per cent in rural area and 2.3 per cent in urban area

Out of the total 2318.3 kcal received per day per capita from all food items in 2010, 1617 kcal was constituted by cereals in which rice alone contributed 1436.2 kcal. The other major calorie contributing food groups were edible oil (184.1 kcal), vegetables (86.1 kcal), potato (68.2 kcal), fish (66.1 kcal), condiments and spices (67.9 kcal), pulse (50.2 kcal), milk and milk products (27.4 kcal), suger/gur (33.5 kcal), meat & poultry/egg (33.8 kcal), fruits (31.1 kcal) and mishcellous items (49.9).

It shows that 69.8 per cent of the total calorie received by an individual at the national came from cereals of which rice alone contributed 62 per cent.

4.2. Inequality in food distribution and its reasons

In Bangladesh it is generally seen that female members of family take less food than that of male members. Traditionally, cooking and serving of food to the family members is gender specific. The main responsibility of women is to cook food and serve that to the family members. That means the labour of women is highly confined to the kitchen room, but no importance is given to their food. In Bangladesh, less than 10 percent of mothers were able to make their own decisions on how much money the household spends on food, what food is bought for the household.¹²

That means 90 per cent of women have no control over the choice of food. As a result, malnutrition, particularly chronic energy deficiency (CED) and anemia contribute to the poor maternal health and pregnancy outcomes for both the mother and her infant.

In traditional societies in Bangladesh, they can not take their own food prior to other members, that is, before all the members have their meals. They must wait until their mothers and elder or even younger brothers have taken their food. They do it as it is our social norms for women to show respect towards their elders and another reasons is that they may consume their leftovers so that no food is left.

This cultural practice directly compels the female spouses and the female children to take their meals only after the adult male members have consumed their meals.

As in traditional societies the males are considered as the head of the family and they are the breadwinners, they are served food first and while having their meal, they would require some additional food. In the context, female members remain neglected. Besides, the duty of female members to see that the male members especially husbands must have their meals sumptuously and satisfactorily and they should be satisfied with whatever is left for them. Apart from the traditional thought, illiteracy and poor economic condition of the households generally contribute to the inequality in distribution of food.

4.3. Food management decision and its factors.

There are many factors behind food distribution in a family. Location is one of the main factors.

Location:

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Relationship between decision on food management and location.

Table-4.3.1: Percentage distribution of respondents on person taking food management decision in households by location.

Decision on food Management	Areas of the respondent		Total
	Rural	Urban	
Husband	71 67.6%	13 28.9%	84 56.0%
Wife	5 4.8%	9 20.0%	14 9.3%
Husband-wife Together	29 27.6%	23 51.1%	52 34.7%
Total	105 100%	45 100%	150 100%

In a traditional society food management decision is taken by household heads, the male members. This is mostly confirmed by the data presented in Table-4.3.1. In the total sample, in majority (56.0%) of households, food management decision is taken by husbands only. In contrast, in 9.3 percent households the decision is taken by female members. The table-4.3.1 also shows that there is crucial difference in decision making process on food management in a family with respect to area of living. Decision taken by husbands on food management is found highest in the rural families. About 67.6 percent rural households take decision on food management while 28.9 percent urban household heads do the same. Decision on food management taken by husbands and wives in urban families (51.1%) is significantly higher than that of rural families (27.6%). The data was strongly supported by the Child and Mother Nutrition Survey, 2005. In the survey, 47.1 per cent husbands take food management decision and the decision was jointly taken on the issue in 32.6 per cent families. ($\chi^2=21.289$, $df=2$, $P=.000$)

Education:

Relationship between food management decision and education of respondent.

Table-4.3.2 Percentage distribution of respondents on person taking food management in households by education.

Decision on food Management	Education level of the respondent			Total
	Almost no Education	Primary or Below secondary	SSC or Above	
Husband	59 73.8%	18 45.0%	7 23.3%	84 56.0%
Wife	3 3.8%	7 17.5%	4 13.3%	14 9.3%
Husband-wife Together	18 22.5%	15 37.5%	19 63.3%	52 34.7%
Total	80 100%	40 100%	30 100%	150 100%

It is observed that decision on food management in a family varies on the level of education of respondents. In a household where wife (respondent) has almost no education, food management decision is taken mostly by husband only. On the other hand, where respondent has SSC or above level of education food management decision is generally taken by both husband and wife jointly. For example, for about 73.8 percent households, where wives have almost no education the decision are taken by husbands. In contrast, in 63.3 percent families where respondent having SSC or above level of education take decision on food management husband and wife jointly.

On the other hand, there is slight difference in taking decision on food management by wives with respect to level of education. For example, 3.8 percent female members take decision food management decision in a household where respondent has almost no education while in 17.5 percent respondents with primary or below secondary level of education; wives take decision and 13.3 percent with respondents having SSC or above level of education. ($\chi^2=27.747$, $df=4$, $P=.000$)

Occupation:

Relationship between food management decision and occupation.

Table-4.3.3: Percentage distribution of respondents on person taking food management decision in households by occupation.

Decision on food Management	Occupation of the respondent household head					Total
	Agriculture/ Fishery/Livestock	Business	Labour	Service	Others	
Husband	36 75.0%	13 41.9%	26 66.7%	4 22.2%	5 35.7%	84 56.0%
Wife	4 8.3%	6 19.4%	1 2.6%	1 5.6%	2 14.3%	14 9.3%
Husband-wife Together	8 16.7%	12 38.7%	12 30.8%	13 72.2%	7 50.0%	52 34.7%
Total	48 100%	31 100%	39 100%	18 100%	14 100%	150 100%

Wide discrepancy is marked in taking decision on food management with respect to occupation. It is presented in the table that food management decision is largely taken by husband in three fourths households who are engaged in agriculture, while 66.7 percent in labour. There are, however, 41.9 percent and 22.2 percent households are engaged in business and service respectively.

On the other hand, food management decisions taken by male and female members jointly are greatly perceived in households where households are engaged in service. For example, for 72.2 percent households where household heads are engaged in service the decision is taken by male members and female members jointly and the same decision by both the members is taken in 38.7 percent households where households are engaged in business.

In contrast, there is no significant difference in taking decision on food management by female members with respect to occupation. Less than 10 percent female members take decision on the matter. ($\chi^2=28.699$, $df=8$, $P=.000$)

Income:

Relationship between food management decision and income of household.

Table-4.3.4: Percentage distribution of respondents on persons taking food management decision in households by income.

Decision on food Management	Per capita monthly income (Tk.) of respondent household					Total
	Less than 999	1000-1499	1500-2999	3000-4999	5000-above	
Husband	48 69.6%	18 66.7%	11 35.5%	7 33.3%	-	84 56.0%
Wife	8 11.6%	-	3 9.7%	3 14.3%	-	14 9.3%
Husband-wife Together	13 18.8%	9 33.3%	17 54.8%	11 52.4%	2 100%	52 34.7
Total	69 100%	27 100%	31 100%	21 100%	2 100%	150 100%

As evident from the above table, there is a strong relationship between household food management decision and household income. The more the household income increase the less is the likelihood of taking food management decision by husbands. It is confirmed by the data given in the above table.

Disproportion on food taking decision is observed to be wide in the table 4.3.4 according to per capita income of the household heads. Food management decision is taken by the 69.6 percent husbands who earn less than Tk.999 while in 100 percent families whose households earn Tk. 5000 or above, husband and wives jointly take decision. ($\chi^2=24.834$, $df=8$, $P=.002$)

4.4. Food serving

Relationship between who serve food during meals and location.

Table-4.4.1: Percentage distribution of respondents regarding who serve food in the family by dwelling area of the respondent.

Who serve food during meals	Dwelling area of the respondent		Total
	Rural	Urban	
Female members	93 88.6%	30 66.7%	123 82.0%
Male members	-	-	-
Mutual cooperation	12 11.4%	15 33.3%	27 18.0%
Total	105 100%	45 100%	150 100%

The table-4.4.1 shows that in 88.6 per cent rural families, female members serve food during meals while in 66.7 per cent urban families they serve food. On the other hand, in 10.5 percent rural families, food is mutually served by male and female members jointly while in 33.3 per cent urban families, food is mutually served. No male members is found to serve food. This means food served by the female members in rural area is the highest while food mutually served is the highest in the urban area. ($\chi^2=10.240$, $df=1$, $P=.001$)

Relationship between who serve food during meals and education.**Table-4.4.2: Percentage distribution of respondents regarding who serve food in the family by education of the respondent.**

Who serve food during meals	Education level of the respondent			Total
	Almost no education	Primary or Below Secondary	SSC or above	
Female members	80 100%	30 75.0%	13 43.3%	123 82.0%
Male members	-	-	-	-
Mutual cooperation	-	10 25.0%	17 56.7%	27 18.0%
Total	80 100%	40 100%	30 100%	150 100%

Disparity on serving food during meals is observed to be severely prevalent in the households where housewives have almost no education. All the female members with the level of almost no education serve food. In contrast, in 75 percent households where housewives having primary or below secondary level of education female members serve food. On the other hand, food mutually served is prominent in the households where housewives having SSC or above level of education. For example, in 56.7 percent households where housewives having SSC or above level of education food is mutually served. This means that serving food during the meals vary on the basis of education level. ($\chi^2=49.277$, $df=2$, $P=.000$)

Chapter-5: Discrimination in Food Distribution among Household Members

Discrimination in food distribution among household members**5****Relationship between rich food distribution in a household and location.****Table-5.1.1: Percentage distribution of respondents on priority of rich food in a household by location.**

How rich food is distributed among sons and daughters	Dwelling area of the respondent		Total
	Urban	Rural	
Priority is given to sons	18 40.0%	54 51.4%	72 48.0%
Priority is given to daughters	5 11.1%	3 2.9%	8 5.3%
Equal treatment for both of them	22 48.9%	48 45.7%	70 46.7%
Total	45 100%	105 100%	150 100%

The survey findings indicate that the tendency of son's preference in distributing rich food in the rural areas (51.4 per cent) is higher than that of urban area (40 per cent). Daughter's preference is significantly lower in both the area, but it was slightly higher in the urban people (11.1 per cent). On the issue of equal treatment for both the gender, there is no notably difference on the basis of area (urban, 48.9 and rural 45.7 per cent)) on the issue. Nearly half of the respondents (46.7 per cent) showed no gender-biased in providing rich food. Overall data show that sons' preference depends on the living palaces. ($\chi^2=4.949$, $df=2$, $P=.084$)

Relationship between rich food distribution in a household and education.**Table-5.1.2: Percentage distribution of respondents on rich food distribution in a household by education.**

How rich food is distributed among sons and daughters	Education level of the respondent			Total
	Almost no education	Primary or below secondary	Secondary or above	
Priority is given to sons	56 53.8%	14 35.0%	2 6.7%	72 48.0%
Priority is given to daughters	1 1.2%	2 5.0%	5 16.7%	8 5.3%
Equal treatment for both of them	23 28.8%	24 60.0%	23 76.7%	70 46.7%
Total	80 100%	40 100%	30 100%	150 100%

The prevalence of sons' preference in distributing rich food was higher among the respondents (53.8 per cent) with almost no education. Only 1.2 per cent respondents with same education prefer daughters. Daughters' preference (16.7 per cent) and gender unbiased treatments (76.7 per cent) were found higher among the respondents with the education level of secondary or above. The clear link is manifested in the relation between Education level of the respondent and the priority of sons in distributing rich food. ($\chi^2=42.700, df=4, P=00$)

Relationship between rich food distribution in a household and income**Table-5.1.3: Percentage distribution of respondents on food distribution in a household by income.**

How rich food is distributed among sons and daughters	Per capital monthly income					Total
	Less than Tk999	Tk1000-Tk1499	Tk1500-Tk2999	Tk3000-Tk4999	Tk5000 or above	
Priority is given to sons	53 76.8%	15 55.6%	4 12.9%	-	-	72 48.0%
Priority is given to daughters	-	-	3 9.7%	3 14.3%	2 100%	8 5.3%
Equal treatment for both of them	16 23.2%	12 44.4%	24 77.4%	18 85.7%	-	70 46.7%
Total	69 100%	27 100%	31 100%	21 100%	2 100%	150 100%

The results of the survey revealed that more than two thirds of the respondents (76.8 per cent) who earn less than Tk.999 were observed to give sons' preference when they distribute rich food. In the income group, daughters were not preferred at all. The prevalence of equal treatment for both of them was found to be significantly higher among the respondents (85.7 per cent) whose earnings ranged from Tk 3000 to Tk 4999. Daughters' preferences were highly prevalence among the earners of Tk5000 or above. Charting the relationship between income of the respondents and inclination to sons in distributing rich food reveals a strong connection between the two. ($\chi^2=96.484$, $df=8$, $P=00$)

Relationship between rich food distribution in a household and occupation.**Table-5.1.4: Percentage distribution of respondents on food distribution in a household by occupation.**

How rich food is distributed among sons and daughters	Occupation of the household head					Total
	Agriculture	Business	Service	Labour	Others	
Priority is given to sons	17 35.4%	10 32.3%	1 5.6%	34 87.2%	10 71.4%	72 48.0%
Priority is given to daughters	3 6.2%	1 3.2%	4 22.4%	-	-	8 5.3%
Equal treatment for both of them	28 58.3%	20 64.5%	13 72.2%	5 12.8%	4 28.6%	70 46.7%
Total	48 100%	31 100%	18 100%	39 100%	14 100%	150 100%

The study revealed an important feature that rich food distribution among sons on priority basis is markedly higher among the household heads (87.2 per cent) who are labourers by profession. Agriculture works and business by profession are ranked second (35.4 per cent) and third (32.3 per cent) respectively among the profession on the issue. On an average, only 5.3 per cent respondents preferred daughters. Among the profession, daughters' preference is higher among the respondents who are servicemen (22.4 per cent) by profession, followed by 6.2 per cent engaged in agricultural works and 3.2 per cent in businesses. On the other hand, equal treatment for both the members was found to be significantly higher in nearly two thirds of the household heads (72.2 per cent) who are servicemen by profession and considerably lower in the labour group (12.8 per cent). It was clearly found from the table that profession of the households contribute to the sons' preference in distributing rich food. ($\chi^2=53.391$, $df=4$, $P=00$)

Relationship between decision on food taking system in a household and location.**Table-5.2: Percentage distribution of respondents on person food taking system in a household by location.**

Food taking system in a household	Dwelling area of the respondent		Total
	Rural	Urban	
All members Together	10 9.5%	15 33.3%	25 16.7%
Male members first	87 82.9%	17 37.8%	104 69.3%
Female member first	-	-	-
No definite system	8 7.6%	13 28.9%	21 14.0%
Total	105 100%	45 100.00%	150 100%

Food-taking by male members before the female members is found to be much higher in rural households. In 82.9 percent rural households, food is taken by male members against 37.8 percent in urban households. On the other hand, food taken by all the members together is higher in the urban households than those of rural households. In 33.3 percent urban households all members take food together at meal-time while only 9.5 percent do the same in the rural families. Similarly, in 28.9 percent urban families, no specific system is followed in taking meals while in 7.8 percent rural families do the same. ($\chi^2=30.126$, $df=2$, $P=.000$)

Relationship between rich foods provided to male members on priority basis in a household and location.

Table-5.3: Percentage distribution of respondents on person rich food is provided to male members on priority basis in a household by location.

Rich food is provided to male members on priority basis	Dwelling area of the respondent		Total
	Rural	Urban	
Yes	89 84.8%	27 60.0%	116 77.3%
No	16 15.2%	18 40.0%	34 22.7%
Total	105 100%	45 100%	150 100%

The table shows that rich food is provided to male members on priority basis in 84.8 percent rural households while 15.2 percent remained negative on the issue. In contrast, food is provided to male members on priority basis in 60 percent urban households while 40 percent said 'no' on the matter. This means discrimination against female members exist in rural households in distribution of rich food. ($\chi^2=11.019$, $df=1$, $P=.001$)

Relationship between decision on who takes every day's stale food in a household and location.

Table-5.4: Percentage distribution of respondents on person who takes every day's stale food in a household by location.

Who takes every day's stale food	Dwelling area of the respondent		Total
	Rural	Urban	
Male members	4 3.8%	-	4 2.7%
Female members	86 81.9%	38 84.4%	124 82.7%
Both of them	13 12.4%	4 8.9%	17 11.3%
None	2 1.9%	3 6.7%	5 3.3%
Total	105 100%	45 100%	150 100%

About 81.9 percent housewives said female members in the rural households take stale food while 84.4 percent urban housewives give the same answer. In the case there is no significant difference in taking stale food with respect to living place. On the other hand, only 3.8 percent male members take stale food while no male members living in urban area take stale food. This means that more or less a large majority of female members of both the area take stale food.

Location:

Relation between additional foods is given to pregnant women and location.

Table-5.5.1: Percentage distribution of respondents on person additional foods is given to pregnant women on priority basis by location.

Additional food is given to pregnant women on priority basis	Dwelling area of the respondent		Total
	Rural	Urban	
Yes	23 21.9%	31 68.9%	54 36.0%
No	82 78.1%	14 31.1%	96 64.0%
Total	105 100%	45 100%	150 100%

Additional food given to pregnant women is marked in a large majority of urban households. For example, in 78.1 percent rural households, extra food is not provided while in 68.9 percent urban households more food is provided to them during their pregnancy. This means locations have an impact on the decision of providing supplementary food to the pregnant women. ($\chi^2=30.181$, $df=1$, $P=.000$)

Education:

Relation between additional foods is given to pregnant women and education.

Table-5.5.2: Percentage distribution of respondents on person additional foods is given to pregnant women on priority basis by education.

Additional food is given to pregnant women on priority basis	Education level of the respondent			Total
	Almost no education	Primary or Below secondary	SSC or Above	
Yes	3 3.8%	21 52.5%	30 100.0%	54 36.0%
No	77 96.2%	19 47.5%	-	96 64.0%
Total	80 100%	40 100%	30 100%	150 100%

In most of the rural households where households get almost no education, providing no additional food to pregnant women is significantly surfaced. For example, in 96.4 percent rural households, extra food is not provided, however, in the households where households having education up to SSC or above level, extra food is not provided to pregnant women. This implies that education is highly related to the decision of providing more food to pregnant women. ($\chi^2=94.173$, $df=2$, $P=.000$)

Occupation:

Relation between additional foods is given to pregnant women and occupation is presented.

Table-5.5.3: Percentage distribution of respondents on person additional foods is given to pregnant women on priority basis by occupation.

Additional food is given to pregnant women on priority basis	Occupation of the respondent household head					Total
	Agriculture/ Fishery/ Livestock	Business	Labour	Service	Others	
Yes	13 27.1%	20 64.5%	-	18 100%	3 21.4%	54 36%
No	35 72.9%	11 35.5%	39 100%	-	11 78.6 %	96 64%
Total	48 100%	31 100%	39 100%	18 100%	14 100%	150 100%

The table shows that additional food is not provided to most of the households where household heads who are farmers (72.9 %) and labour (100%) by profession respectively. In contrast, extra food is given to pregnant women in all the households where households are engaged in service while in 64.5 percent households where household heads are businessmen by profession. ($\chi^2=67.825$, $df=4$, $P.000$)

Income:

Relation between additional foods is given to pregnant women and income.

Table-5.5.4: Percentage distribution of respondents on person additional foods is given to pregnant women on priority basis by income.

Additional food is given to pregnant women on priority basis	Per capita monthly income(Tk.) of respondent household					Total
	Less than 999	1000-1499	1500-2999	3000-4999	5000-above	
Yes	2 2.9%	9 33.3%	20 64.5%	21 100%	2 100%	54 36.0%
No	67 97.1%	18 66.7%	11 35.5%	-	-	96 64.0%
Total	69 100%	27 100%	31 100%	21 100%	2 100%	150 100%

The income level of household-heads contributes to providing extra food to pregnant women. In all the rural households where household-heads earn less than Tk.999, additional food is not provided to pregnant women. On the other hand, in the households where income levels of household-heads are Tk.3000-4999 and Tk.5000 or above respectively, more food is provided to them. It is clear from the data that income level of the households is highly associated with giving extra food to pregnant women.

Relation between additional foods is distributed on priority basis to the mother who gives given birth to a boy child and location

Table-5.6: Percentage distribution of respondents on person food is distributed on priority basis to the mother who gives birth to a boy child by location.

Food is distributed on priority basis to the mother who gives birth a boy child	Dwelling area of the respondent		Total
	Rural	Urban	
Yes	33 31.4%	9 20.0%	42 28.0%
No	72 68.6%	36 80.0%	108 72.0%
Total	105 100%	45 100%	150 100%

The table shows that 31.4 percent housewives in the rural area agreed that food is distributed to the mother who gives birth to a baby boy with 20 percent in the urban area. Similarly, in 68.6 percent rural families, food is not given to the mother who gives birth to a baby boy on priority basis with 80 percent in the urban families. This means that giving food priority to baby boys' mothers in the rural area is higher than that of the urban area.

Relation between additional foods is distributed on priority basis to the mother who gives given birth to a girl child and location.

Table-5.7: Percentage distribution of respondents on person food is distributed on priority basis to the mother who gives given birth to a girl child by location.

Food is distributed on priority basis to the mother who gives birth to a girl child	Dwelling area of the respondent		Total
	Rural	Urban	
Yes	2 1.9%	10 22.2%	12 8.0%
No	103 98.1%	35 77.8%	138 92.0%
Total	105 100%	45 100%	150 100%

In 1.9 percent rural households, food is distributed on priority basis to the mother who gives birth to a girl child while in 22.2 percent urban families, mother having girl child is prioritized in food distribution. The incidents take place in a household where a girl child is born to parents who have already a boy child.

Relation between which factors are responsible for discrimination of food distribution among male and female members in a household and location.

Table-5.8: Percentage distribution of respondents on person which factors are responsible for discrimination of food distribution among male and female members in a household by location.

Which factors are responsible for discrimination of food distribution among male and female members in a household	Dwelling area of the respondent		Total
	Rural	Urban	
Poverty	72 68.6%	18 40.0%	90 60.0%
Lack of awareness	6 5.7%	24 53.3%	30 20.0%
Superstitions	13 12.4%	2 4.4%	15 10.0%
All	14 13.3%	1 2.2%	15 10.0%
Total	105 100%	45 100%	150 100%

The data from the study confirmed that poverty is responsible for the discrimination of food distribution among male and female members in a family. For example, 68.6 rural respondents blame poverty for the discrimination of food distribution in households while 40 percent urban respondents do the same. On the other hand, 53.3 percent urban respondents hold lack of awareness responsible for the discrimination with only 5.7 percent in the rural area. This means that the number of respondents holding poverty responsible for the discrimination in the rural area is slightly higher than that of the urban area. However, holding lack of awareness responsible for the gender-biased food distribution is widely perceived by the urban respondents.

Direct Mealtime Observation

Direct mealtime observations were performed in 15 households, all located in rural areas in order to gain an in-depth understanding of food distribution behaviour among male and female members of households. For these households, mothers were food servers. The staple food was rice and meat, fish and egg with vegetables.

Servers usually started serving food from the male members and gave the better share to male members and the remaining share was distributed among female members. But there three families, where the female children were treated equally while mother were serving food. The distribution of food for the second time, she preferred to provide better food to male members. It was also found in a family that when a daughter demanded a big piece of fish, mother refused to give that and said that this part was for your brother. You took small one. In another family, during meal time, the son was not eager to take food, but parents frequently requested and enticed him to take the food while they were rather careless to their daughter. In one family, the son aged 7 was born after 7 daughters. Parents along with their daughters were busy caring for the son while serving food. It was observed in most of the families that frequency of self serving was higher among brothers than sisters. It was generally seen that boys enjoyed more freedom in self serving compared to girls, which confirm the existence of gender bias in intra-household food distribution favouring male children.

Focus Group Discussion

Two Focus Group Discussions (FGDs) were organized, one in urban area and the other was rural area, in order to understand the food distribution behaviour of the food servers. Each group consisted of 6 mothers.

The findings from the focus group discussion are as follows:

The mothers participated in the discussion gave preference to male members while serving food. They do it as they have been observing gender discrimination favouring male in food distribution from their very childhood in their families. Their mothers and mothers-in-law did the same practices. They also followed the practice of saving food for husbands followed by sons who were outside during the meal times depriving other household members, in most cases, herself and her daughters, from taking adequate food intake. But a few families mostly in urban areas, said that they show no gender preference in distributing food as they became conscious about their daughters' right being motivated launched by various government and non-governmental organizations by the awareness programme. They treated both the sons and daughters equally overcoming traditional values favouring sons as daughters are as human being as sons.

One of the mothers said sons are provided better food as they will grow up fast and be able to earn money to carry out the responsibilities of the family in future.

Chapter 6: Conclusions

Conclusions

6

The study has focused on the inequality in food distribution in households. It is evident from the study that in the matter of food allocation in households female members including pregnant and lactating women are discriminated against male members and given special importance. For the discrimination, education of the households has a great impact. In most cases, husband with little or no education take decision by himself on food management. Where respondents are more educated, food management decision is generally taken by both husband and wife jointly. Therefore, female education is a precondition for equality in food management decision.

Like the education, occupation has influence on food management decision. Most of the household heads who are engaged in agriculture and labour take food management decision. However, male members and female members jointly take food management decision in households where households are engaged in service.

Household income also impacts the food management decision. With the households' income increasing, likelihood of taking food management decision by male and female members jointly increases and the dominance of male members on food management decision decreases. Regarding food serving system, food is basically served by female members in a large number of rural households and food mutually served by husbands and wives is higher in the urban families.

Disparity on serving food during meals prevails in households depending on the education of respondent. Female members serve food in households where housewives have almost no education. On the other hand, food mutually served is prominent in the educated families.

Food taking system is quite related to living place. Food-taking by male members before the female members is found to be much higher in rural households and food taken by all the members together is higher in the urban households.

Providing rich food to the family members is another important issue, Rich food is provided to male members on priority basis in most of the rural families. In the case there is no significant difference in the urban households.

Traditionally, sons' preference exists in the society. As a result sons' preference is found in the study. In nearly half of the households, food is given to sons on priority basis while surprisingly only in a few families, daughters are preferred.

Taking stale food is one of the eating habits in the social system. Usually female members in most of the families take the stale food while a few male members are found to be eating stale food.

When a woman gets pregnant and lactating, additional food is required to be given to her. But in rural areas covered by the present study, nearly fourth-fifths women reported that no additional food is given to the pregnant women. However in urban areas the proportion giving additional food to pregnant women is much higher.

Sons' preference creates another problem, for this reason, mother who gives birth to a baby boy are preferred in providing rich food compared to a mother giving birth to a girl child.

Chapter 7: Recommendations

Recommendations

7

The study found some socio-economic factors which are responsible for the gender discrimination in food distribution and to eliminate the disparity some effective measures need to be taken.

Some steps which can improve the food security of the female members and empower women to take food management decision are discussed below.

1. Due to traditional attitude, females are deprived of their due rights and this deprivation is generally reflected in the households where house heads and housewives have little or no education.

In this context, special emphasis should be given to educate the family members to eliminate the discrimination.

2. Generally in the society, female members take their meals after male members and have less food, even when they are pregnant or lactating and it commonly happens in the poor households. However, in the economically solvent households, discrimination against female members appears less. Due to economic solvency, the family members manage to meet their fundamental rights without difficulty. To overcome all forms of discrimination, the government should adopt an effective policy to raise the income level of the households.
3. A great majority of the people live in the rural areas. They are in general deprived of the all kinds of modern facilities including infrastructures. As a result, they are not able to acquire enough knowledge and develop their mind through modern communications, resulting in increase in discrimination against female members. By developing infrastructures in the rural areas and ensuring other facilities, as the urban people enjoy, to both male and female members, gender-biased attitude should be changed in the rural households to ensure equality in food distribution.
4. The attitude of traditional society itself is a great problem. To remove long established gender-biased mindset that stands in the way of improving the status of women, there is a need for culture-based gender awareness programmes and education for both males and females so that they can take decision jointly about food management and change the eating culture in favour of the female members.

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Appendix: Questionnaire

Household Questionnaire

Acquaintance of the interviewee

Name of the respondent : Age.....

Name of the husband/father :

Village/ Road : Union/Municipality:

Police station : District :

Household head : Male Female

1. Location/Living place

Urban area Rural area

2. Educational Qualification:

Almost no education Primary or below secondary

Secondary or above

3. Occupation of the household head

Agriculture Business Service Labor Others

4. Per capita monthly income:

Less than Tk. 999 Tk. 1000-1499 Tk. 3000-4999

Tk. 5000 or Above

5. Perception about economic condition of a family:

Well off Not well off So so

6. Who takes decision on food management in family?

Wife Husband Husband and wife jointly

7. Who serves food during meals?

Female member Male member Mutual cooperation

8. In what system food is taken in a household?

All the members take food together Male members take food earlier
Female members take food earlier No definite system

9. Whether rich food is given to male members and the rest goes to female ones?

Yes No

10. How rich food is distributed among sons and daughters?

Priority is given to sons Priority is given to daughters
Equal treatment for both of them

11. Who takes every day's stale food?

Male members Female members
Both of them None

12. Whose decision is prioritized on every day's food menu?

Male members Female members
Both of them

13. Whether additional food is given to pregnant women on priority basis ?

Yes No

14. Whether food is distributed on priority basis to the mother who gives birth to a boy child?

Yes No

15. Whether food is distributed on priority basis to the mother who gives birth to a girl child?

Yes No

16. Which factors are responsible for discrimination of food distribution among male and female members in a family?

Poverty Lack of awareness Superstitions
All

17. How many meals or times do you usually eat a day?

Times

18. Who takes food in the household first?

Male members Female members Both

List of households observed:

Sl. No.	Name of Household Head	Location	Address	Age	Education	Occupation
1	Hamidul Islam	Rural	Kalidashpur, Alamdanga	42	H.S.C.	Business
2	Abdus Salam		Kalidashpur, Alamdanga	46	S.S.C.	Business
3	Haider Ali		Kalidashpur, Alamdanga	35	B.A.	Service
4	Jomir Uddin		Kalidashpur, Alamdanga	38	B.A.	Service
5	Kamal Hossain		Kalidashpur, Alamdanga	34	H.S.C.	Business
6	Mojibur Rahaman		Kalidashpur, Alamdanga	41	S.S.C.	Business
7	Bahar Ali		Kalidashpur, Alamdanga	46	B.A.	Service
8	Anawar Hossain		Kalidashpur, Alamdanga	33	M.Sc.	Service
9	Khobir Uddin		Kalidashpur, Alamdanga	37	H.S.C.	Business
10	Abul Hossain		Kalidashpur, Alamdanga	43	B.A.	Service
11	Mainul Islam	Urban	Moghbar, Dhaka	42	M.A.	Service
12	Rokon Uddin		Moghbar, Dhaka	46	B.A.	Business
13	Mizanur Rahaman		Moghbar, Dhaka	38	M.A.	Service
14	Saiful Islam		Moghbar, Dhaka	36	M.A.	Service
15	Arifur Rahaman		Moghbar, Dhaka	43	B.A.	Service

FGD Participants List:

Sl. No.	Name of Participants	Location	Address	Age	Education	Occupation
1	Lilufar Akter	Rural (Group 1)	Kalidashpur, Alamdanga	35	S.S.C.	Service
2	Shafali Begum		Kalidashpur, Alamdanga	52	H.S.C.	Service
3	Rahana Bebum		Kalidashpur, Alamdanga	42	H.S.C.	House wife
4	Lutfun Nessa		Kalidashpur, Alamdanga	34	B.A.	Service
5	Shana Akter		Kalidashpur, Alamdanga	47	H.S.C.	Service
6	Shana Khatun		Kalidashpur, Alamdanga	39	S.S.C.	House wife
1	Lele Hossain	Urban (Group 2)	Moghbazar, Dhaka	38	B.A.	House wife
2	Abadia Ali		Moghbazar, Dhaka	43	M.A.	Service
3	Nahida Akter		Moghbazar, Dhaka	37	M.A.	Service
4	Monira Parvin		Moghbazar, Dhaka	41	B.A.	House wife
5	Hamida Alam		Moghbazar, Dhaka	36	M.A.	Service
6	Jasmin Jahan		Moghbazar, Dhaka	44	M.A.	Service