

ANALYSIS OF DIETARY PRACTICES AMONG RURAL WOMEN IN KHARATI VILLAGE

(GAYA DISTRICT)

Dr Deep Shikha Pandey

Assistant Professor, P.G.Department of Home Science,

Magadh University, Bodhgaya

Abstract

Diet plays a crucial role in determining overall health and well-being, especially among women in rural communities. The present study explores the dietary practices of Musahar women in Kharati village, Gaya district, Bihar, highlighting their nutritional awareness, food habits, and the impact of socio-economic factors on their diet. The study is based on data collected from 150 women through interviews and analyzed using frequency percentages and chi-square tests. Findings reveal that due to poverty, large family sizes, and a lack of nutritional knowledge, these women primarily consume government-rationed staples, with limited access to protein-rich and nutritious foods. Gender-based food discrimination and early marriages further exacerbate their health challenges. The study establishes a direct correlation between household income and diet planning, with women from higher-income groups displaying better dietary diversity. The findings emphasize the urgent need for targeted nutritional interventions and awareness programs to improve the health and well-being of marginalized women in rural Bihar.

Background

Women, often regarded as half of India's population, embody love, compassion, sacrifice, and dedication. Their contributions are indispensable to the empowerment of families, society, and the nation. Whether in the family, social, or economic sphere, women stand shoulder to shoulder with men, making equal contributions to the country's progress.

However, despite the advancements women have made in various fields, the condition of rural women, especially those from marginalized communities, remains a significant concern. In Bihar, where efforts toward women's empowerment are ongoing, the situation of Musahar women in the rural areas of Gaya district is particularly alarming and demands urgent attention.

In the Barjori Bigha locality of Kharati village, Gaya district, approximately 150 households belong entirely to the Musahar community. The women in this region face severe social, economic, and educational disadvantages. With large families and only one earning member per household, their struggle for survival is exceptionally difficult. In Kharati village, nearly 50% of women sustain themselves and their families by working as domestic helpers in nearby residential areas, performing tasks such as cleaning and dishwashing. As a result, their health remains poor.

Due to the lack of sufficient food at home, they are unable to consume a balanced and nutritious diet essential for their well-being. When asked whether she gets enough food throughout the day, one woman responded, "We

manage to have two meals a day, but imagining any variety in our food is out of the question." Their meals primarily consist of government-provided rice, occasionally accompanied by leafy greens or potato curry. Lentils, a crucial source of protein, are a rare luxury, consumed only once or twice a month.

For the rural women in this region, food is perceived as merely a means of survival rather than a source of balanced nutrition. Their dietary habits focus on getting by with whatever is available, even if it means consuming food of substandard quality—sometimes comparable to what is given to animals. Despite their relentless hard work in labor-intensive jobs, they do not receive adequate nutrition to meet their body's needs.

Access to a balanced and sufficient diet is a fundamental right for every individual. Even among women in average households across India, nutritional deficiencies are common. In such circumstances, the plight of Musahar women is even more distressing. For families at the lowest rung of society, securing adequate nutrition and basic necessities remains a formidable challenge, raising serious concerns about their well-being. Even affordable energy-rich foods remain out of reach for many of these women.

Although the government has introduced several welfare schemes for lower-income groups, and public awareness is increasing, the reach and impact of these initiatives in marginalized areas remain limited. With large families and husbands as the sole earners—often engaged in low-paying and unstable jobs—ensuring a steady supply of food, let alone a balanced diet, becomes nearly impossible.

When a Musahar woman from Kharati village, who works as a domestic helper in a nearby apartment, was asked whether she could provide essential nutritious foods like fruits, milk, or dry fruits for herself and her children, she replied:

"With our limited income, we can only afford the basic ration. Buying these nutritious items with our own money is extremely difficult. If we receive them from the households we work in, we might get to eat them occasionally. Otherwise, we sustain ourselves mainly on rice and vegetables."

Several researchers have extensively studied how social, economic, cultural, and policy factors shape Dalit women's food habits:

- **Sen and Dreze (2013)** – *Food and Nutrition in India: Facts and Interpretations*
This study examined food consumption patterns across different socio-economic groups. It found that Dalit households have limited dietary diversity and depend heavily on government ration schemes. Their diet is rich in rice or wheat but lacks sufficient protein.
- **Deshpande (2020)** – *Caste, Poverty, and Nutrition: A Study of Rural Dalit Women in India*
Deshpande's research highlights how caste-based economic exclusion severely restricts Dalit women's access to nutritious food, making them vulnerable to chronic malnutrition.
- **National Institute of Nutrition (2019)** – *Nutritional Status of Marginalized Women in India*
This study found that Dalit women suffer from higher rates of anemia and protein-energy malnutrition than upper-caste women, primarily due to limited access to diverse foods like milk, lentils, and fruits.

These findings underscore the urgent need for targeted interventions to improve the nutritional status of marginalized women, particularly those in rural communities like Kharati village. Addressing their food insecurity and malnutrition is not just a matter of social justice but a crucial step toward achieving true women's empowerment in India.

Justification of the study-

Researcher's Visit to Kharati Village, During their visit to Kharati village, researchers observed that all girls were married at a very young age, with most having 3–4 children by the time they turned 18. Their weight and height were significantly below the recommended standards for their age. This alarming trend raised questions about the dietary habits and nutritional behaviors of Musahar women and their impact on overall health. In Kharati village, Gaya district, dietary patterns are shaped by economic conditions, social norms, and accessibility to nutritious food. This study examines the dietary habits of rural women, highlighting nutritional gaps, meal patterns, and the impact of socio-economic factors on food choices.

Aim of the study-

- To assess the nutritional awareness of Musahar women in Kharrate village.
- To evaluate Musahar women's understanding of diet planning in Kharrate village.
- To examine the impact of monthly income on Musahar women's dietary habits in Kharrate village.

Methodology

For this research, 150 women from Kharati village in Gaya district, Bihar, were randomly selected. Data was collected through an interview schedule and analyzed using frequency percentages, chi-square tests, tables, and graphs.

The interview schedule consisted of two sections. The first gathered general demographic information about the respondents, including age, occupation, monthly income, number of children, and place of residence. The second focused on specific details related to their dietary habits and nutritional intake.

Result and discussion-

The study found that 46% of Musahar women are aged 15–25 years, 23% are between 25–35 years, 13% are 35–45 years, another 13% are 45–55 years, and only 3% are above 55 years.

Regarding family structure, 80% (120 women) live in joint families, while only 20% belong to nuclear families. Literacy levels remain low, with just 10% of women being literate.

In terms of family size, 6% of women have 1–2 children, 13% have 2–4 children, 60% have 4–6 children, and 20% have more than six children.

Occupational data revealed that 80% of women are housewives, while 20% work outside the home.

When asked about family income, 4% of respondents reported earning ₹1,000–₹2,000 per month, 74% earned ₹2,000–₹4,000, 18% had an income of ₹4,000–₹6,000, and only 10% earned more than ₹6,000 per month.

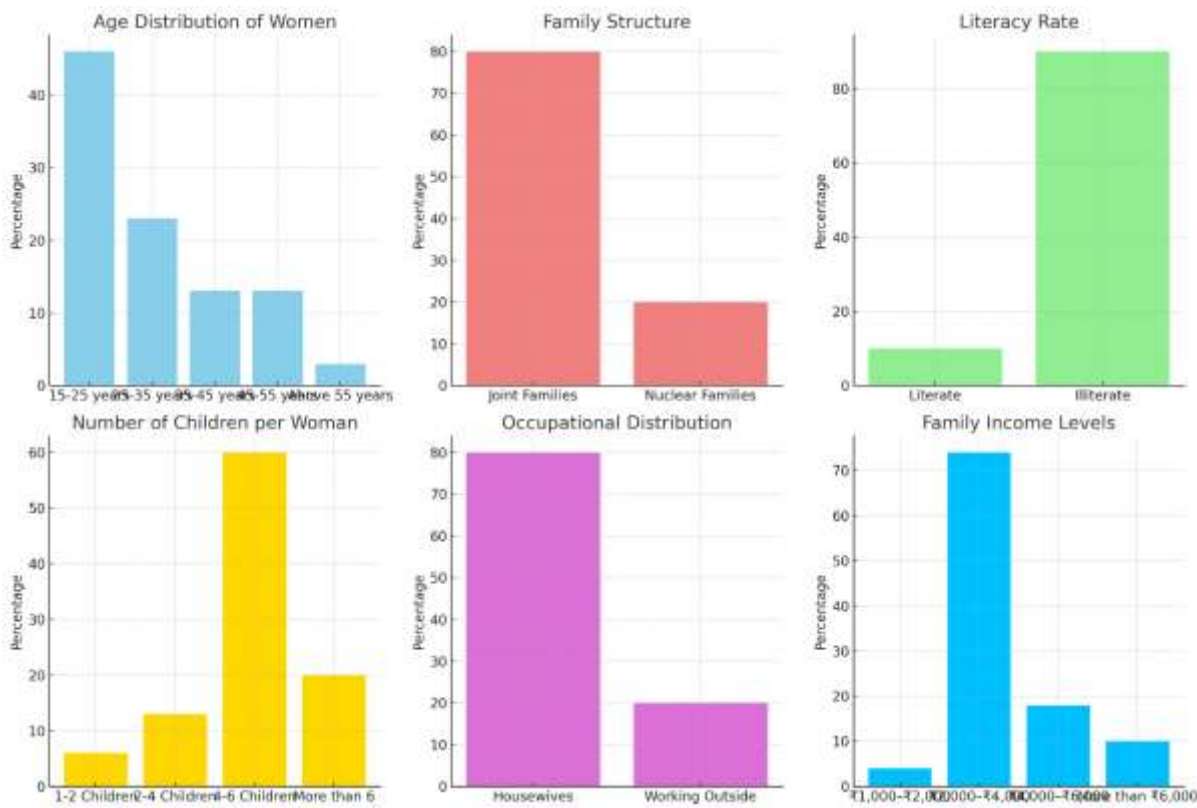


Figure-1 -Distribution of respondents by demographic background

Distribution of Respondents Based on Nutritional Knowledge

When asked about nutrition, 50% of women considered a complete meal to be nutritious, while 16% identified milk as the best source of nutrition. Additionally, 10% recognized fruits as nutrient-rich, 12% acknowledged the importance of green vegetables, and another 10% believed dry fruits provide essential nutrients. However, only 2% were familiar with specific nutritional terms such as protein, carbohydrates, and fat.

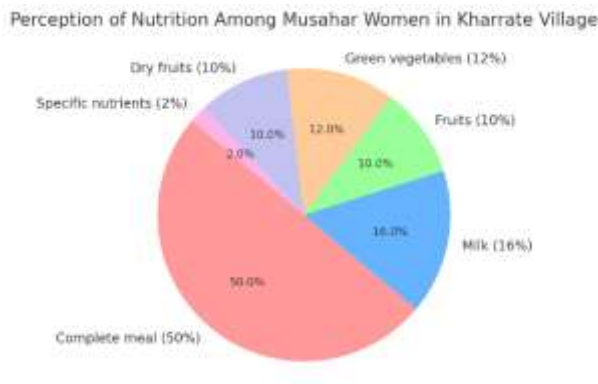


Figure -2 Distribution of Respondents Based on Nutritional Knowledge

Distribution of Respondents Based on Awareness of Food Intake

Based on the data collected, 60% of women primarily consume cereals such as rice and wheat, while only 10% include pulses in their diet. Approximately 16% consume vegetables, 2% eat fruits, and just 0.6% have access to

nutrient-rich foods like cashews and almonds. Additionally, 10% rely on rats and other field meats as a source of sustenance, while only 0.6% reported drinking milk.

Dietary Consumption Patterns Among Musahar Women in Kharrate Village

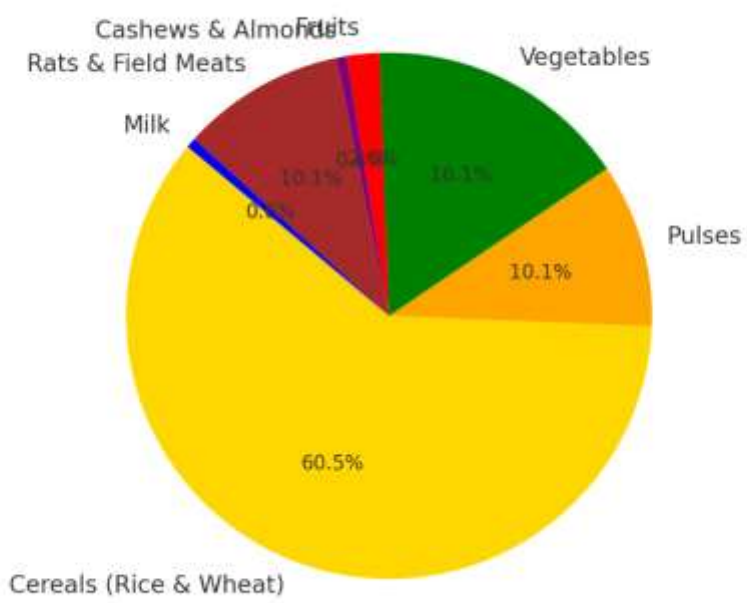


Figure 3 Distribution of Respondents Based on Awareness of Food Intake

Distribution of Respondents Based on Their Knowledge of Food Variety

The study found that 80% of women consume rice as their primary cereal, while 20% consume wheat. Among pulses, 43% eat masoor dal, 13% consume arhar dal, and another 43% rely on gram dal.

In terms of vegetables, 86% primarily eat potatoes, 10% consume a mix of vegetables, only 2% eat green leafy vegetables, and just 1% have access to seasonal vegetables. Regarding non-vegetarian food consumption, 1% of women reported eating chicken, 2% eat fish, 28% consume ground rats, 2% eat mutton, and 60% occasionally eat eggs.

When given the opportunity, 74% of women prefer cow’s milk, 10% prefer buffalo’s milk, and 1% prefer goat’s milk. Additionally, 14% consume packaged milk but often prioritize using it for making tea rather than drinking it.

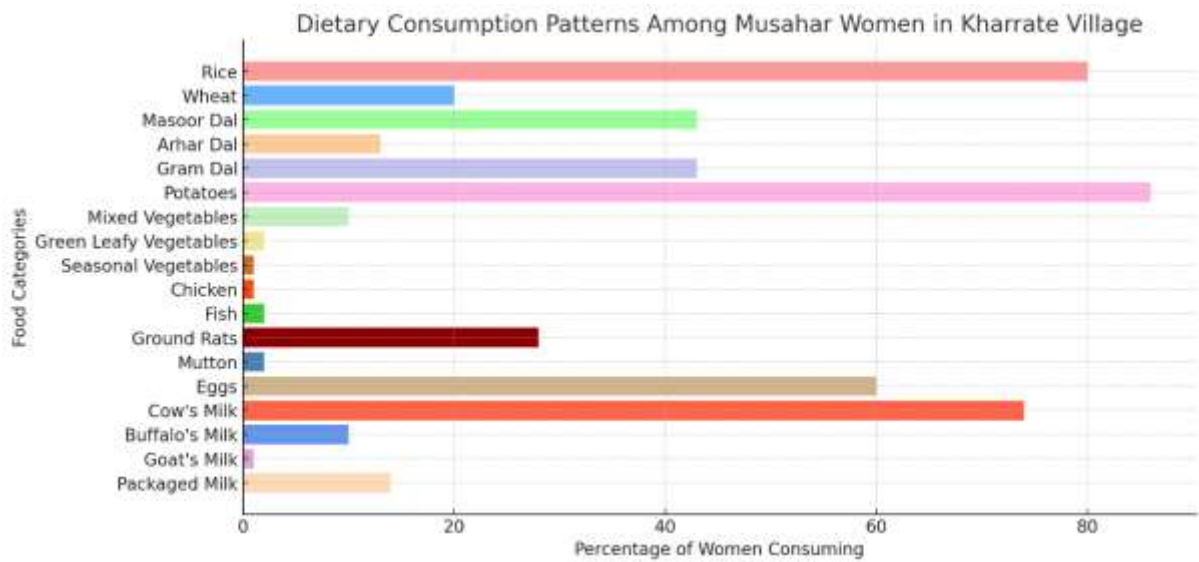


Figure 4-Distribution of Respondents Based on Their Knowledge of Food Variety

Regarding meal patterns, 88% of women admitted they do not have a proper breakfast; if they do, it is limited to tea and biscuits. While all women (100%) consume lunch and dinner, only 2% manage to have an evening snack.

When asked about their breakfast choices, 86% of women reported consuming tea and biscuits, 2% ate stale roti with bhujia, 9% had bhujia, and 2% consumed chuda or poha.

For afternoon meals, only 4% of women reported eating rice and pulses, while another 4% included vegetables. The majority (84%) consumed rice with vegetables, while 5% ate rice with chutney and chokha, and 2% had roti with vegetables.

As for evening snacks, 65% of women consume only tea, 20% eat bhujia, 8% consume roasted gram, and 6% have biscuits or similar items.

For dinner, 87% of women consume rice with vegetables, 6% eat meat with rice, 4% have roti with vegetables, and only 2% consume dal with roti.

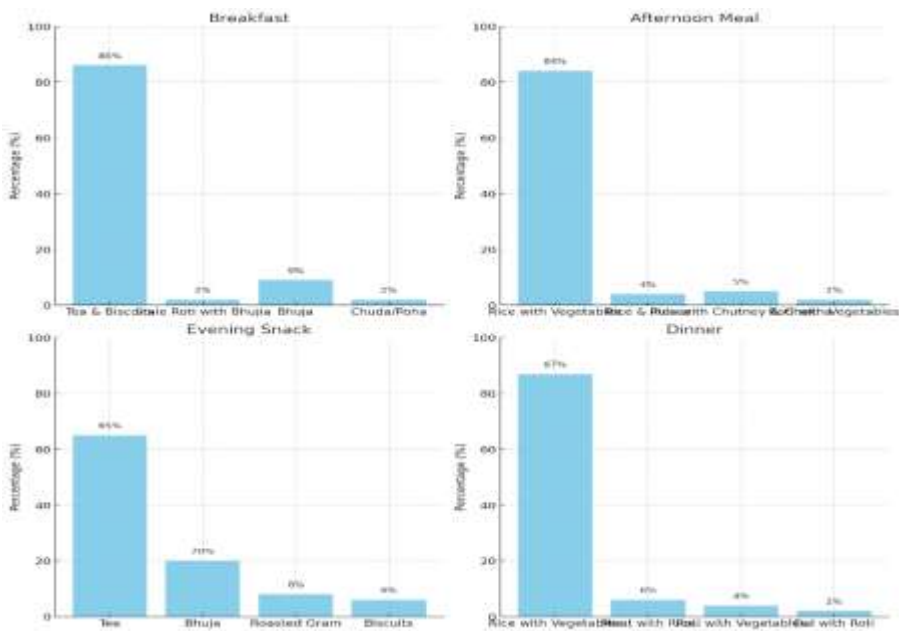


Figure 5-Regarding meal pattern

Distribution of Respondents Based on Ration Receipt Information

The study found that 34% of women purchase ration from the market, while 65% rely on government-provided ration to meet their food needs.

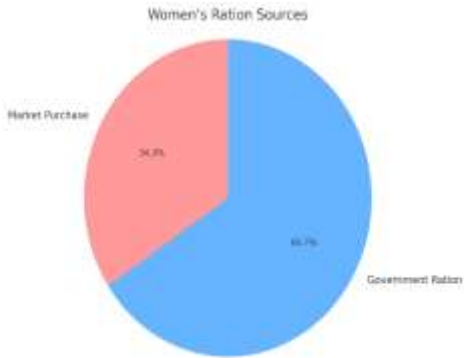


Figure 6-Distribution of Respondents Based on Ration Receipt Information

Diet Planning Behavior Among Respondents

- Only 7 women reported following a planned diet while preparing food.
- 40 women eat their meals at fixed times.
- 18 women try to include a variety of food items in their diet whenever possible.
- 80 women acknowledged that gender-based food discrimination is a common practice in their households.



Figure 7- Diet Practices and Gender Food Discrimination

Table-1 Diet Planning Status of Respondents Based on Monthly Income

| S.N. | Diet management | 1000-2000/m | 2000-4000/m | 4000-6000/m | 6000 to above | Total | Chi² |
|------|--|-------------|-------------|-------------|---------------|-------|------|
| 1 | The food is prepared according to the diet plan. | - | 1 | 3 | 3 | 7 | 9.27 |
| 2 | Meals are taken at set times. | 4 | 10 | 12 | 14 | 40 | 9.82 |
| 3 | Beverages consumed with meals | 0 | 1 | 4 | 13 | 18 | 48.9 |
| 4 | Is there discrimination between men and women in food? | 8 | 20 | 20 | 32 | 80 | 7.29 |

The data presents an analysis of various dietary habits across different expenditure groups, categorized as ₹1000-2000 per month, ₹2000-4000 per month, ₹4000-6000 per month, and ₹6000 and above. The chi-square (χ^2) values indicate the statistical significance of variations across these groups.

Food Prepared as per Diet Plan

The data suggests that adherence to a diet plan increases with higher expenditure. While no individuals in the lowest expenditure group reported following a diet plan, 1 individual in the ₹2000-4000 group, 3 in the ₹4000-6000 group, and 3 in the ₹6000 and above group confirmed adherence, totalling 7 individuals ($\chi^2 = 9.27$).

Meal Timings

A significant portion of respondents reported consuming meals at set times, with a total of 40 individuals following this habit. The trend increases with expenditure, with 4 individuals in the lowest group, 10 in the ₹2000-4000 group, 12 in the ₹4000-6000 group, and 14 in the highest group ($\chi^2 = 9.82$).

Consumption of Beverages with Meals

The data shows a notable increase in beverage consumption with meals as expenditure rises. While no individuals in the lowest group reported this habit, 1 individual in the ₹2000-4000 category, 4 in the ₹4000-6000 category, and 13 in the highest expenditure group confirmed it, totaling 18 individuals ($\chi^2 = 48.9$), indicating a strong correlation.

Gender Discrimination in Food Distribution

The data also explores perceptions of discrimination between men and women in food allocation. A total of 80 individuals acknowledged the presence of discrimination, with the highest numbers in the ₹6000 and above category (32 individuals), followed by the ₹2000-4000 and ₹4000-6000 groups (20 each), and 8 in the lowest expenditure group ($\chi^2 = 7.29$).

Conclusion-

Findings on Nutritional Awareness

Based on the first objective, the study concluded that women in Kharrate village have limited knowledge about basic nutrition. They are unfamiliar with essential terms such as nutrition, nutrients, and food groups, often associating nutrition simply with a full meal. Many perceive milk as a complete and nutritious food without understanding the broader aspects of a balanced diet.

Most women aged 25 to 55 have never received formal education and were married at a young age due to extreme poverty. This lack of education has significantly limited their awareness of critical topics such as nutrition and dietary health. While a small percentage recognize terms like protein and carbohydrates, they do not fully understand their health benefits or role in the body.

Findings on Diet Planning and Food Consumption

The study revealed that rice is the primary staple in women's diets, mainly because it is provided through government ration schemes. Essential foods such as pulses, green vegetables, fruits, dry fruits, and milk are rarely included in their daily meals.

Women reported that extremely low family incomes limit their ability to purchase pulses, which they can afford only once or twice a month. Instead, they rely on locally grown greens and vegetables to supplement their rice-based diet. Additionally, some families consume field rats as a source of meat, which poses serious health risks.

Regarding milk consumption, findings indicate that in families with a relatively stable income, cow's milk is primarily used for tea rather than direct consumption. However, due to financial constraints and large family sizes, most families cannot afford milk regularly, leading to significant nutritional deficiencies.

Dietary Patterns and Impact of Monthly Income on Nutrition

Women in Kharrate village regularly consume lunch and dinner but rely heavily on tea, biscuits, and leftover food for breakfast. Their lunch lacks a balanced diet, with most families eating only rice and vegetables. Evening snacks typically consist of tea and bhuja, while dinner primarily includes rice and vegetables, similar to lunch.

Regarding the impact of monthly income on dietary behavior (Objective 3), The analysis reveals that diet adherence, meal timing regularity, and beverage consumption with meals tend to increase with higher expenditure.

Additionally, a significant number of individuals perceive gender-based discrimination in food distribution, highlighting an area for further investigation.

References

- <https://pubmed.ncbi.nlm.nih.gov/16721395/>
- https://www.researchgate.net/publication/7062064_Traditional_food_consumption_and_nutritional_statuses_of_Dalit_mothers_in_rural_Andhra_Pradesh_South_India
- <https://pmc.ncbi.nlm.nih.gov/articles/PMC9521356/>
- <https://archpublichealth.biomedcentral.com/articles/10.1186/s13690-016-0114-3>
- https://www.researchgate.net/publication/261890931_Food_and_Nutrition_in_India_Facts_and_Interpretations