

# **“If we eat well, we can study”**

Dietary Diversity in the Everyday Lives of Children in  
Andhra Pradesh and Telangana, India

Elisabetta Aurino and Virginia Morrow





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# Abstract

This paper investigates young people's and their caregivers' experiences of food insecurity, diet and eating practices in Andhra Pradesh and Telangana. It also provides original child-focused evidence on perceptions of government food programmes such as the Midday Meal Scheme and the Targeted Public Distribution System. The paper analyses three rounds of longitudinal qualitative data and one round of survey data from Young Lives. We found that:

- access to good-quality food is a key preoccupation for children and families in low-income households;
- there is widespread awareness of the importance of a good diet for health, nutrition and cognition (among children as well as caregivers), irrespective of their age, education or income levels;
- quality of diet is sensitive to the precarious economic circumstances in which families find themselves, and is affected by food price rises and drought;
- food programmes, particularly school meals, are generally seen as valuable safety net interventions, although concerns emerged regarding the quality of the food provided, in private schools and hostels as well as government schools.

The paper concludes that children's experiences are important to take account of when public programmes are implemented, and that there are high levels of awareness of the importance of dietary diversity that could be built upon in health and nutritional programmes.

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## About Young Lives

Young Lives is an international study of childhood poverty, following the lives of 12,000 children in 4 countries (Ethiopia, India, Peru and Vietnam) over 15 years. [www.younglives.org.uk](http://www.younglives.org.uk)

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The views expressed are those of the author(s). They are not necessarily those of, or endorsed by, Young Lives, the University of Oxford, DFID or other funders.

# 1. Introduction

Dietary diversity refers to the number of foods consumed over a specific period of time (Ruel 2002). Research shows that dietary diversity is associated with the appropriate intake of essential macronutrients (carbohydrates, fats and proteins) and micronutrients (vitamins and minerals), as well as with better nutritional outcomes in both children and adults (Ruel 2002; Arimond and Ruel 2004; Arimond et al. 2010; Kehoe et al. 2014). A diet that includes a balanced mix of foods, rich in macronutrients and micronutrients – mostly contained in foods such as dairy products, eggs, meat and fish, fruit and vegetables – is fundamental for healthy physical and cognitive development, particularly in children and adolescents. These two groups are particularly vulnerable to malnutrition because of their high nutrient requirement for growth and their higher predisposition to infectious diseases, some of which can hamper the correct absorption of nutrients and decrease appetite (Steyn et al. 2006). Also, good nutrition for adolescent girls decreases the risks of later complications in pregnancy and enhances foetal growth and development, thereby helping to break the malnutrition cycle from one generation to the next (Black et al. 2013).

A focus on dietary diversity as a proxy measure of the nutritional adequacy of the diet is particularly relevant in the context of India, where the triple burden of under-nutrition, micronutrient deficiencies and overweight and obesity (among high socio-economic status groups) affects the population (Gopaldas 2006; Chiplonkar and Tupe 2010; Kehoe et al. 2014; and see Riggs et al. 2013 for obesity awareness among children in New Delhi). Projected rates of diet-related non-communicable diseases in the next 20 years are among the highest in the world (Patel et al. 2011). As diets and body composition tend to persist over the life-course, healthy dietary behaviours acquired early in childhood can contribute to averting the onset of chronic diseases later in life (Kehoe et al. 2014).

Despite its policy relevance, little is known about children and families' experiences of food security, diet and eating practices, and how food insecurity affects their everyday lives and well-being. There is limited research on dietary diversity in low- and middle-income countries, and this is even more limited for children from middle childhood (age 8) onwards, the focus having been on infants and young children (Kehoe et al. 2014). Hunger and food in childhood are sometimes the focus of social anthropology/cultural anthropology and ethnographic research (see chapters in Abebe and Kj rholt 2013, for Ethiopia, for example). There is little longitudinal research, little research that is context-specific, and very little mixed-method research, and to the best of our knowledge, hardly any studies in India that have been based on qualitative research exploring children's descriptions of food practices in their everyday lives, including how they experience food price rises, as well as examining the numerous public policies that aim to improve access to food. Indeed, as Fram et al. (2015) note in a recent review of the literature, existing systems for monitoring household food insecurity are problematic because:

they do not tap children's perspectives on their own lives, nor do they flow from a conceptualisation of food insecurity that is grounded in children's experiences, their roles within households, or ways in which they make sense of their environments. (p. 7)

This underscores the relevance of understanding the knowledge, attitudes and practices and the role these play in influencing dietary behaviours over the life-course for individual household members. Specifically, understanding attitudes and perceptions is crucial to assessing whether take-up of a diverse diet is due to inadequate knowledge, or because of

other barriers such as poverty or other factors (e.g. gender, age) that may affect how different quality food is distributed within the household (Aurino, forthcoming).

This paper analyses survey and qualitative data from Young Lives, an international study of childhood poverty, in the context of Andhra Pradesh,<sup>1</sup> India, in order to investigate these topics. As a longitudinal study that tracks the lives of two cohorts of children in four countries (including Ethiopia, Peru and Vietnam, not discussed here) over 15 years, Young Lives is particularly suited to this purpose. Young Lives findings allow us to see changes in children's outcomes over time, and one of the key strands of the analysis stemming from Young Lives is exploring the long-term consequences of earlier malnutrition, including the possibility of some recovery. So, for example, recent findings show that, using inter-cohort analysis, there was a decline of 6 percentage points in stunting<sup>2</sup> among 12-year-olds in 2013 compared to 2006 in Andhra Pradesh (Young Lives 2014). However, of the children who were 12 in 2013, almost a third had been stunted in both 2013 and the previous round of the survey, which took place in 2009 (Young Lives 2014). Further, the food intake of poor children has changed since 2006, and children appeared to be eating fewer pulses, legumes and nuts and poorer-quality cereals. This paper shows that food insecurity and diet are preoccupations for children and their caregivers, as they permeate many different aspects of well/ill-being.

This evidence is highly relevant for the policy context in India, where food insecurity is a key priority, with persistently high/severe rates of child malnutrition among the poorest and most socially disadvantaged families (Kishore et al. 2014). In January 2012, Manmohan Singh, then the Prime Minister, referred to the persistently high rates of malnutrition among children in India as 'a national shame' (*India Today*, 11 January 2012). The ensuing 2013 National Food Security Act (also known as the Right to Food Act) provides 'for food and nutritional security in human life cycle approach, by ensuring adequate quantity of quality food at affordable prices to people to live a life with dignity'. The Act mentions 'nutritional standards' and 'nutritious hot cooked meals' but does not specify the content of meals beyond calories and proteins (in grams) that should be provided as part of Integrated Child Development Services (ICDS), a government programme operating since the 1970s, and the Midday Meal Scheme (MDMS), operating since 2002. Prior to the National Food Security Act 2013, numerous public programmes have been in operation to address the multiple causes of malnutrition (including the ICDS, the MDMS in government schools, and the Targeted Public Distribution System, TPDS). TPDS entitles two-thirds of the population of India to 5kg rice, wheat or coarse cereals per person per month at 1 to 3 Indian rupees per kg (1 to 5 US cents). Andhra Pradesh was one of five states in India (along with Chhattisgarh, Tamil Nadu, Odisha, and West Bengal) that implemented similar changes a few years earlier using their own budgetary resources (Kishore and Chakrabarti 2015). A further important initiative to address rural poverty has been the Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS), which was introduced in 2005 to provide 100 days of employment a year at a minimum wage rate to every adult in a rural household willing to undertake manual

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1 Andhra Pradesh was divided in 2014 to form the two states of Andhra Pradesh and Telangana. The population of Andhra Pradesh is 49.3 million (now the fifth largest state in India) and that of Telangana is 35.2 million (twelfth largest) (Government of India 2011). Poverty rates are similar across the two states. See Mukherji (2008) for a detailed discussion of poverty trends in Andhra Pradesh and in India in general: 'Economically, Andhra Pradesh and India saw similar growth of per capita income during the 1990s. Official statistics show that poverty declined rapidly in India and particularly in Andhra Pradesh, and the rural poverty rate (in 2008) was less than half the national poverty rate.' (Mukherji 2008: 23–4)

2 Stunting is a common measure of malnutrition, defined as having a height-for-age of more than 2 standard deviations below the mean height of an age- and gender-adjusted reference-group population.

labour. It is also an important social protection scheme that enables poor households to cope with economic shocks. Finally, in 2014, the Ministry of Women and Child Development launched a Multi-Sectoral Nutrition Programme (MSNP) in 200 high malnutrition-burden districts of India, to ensure nutrition-sensitive programming is included across a range of sectors, including health, agriculture, water and sanitation, social protection, education and women's empowerment and that the national MDMS has been strengthened (Jadhav, 26 February 2014).<sup>3</sup>

The paper is structured as follows. Section 2 describes the sample, settings, methods and approach to analysis. Section 3 integrates qualitative research with descriptive statistics, and discusses access to public programmes like MDMS and TPDS, as well as the quality of meals in government and private schools.<sup>4</sup> Descriptive statistics give us a good idea of the coverage of TPDS and MDMS, and the importance in particular of MDMS for children's outcomes, and reveal the importance of such schemes for poorer children and households. Qualitative analysis focuses on what children and caregivers say about the effects of poverty on their diet and their awareness of the importance of dietary diversity; the importance of public programmes for diet; and the quality of the meals children eat while away from home. We conclude with some reflections on policy implications, and ideas for further research.

This paper explores aspects of food where survey and qualitative data link together. Many other avenues of enquiry emerge from the qualitative data and deserve further research, including, for example, the difficulties children describe in the queue for school meals related to caste discrimination (see Thorat and Lee 2005 for discussion in relation to adults, but there is not, as far as we are aware, any research on school dinner queues and caste discrimination from children's viewpoints). Food practices in relation to caste obedience/power of the dominant caste could be investigated. Occasionally earlier caste power dynamics were inverted – for example, a caregiver complained about her neighbour, who used to respect her (see also Roy 2013, 2014):

“Earlier they used to come for work ... some of those who earlier worked for us have changed. Once people were waiting for *kanji* [starchy water left over from cooking rice] when my grandmother used to cook rice ... now they reached a position of giving food to us.”

Caregivers gave accounts of food scarcity and hunger in their own childhoods, mentioning begging or being paid in food. Other topics that surfaced were food practices related to eating left-overs; sharing food; intergenerational reciprocity and gender in relation to children's food roles, including girls' involvement in cooking and their increasing responsibilities regarding the preparation of food for and the feeding of younger siblings – a neglected topic in the nutrition literature; food as a source of family quarrels or difficulties, for example, being unable to have relatives to stay because of being unable to afford enough food; some children said they refused to eat if they were upset; and finally, superstitions linking illness with the consumption of specific foodstuffs. All these insights from the data show the importance of food in children's and caregivers' everyday lives.

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3 Three districts in Andhra Pradesh were scheduled to be part of this scheme during 2014/15.

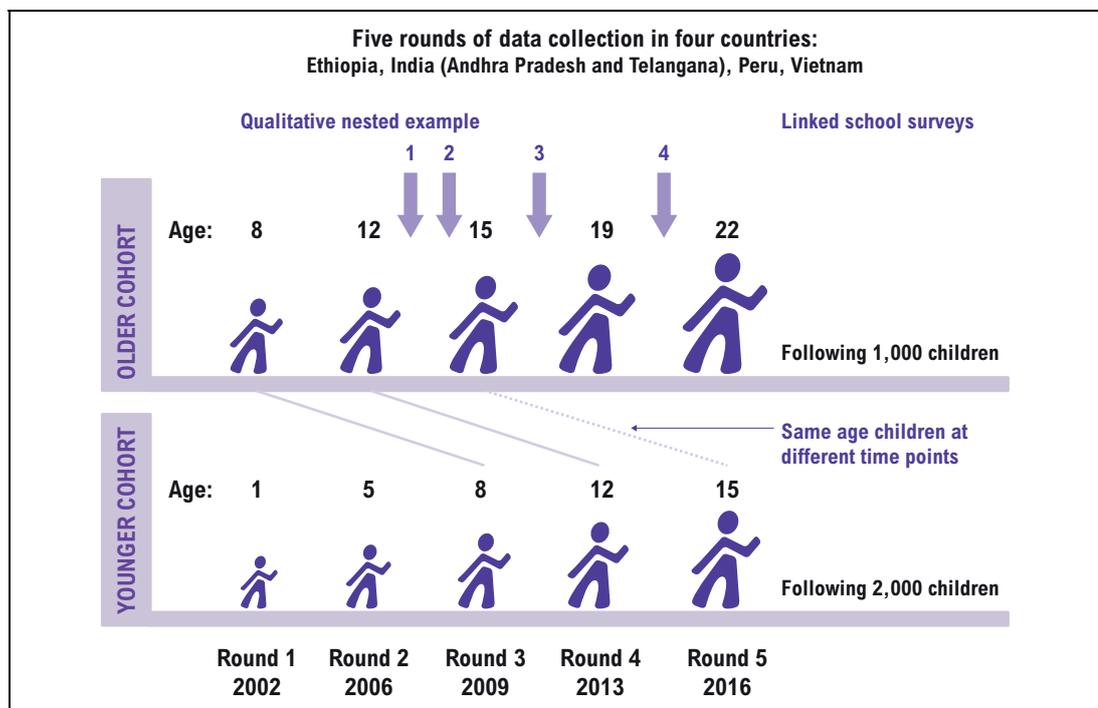
4 See also Aurino (forthcoming) for an analysis of gender differences in dietary diversity over time.

## 2. Data and methods

### 2.1. Sample

Young Lives is a study of childhood poverty in four developing countries, Ethiopia, India (in Andhra Pradesh and Telangana), Peru and Vietnam, over 15 years. Young Lives has collected four rounds of survey data from children, their households and their communities so far, in 2002, 2006, 2009 and 2013. This paper draws on survey data from Round 3 of data collection, in 2009, when the Younger Cohort children were aged about 8 years old, and the Older Cohort were aged 15. This round was selected as it provides insights into dietary behaviours in two critical stages of the life-course – primary school-age and mid-adolescence – when young people can exercise different degrees of autonomy regarding their food choices, compared to early childhood and pre-school age. The sample of Round 3 comprises 1,933 in the Younger Cohort and 977 children in the Older Cohort. Findings from survey data are complemented by three rounds of qualitative data, gathered in 2007, 2008 and 2010. The qualitative research was nested within the collection of survey data, as illustrated in Figure 1.

**Figure 1.** *Young Lives survey design*



## 2.2. Study settings

The survey is carried out in 20 sentinel sites in each country that were selected at the inception of the study in order to reflect economic, agro-ecological and cultural variation (Barnett et al. 2012).<sup>5</sup> For qualitative longitudinal research, four study sites – three rural and one urban – were selected from the 20 survey sites in order to provide insights from diverse contexts on the basis of location, ethnicity and socio-economic status, and to include sites from differing regions, reflecting the main ethnic or caste groups. In rural areas, the population is predominantly Hindu, while in urban Hyderabad, it is predominantly Muslim. The sites also reflect a balance between urban and rural areas. For the qualitative research, in each country 50 children and their caregivers were drawn from survey participants in the qualitative sites (in 2007), and four rounds of qualitative data were collected with these children: in 2007, 2008, 2010 and 2014 (see Crivello et al. 2013; Morrow and Crivello 2015).<sup>6</sup> Young Lives has ethics approval from the University of Oxford, and consent was obtained from parents and children (see Morrow 2009). All names of people and communities in this paper are pseudonyms.

A brief description follows of the communities, emphasising changes in these communities that relate to food and diet. The rural sites were all subject to drought and occasionally flooding, so there was some fluctuation in the availability of locally grown food. Fieldwork was timed to avoid religious festivals and busy periods within the agricultural year and the school calendar (exam period, school holidays).

**Patna** is a remote tribal village in Srikakulam district, consisting of 18 settlements. The majority of Patna's population is from the Scheduled Tribes.<sup>7</sup> The two tribal groups are the Savara and the Jathapu. Agriculture, horticulture and non-timber forest produce such as honey, fruit and soap nuts are the prime sources of income. The land is fertile and the main crop is cashew. Other crops include mango, pineapple, pulses, cereals and turmeric. The Government has allotted 1 to 3 acres of land to Scheduled Tribe households, for horticulture. Weekly markets bring people in from neighbouring hamlets. They receive some of their groceries in exchange for the forest produce that they have collected. Some barter exchanges also take place (for example, in 2008 the research team observed people exchanging a basket full of custard apples for vegetables and lentils). People face food shortages between April and June. During this period they depend largely on non-timber forest produce, which they are compelled to sell to the government-run Girijan Co-operative Corporation. However, they are paid low prices compared to the open market as the prices are fixed in advance (Vennam and Andharia 2012). By 2010, food security had improved, partly because the MGNREGS and the Horticulture Department had collaborated to

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5 Andhra Pradesh is divided into 23 administrative districts that are sub-divided into a number of *mandals*. Generally, there are between 20 and 40 villages in a *mandal*. In total, there are 1,125 mandals and 27,000 villages in Andhra Pradesh. Villages are normally composed of a main village site with a small number (two to five) of associated hamlets. For the purposes of sampling, Andhra Pradesh state was categorised into three distinct agro-climatic regions: Coastal Andhra, Rayalaseema and Telangana. The sampling strategy followed was semi-purposive, designed to identify inter-regional variations with the following priorities: a uniform distribution of sample districts across the three regions to ensure full representation; the selection of one poor and one non-poor district from each region, with district poverty classification based on development ranking; when selecting poor districts and *mandals*, consideration was given to issues which might impact upon childhood poverty, including the presence or non-presence of the Andhra Pradesh District Poverty Initiative Programme.

6 At the time of writing, data from the final round of qualitative research were not available for analysis.

7 'Scheduled Tribes' are indigenous people recognised by India's constitution as historically disadvantaged.

encourage people to grow a wider range of crops that could be marketed throughout the year, so there was a continuous flow of income.

**Katur** is a rural community in Anantapur district, a drought-prone area. Major crops are sunflowers, peanuts, pulses and peas, dependent on rainfall. Agriculture is the main source of livelihood and many inhabitants used to migrate to cities in search of paid work, but this has changed, and during the non-agricultural season, most inhabitants do work provided under MGNREGS. There is a government primary school which runs up to Grade 7. Midday meals are provided. Between 2007 and 2010, living conditions improved, children felt there was more money available to meet their needs, and adults attributed this to increases in social protection (Self-Help Groups,<sup>8</sup> as well as MGNREGS). There is now less bonded labour to repay debts as families no longer need to borrow from Kamma (higher-caste) families (Pells and Woodhead 2014). The community faces a severe water crisis, and there is one bore well there.

**Poompuhar** is a very poor rural community in southern Telangana. The major occupations are in agriculture and daily wage labour. Children used to be involved in cotton seed pollination work, which meant they missed school for two to three months each year, but this has declined. A new local secondary school opened, and by 2010 children were attending school regularly. Seasonal migration was common, but the introduction of MGNREGS has meant that wages have risen and there is plenty of work in public works (a railway track and canal work), as well as sub-contracted work on small farms.

**Polur** is an urban slum in Hyderabad, close to Charminar and predominantly inhabited by Muslims. There are around 400 houses and the population is around 2,000. The area has untidy/rubbish-strewn narrow lanes and stagnant water. The locality is always hustling and bustling with activity and traffic. Residents have access to basic services. Residents are occupied as auto-rickshaw drivers, petty shop-keepers, domestic helpers, helpers in shops, construction workers and so on. Houses are very small (especially the homes of the Young Lives children), having a room or two at the most, with poor ventilation and sanitation facilities. There is also one public distribution system/fair-price shop on the main road, from which the residents buy their groceries and kerosene.

### 2.3. Methods

Survey data were collected through child and household questionnaires and this paper presents descriptive statistics that combine both sources. A range of methods were used to collect qualitative data, including semi-structured individual interviews and group discussions, as well as creative methods, which included drawings, body maps and maps of communities and neighbourhoods (see Crivello et al. 2013 for further details). Fieldwork was carried out by local research teams in the local language. Individual interviews were digitally recorded, transcribed and translated into English. The qualitative research was systematically focused on three themes, (a) children's well-being, (b) transitions/changes in children's lives, and (c) children's experiences of services (school, health and so on), and research teams took a flexible approach so as to enable children to discuss the topics that mattered to them. Children were interviewed one-to-one, and also took part in group discussions. Caregivers

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<sup>8</sup> Self-Help Groups, known as Velugu or Indira Kranthi Pathakan (IKP), are promoted under the Development of Women and Children in Rural Areas (DWCRA) programme. They build on existing community groups by linking them with credit institutions to facilitate poverty reduction, and have focused on encouraging women to join.

and other members of the community (teachers, health workers, sarpanch)<sup>9</sup> were interviewed individually, using semi-structured interviews, and they and other community members also participated in group discussions.

It is important to note that food practices and diet were not the explicit focus of qualitative research but rather, something that children and caregivers were willing to talk about, within a broad set of topics including well-being, use of services, and descriptions of everyday life. Data about food frequently emerged in discussions about well-being, changes since the previous research visit (e.g. food price rises), and poverty.

## 2.4. Approach to analysis

An iterative approach was used to integrate descriptive analysis of data from the household survey and qualitative analysis, to develop our interpretation (Moran-Ellis et al. 2006; see also Morrow et al. 2014). After an initial analysis of both datasets separately, the topic of dietary diversity emerged as a focus of discussion in qualitative research. Further, dietary diversity varies significantly according to gender, caste and poverty making it relevant to study. This led to a two-way process, where survey and qualitative analysis informed each other, in our attempt to acquire a deeper understanding of factors related to dietary diversity and to children's and caregivers' accounts of and experiences of food in everyday life. Early on in this process, gender emerged as a key difference in the survey, but this was not a focus of discussion in the qualitative research; thus it was decided to pursue two differing lines of enquiry (see Aurino forthcoming). However, what did emerge very clearly in qualitative data was an awareness among children (and caregivers), of the importance of dietary diversity, the quality and price of food, and public services relating to food, notably TPDS and MDMS.

The next section begins by presenting general qualitative evidence about the impact of food price rises on diet, then the following two sub-sections focus on public services, integrating survey and qualitative data. The final sub-section discusses the food children eat when away from home, i.e. the quality of school meals in government schools and private schools, including boarding schools and hostels.

# 3. Evidence about poverty and diet

## 3.1. Qualitative evidence

Between 2006 and 2009, three-quarters of Young Lives households were affected by increases in food prices, which had serious consequences. As Galab et al. (2011) note:

less food is likely to be available or poorer quality cheaper food is purchased, affecting children's short- and longer-term nutritional outcomes, there is also less money for non-food items such as healthcare and education. (p. 46)

As noted, Young Lives qualitative research took place in 2007, 2008, and 2010, and here we report on findings from all three rounds of the qualitative data collection. Between 2007 and 2008, the increase in prices was frequently mentioned by children, and caregivers, in group

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<sup>9</sup> The sarpanch is the head of the village *panchayat* or the village headman/woman

discussions. It was notable that children expressed precise awareness of food prices and the effects price rises had on their households. When asked to discuss the ongoing economic crisis, and how it affected children, a group of Older Cohort boys in Patna (a tribal area) reported that: “the present rates of paddy bag is Rs.900, potatoes are Rs.800 per quintal, dal/red gram 48 rupees a kilo and tomato 60 rupees a kilo”. Because of this, according to a summary of a group discussion:

they were eating less food, and a poorer quality of food, and they felt that if the situation continued, everyone would get sick and be unable to work. One young man said that in his home, they didn't buy vegetables, because of the high cost, and mostly used water and salt to eat food with tamarind and chilli. In order to remedy this situation the Government had recently started the 2 rupees per kg of rice, and dal for 30 rupees and oil for 45 rupees, via the [T]PDS – whereas in the open market these items were double the rate.

(Young Lives report of group discussion, 2008)

Yaswanth, a 15-year-old boy in Patna, complained that the prices of vegetables, food grains and pulses “are in the sky – we cannot eat only rice”. Boys in the group said that in every household the consumption of vegetables had fallen dramatically over the previous year. Vinay (another 15-year-old-boy) said that because of the price rises, they had stopped eating curries at home, and the dal was watery. He continued: “We are unable to take tasty food at home, but our economic status has fallen and the cost of food has risen, so the impact of inflation was high on low-income families and more on children.”

In Poompuhar (rural Telangana), in 2008, Ranadeep's mother explained how they had reduced their consumption of oil because of the cost. When asked about vegetables, she said:

“The price of tomatoes has increased to 40 rupees. So now we have started using one tomato instead of two ... When we dilute the soup and other food, will they give us strength compared to undiluted ones? But that is how we need to manage when we cannot afford. The dal is not thick any more.”

In 2008, boys in Polur (urban Hyderabad) described how the price of food had increased, but the quality had declined. “Because of this, poor people are not able to eat properly ... the price of tomatoes has gone up.”

In Katur, children talked about not having enough money, so that they were unable to eat adequate food, and in doing so revealed a high level of awareness of and knowledge about the importance of dietary diversity. They described how better-off families “eat by cooking different varieties of food every day... they take healthy food which includes fresh fruits, green leaves, and other special items.” What people ate also distinguished rich people from poor people. Mamatha (a 15-year-old girl) said, “Those who have money cook delicious food on festive occasions whereas the poor do not do so.” Triveni, another Older Cohort girl, said that “in poor families, they have many problems, but they show happiness on the face. Mother provides food for the children by fasting herself, but the fathers come home drunk and they beat the children.” These two girls said that even when they went to work in the fields, they were asked by the rich to sit separately to eat. Poor people ate rice with *chetni*<sup>10</sup> while the rich ate good food. Participants seemed to interpret quality of food to involve

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10 *Chetni* is made with only one variety of pulse or groundnut, salt, chillies and tamarind. It is a poor substitute for general curries.

different things in different contexts – it could involve expensive food at festivals, while at other times it could involve healthy food, especially vegetables.

Govindh, aged 17, described how MGNREGS had helped his family cope with economic difficulties over the past years:

“Seeds did not grow in the first year, and the second year rains have not come ... so we didn’t harvest. ... We did not have money to buy vegetables and other things to celebrate festivals. so it was not well at home.”

Govindh explained that his mother had been ill and the family had had to pay a substantial sum of money for treatment. He said: “We borrowed money from my grandmother’s village ... We borrowed a little, two, three times, and they also borrowed from our uncle.” Govindh worked under MGNREGS in the school holidays and at the weekend in order to support his family, and said that MGNREGS had enabled them to clear their debts.

Rajesh suggested that most families in Patna had stopped seasonal migration (because of MGNREGS) and because of this, were eating better food. Preethi, aged 15, said:

“I remember my mother saying: ‘This [MGNREGS] is of immense help to us and without it, we would not have had any money.’ My mother used to be very sad as we were very deprived of many things and this came to our rescue ... We did not have good-quality rice, we only had inferior-quality rice prior to the commencement of this relief work ... We just had some *kanji* [starchy water left over from cooking rice]. But nowadays we are able to have it along with some *patchadi* [pickle].”

In a group discussion in Katur about sources of social support, Mamatha and Triveni (two 15-year-old girls from the Older Cohort) explained that when there was no work on their farms, the Kamma people (higher-caste landowners) provided alternative employment, and in emergency situations they also provided financial aid to people in the community. Mamatha said they gave Rs.100 a day, which was very beneficial.<sup>11</sup> “If we don’t go to work, we have to eat rice with *chetni*, it is difficult to eat *chetni* every day.” The sarpanch in Katur described how landless households had to undertake waged work to eat, and the impact on children was that the diet was poor – there was less ‘protein food’. Because of this, he said, “children will grow less, even mentally there are more chances for them to get spoiled [negatively affected]”.

There is clear acknowledgement and understanding of the relationship between nutrition, height and cognition. Krishna, from Patna, made the link very clearly when asked about studying at school: “We need to study, we need to answer the question, and we must eat well ... if we eat well, we can study.” Similarly, a group of girls in Polur discussed price rises. One girl said that her family:

“cannot eat proper food, and [we] are unable to cook [enough] food. If prices are minimal [low] then parents buy a large quantity of vegetables of different types, and in turn this helps to prepare good food.”

Sania said that now her family “were eating less at home and not having good food”. When interviewed in 2010, Sania described how things were very difficult financially, because of debts incurred to pay for medical treatment for her father as well as school fees for the children. Her grandmother, who was present at the interview, confirmed this, and explained that it was difficult for the family to buy food as well as pay school fees:

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<sup>11</sup> However, they would expect this to be repaid through work, thus bonded labour.

*Interviewer:* The rate of fees has gone up. How are you able to manage?

*Sania:* We are finding it difficult.

*Sania's grandmother:* We make coarse rice with chillis, sometimes we make curries, sometimes we make dal. Children go hungry all day. They don't have food. Whatever is there, I feed them. In morning, sometimes they go hungry to school. Her father drops them and brings them back after school, he does not let them go alone. Nowadays, the environment is not good. He earns a little bit and sometimes he brings it home, and sometimes he doesn't. Her mother worries and [it] messes [up] her health, she saves 50 and 100 rupees with me and collects the money and tells me to go and pay the fees ... That's how these people are managing ... They are even giving tuition to the girl, they are willing to eat coarse rice and borrow from others, and mix with fried onions and chillis, and feed them. That's how they are managing. Thinking about all this, she [Sania's mother] sits inside and cries and her health gets bad. ... People will help once in a while, but how can they help all the time? They don't have money at all. If you go to any relative, they will not give 10 rupees, you have to stand on your own two feet. That's how they are managing their families. The whole day they stay hungry, even now they are hungry ... Sometimes she [Sania] will go to bed [with an] empty stomach.

The intersections of poverty, having to pay for school fees, lack of food, and ill-health are very clearly demonstrated in this account.

In group discussion, girls in Polur also discussed the rising price of vegetables and suggested that this was due to the Telangana agitation/movement<sup>12</sup> and *bundh* (general strike). They mentioned that this affected the lives of poor people, and said that the rations (from TPDS) “are woefully inadequate” and mentioned the “illegal procedures involved” (i.e. corruption; see Sekhri and Nagavarapu 2013, who highlight problems of ‘leakage’, due to errors in the allocation of BPL status<sup>13</sup> and the selling of goods on the black market). However, in 2010, according to the local *pehalwan* (informal community leader), the situation had improved and poverty levels had gone down. She said:

“Before, they did not have money, so they ate coarse rice ... now children are earning and they eat fine rice, and they cook good food. ... they have good clothes to wear and good food to eat. They have some extra money in hand, and that is the reason we are saying they are doing well.”

However, she said that this was not the case for all families, and that “only two or three lanes away, poverty levels are still very high”. And the case of Sania's family suggests that for some households, choices are being made between whether to pay school fees or whether to eat.

Awareness of dietary diversity and its importance for good health was mentioned in other sites. In Poompuhar, a group of Older Cohort boys discussed how having grazing animals has multiple benefits – for the fields, as well as for their health because they consume milk products. In Patna, Santhi described how her ill health meant she was “unable to take timely meals”. She said she knew that:

“First, I should take care of my health, only then I'll be able to come first in class. Now my health is not that good. I should take proper food. Food alone can do me good. I used to

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12 There had been political agitation for the separation of Andhra Pradesh and Telangana.

13 Below the poverty line. BPL status entitles people to certain benefits and government support.

take sufficient milk, but nowadays I am not taking much milk. I have reduced my intake. They say milk has a lot of vitamins in it and it is good for health. In case I take more milk, I might get enough strength.”

Children, young people and caregivers know and understand the importance of eating a balanced diet for good health and learning, but their poverty means that they cannot afford good-quality food.

### 3.2. The Targeted Public Distribution System

The Targeted Public Distribution System (TPDS) is the largest scheme of its kind in the world, and aims to supply essential commodities like rice, sugar, edible oil and kerosene at subsidised prices through a network of fair-price shops in rural and urban areas, in an attempt to improve nutrition (Galab et al. 2011: 69).<sup>14</sup> Table 1 shows that in 2009, 90 per cent of Young Lives households reported accessing the TPDS, though the percentage of rural households was markedly higher (95 per cent) than urban households (76 per cent). Note that these data are reported by caregivers, not children.

**Table 1.** *Households accessing TPDS and receiving subsidised items (both cohorts) (%)*

	Households accessing TPDS (n=2,622)	Households reporting receiving items				
		Rice	Dal	Sugar	Kerosene	Cooking oil
Urban	75.7	99.0	87.6	92.0	89.0	87.3
Rural	95.5	99.5	85.3	82.5	98.0	89.2
Poora	97.6	100.0	88.4	85.9	96.6	90.2
Non-poora	89.9	99.2	85.2	84.4	96.1	88.5
Scheduledb Castes	95.2	100.0	82.3	79.6	98.9	84.5
Scheduled Tribes	91.9	99.3	86.2	80.0	96.1	89.5
Backward Classes	92.6	99.5	86.8	86.4	96.4	90.2
Other Castes	79.7	98.3	86.8	87.9	91.8	89.0
Maternal education: no education	96.6	99.5	84.7	82.5	97.6	89.0
Maternal education: up to 5 years	92.5	99.4	88.6	86.7	96.1	89.6
Maternal education: 5 to 10 years	84.2	99.1	86.7	88.2	93.3	88.0
Maternal education: more than 10 years	47.5	98.7	84.6	87.2	83.3	85.9
Younger Cohort	90.7	99.4	86.4	85.0	96.1	88.6
Older Cohort	89.9	99.2	84.7	83.6	95.9	89.0
<b>Total</b>	<b>90.4</b>	<b>99.4</b>	<b>85.8</b>	<b>84.5</b>	<b>96.1</b>	<b>88.8</b>

Note: Columns 2 to 6 are percentages of those households accessing the scheme, not of the whole Young Lives sample.

<sup>a</sup> Absolute poverty is defined as households with monthly per capita consumption below Rs.563.16 for urban areas and Rs.433.43 for rural areas (in 2006 prices), based on the figures used by the National Sample Survey Organisation.

<sup>b</sup> Scheduled Castes, Scheduled Tribes, Backward Classes and Other Castes are official designations of the Government of India. The first three of these groups are classed as being historically disadvantaged.

(Source: Galab et al. 2011: 70)

14 TPDS distributes grains and other goods through fair-price shops, where households are entitled to purchase rice, wheat and other goods at below-market rates. Benefits for grain are generally targeted toward BPL households, which receive their BPL status from local elected officials. See Sekhri and Nagavarapu (2013) for more on the TPDS. TPDS is not viewed as a poor people's scheme and is important to the welfare of many.

Table 1 also shows the types of food households received through the scheme. Households commonly reported receiving rice, but were less likely to report receiving dal and other commodities. Households where mothers were more educated (which tend to be more affluent) were less likely to be accessing the TPDS. There were some differences between urban and rural areas (also reflected in ethnic/caste differences), with households in rural areas being less likely to receive sugar and more likely to receive kerosene than those in urban areas (Galab et al. 2011: 71). Generally, users of the scheme were satisfied with the fair-price shops, as Table 2 shows.

**Table 2.** *User experiences of TPDS (%) (both cohorts)*

	Satisfied with service	Reasons for dissatisfaction			
		Inconvenient hours	Poor quality	Insufficient quantity	Irregular supply
Urban	87.1	17.5	28.6	28.6	25.4
Rural	82.3	6.5	30.8	22.5	40.2
Poor <sup>a</sup>	87.0	11.3	22.6	39.6	26.4
Non-poor <sup>a</sup>	82.7	7.7	31.4	21.3	39.6
Scheduled Castes	81.1	11.7	27.7	20.2	40.4
Scheduled Tribes	82.0	14.9	27.7	29.8	27.7
Backward Classes	84.2	4.1	30.3	25.1	40.5
Other Castes	84.2	10.8	36.9	18.5	33.8
Maternal education: no education	82.4	7.9	23.3	22.9	45.8
Maternal education: up to 5 years	83.2	6.5	42.9	18.2	32.5
Maternal education: 5 to 10 years	86.1	11.4	32.9	32.9	22.9
Maternal education: more than 10 years	82.1	7.7	69.2	15.4	7.7
Younger Cohort	84.0	9.3	27.6	26.8	36.2
Older Cohort	82.0	6.3	35.4	17.4	41.0
<b>Total</b>	<b>83.3</b> <b>(n=2193)</b>	<b>8.2</b>	<b>30.4</b>	<b>23.4</b>	<b>37.9</b>

Note: Columns 2 to 5 are percentages of those households reporting problems with the TPDS.

<sup>a</sup> Absolute poverty is defined as households with monthly per capita consumption below Rs.563.16 for urban areas and Rs.433.43 for rural areas (in 2006 prices), based on the figures used by the National Sample Survey Organisation.

Source: Galab et al. 2011: 70.

It is noteworthy that more than four in five households reported high levels of satisfaction with the scheme with similar proportions across groups. However, people who were dissatisfied reported that they received poor-quality items (30 per cent of dissatisfied users), and nearly one-quarter of them reported that the quantity of food items supplied through TPDS was insufficient (23 per cent) and 38 per cent suggested that TPDS services were irregular (Galab et al. 2011: 71). Galab et al. (2011) also found that there were rural/urban differences in levels of satisfaction:

Households in urban areas are about twice as likely as those in rural areas to report inconvenient opening hours (17.5 per cent and 6.5 per cent respectively). Those households where mothers are educated to above secondary level are particularly likely to report that TPDS has poorer-quality food (this group is also less likely to use the TPDS). Worryingly, poorer households are more likely to report accessing an insufficient quantity of food through the TPDS, but are less likely than non-poor households to report an irregular supply through the scheme (though rural households, some of the disadvantaged groupings and households with uneducated mothers do report an irregular supply). (p. 71)

However, subjective expectations may also affect people's satisfaction with/perceptions of TPDS – the fact that the poorest households report greater satisfaction does not necessarily mean that they get a better service.

Children were well aware of TPDS, and spoke positively about it, but they were also well aware that TPDS helped to provide grains (calories) but not a diverse diet. In Polur, Sania, for example, maintained that TPDS helped poor people “to lead life without starvation and children are able to eat full meals regularly”. Another girl described the impact of the programme in terms of “giving poor people a new life”. In all sites, children are often responsible for shopping for provisions. In Polur there are restrictions on women's and girls' mobility, so boys and men do the shopping. This probably accounts for their accurate knowledge not just of prices, but of the quality of food. For example, Rahmatulla, a 15-year-old boy, said that

“the rich may be able to afford this, but for the poor it is very high. The quality of rice is a bit coarse and by eating this type of rice, they are getting stomach aches. Even the vegetable sellers are not getting proper vegetables and not in large quantities.”

The researcher asked how this affected children. One 17-year-old said that “children should eat good food containing vegetables, pulses, but due to the price increase, children were unable to eat good food. Because of not eating good food, they are prone to different illnesses.” However, some boys in Polur were more critical of the TPDS. One said that “when people go to hospital the doctors tell them to eat good food, but how can they? The government ration card is of no use ... There is no quality in those items.”

### **3.3. The Midday Meal Scheme**

The Midday Meal Scheme (MDMS) seeks to provide all primary-school children in government schools with a daily cooked meal containing 300 kilocalories and 8 grams of protein every day. As Singh et al. (2014) suggest: ‘The MDMS is among the most important initiatives by the Indian government in the area of education in recent years’ (p. 5). The scheme was announced in 1995, but ‘was not implemented in most states until 2002, when the Supreme Court ordered it to be implemented in a time-bound manner in every state. In 2004, the Supreme Court additionally ordered that in drought-affected areas, children should continue to be served the midday meal even during the summer holidays, as a relief measure’ (Galab et al. 2011: 73). The scheme has several objectives: to increase school enrolment and attendance, to increase short-term concentration through reducing hunger, to improve the nutritional status of children and to break down social barriers by encouraging children from different backgrounds to sit and eat together.

Singh et al. (2014) analysed Young Lives data from 2002 and 2006 and demonstrated that MDMS acts a safety net for primary school children, protecting them against negative nutritional outcomes. Children who had suffered from a drought experienced a significant deterioration in their nutritional status but this effect was compensated for by the MDMS among the Younger Cohort. Research in Madhya Pradesh has shown that children participating in the programme had better nutrient intakes (Afridi 2010), and research in Delhi showed that it had improved their classroom efforts (Afridi et al. 2014). Also, compared to the others, schools that incorporated a more varied diet in the school menu recorded higher attendance rates (Afridi et al. 2013).

Table 3 shows Younger Cohort children’s access to the MDMS, which most of the time consisted of a hot, cooked meal, as well as whether they were served a hot meal and whether they liked the food. Of children enrolled in government schools, over nine in ten reported accessing the MDMS, which was almost always a hot, cooked meal. About three-quarters reported ‘always liking’ the meal.

**Table 3.** *Younger Cohort Children (aged 8) accessing the MDMS (%)*

	Enrolled in government school (n=1,085)	Access midday meal (n=993)	Served hot, cooked meal (n=1,077)	Always like the food (n=808)
Boys	48.4	91.6	99.1	71.4
Girls	61.3	91.5	99.2	77.3
Urban	17.3	75.0	100.0	63.5
Rural	67.6	93.0	99.1	75.3
Non-poor <sup>a</sup>	49.7	92.1	98.8	74.1
Poor <sup>a</sup>	80.2	90.0	100.0	74.7
Scheduled Castes	69.9	95.0	98.3	79.0
Scheduled Tribes	75.8	88.2	98.8	80.0
Backward Classes	54.6	93.8	99.6	70.8
Other Castes	27.6	79.1	100.0	73.6
Maternal education: no education	70.4	93.8	99.4	73.5
Maternal education: up to 5 years	59.9	87.7	98.3	78.1
Maternal education: 5 to 10 years	30.0	87.1	100.0	75.4
Maternal education: more than 10 years	5.0	66.7	75.0	50.0
<b>Total</b>	<b>54.3</b>	<b>91.5</b>	<b>99.2</b>	<b>74.5</b>

Note: Columns 2, 3 and 4 are a percentage of the children attending government schools (Column 1).

<sup>a</sup> Absolute poverty is defined as households with monthly per capita consumption below Rs.563.16 for urban areas and Rs.433.43 for rural areas (in 2006 prices), based on the figures used by the National Sample Survey Organisation.

Source: Galab et al. (2011): 74.

### 3.4. Quality of school meals

When it comes to assessing the quality of schools, as has been noted elsewhere, ‘good food’ is an indicator of ‘good-quality’ schooling in general for children and parents (Morrow and Wilson 2013). There was a range of views expressed about school meals. Children gave detailed accounts of what they ate at school: “eggs [only on Fridays], potato, *brinjal* [aubergine], then peanut. They serve rice... it is nice, they won’t put salt. So it is tasteless. ... it is good at school, not so good at home.” (Saroja). In Poompuhar, caregivers said that MDMS meant that:

“children need not worry about the preparation of lunch and they are able to come to school on time. ....Taking lunch at school is time-saving, it is not necessary to walk [home for lunch] ... This is an opportunity for children who belong to the poor and others also to get nutritious food.”

In a group discussion in Patna about sources of social support for children and young people, Yaswanth described how important the midday meal at primary and secondary school was for children who do not have sufficient food at home. He explained how when he was younger, his mother got up early to catch the bus for business, she would give him 5 or 10

rupees for his lunch, but if she didn't give him money, he had to eat last night's left-over rice with water. Thus he felt that the midday meal was very useful for children from lower socio-economic strata. Rajesh said that the midday meal provision meant he hadn't needed to bring a lunch box, which meant he reached school on time. Before this, they had to wait for the tiffin carrier, and sometimes they had to go back home for lunch. All the children felt the MDMS was helpful for children as well as for parents.

In Katur, parents discussed how MDMS has replaced a system whereby schools used to distribute rice. One mother described how she received 3 serlu<sup>15</sup> of rice per month and she used to go to the school and collect it by signing the register. Now, she explained, the MDMS meant that parents were able to attend confidently to their work, because their children were receiving a cooked meal. The group suggested that MDMS was also improving the health of the children because they got egg and banana regularly once a week (or once a month). This group discussion specifically mentioned that MDMS had further reduced poverty among families (alongside other measures like old-age pensions; see also Singh et al. 2014).

As noted, in tribal areas like Patna, children attend secondary school in nearby towns, staying in hostels or boarding houses run by the Inter-Tribal Development Agency (ITDA). During a group discussion with teachers, food in the hostels was mentioned as a factor that encouraged children to attend school:

"In the hostels under ITDA control, they will provide everything to the students. Providing healthy food, milk, snacks, everything to the students. The hostels are giving healthy food to the students. ... ITDA brought people from hill areas to the plains. The Midday Meal Scheme is helping a lot in this. They are getting good nutritional food under this. ... No one is [very poor] in our locality. All are having food at least once a day. Even in the villages, labourers also benefit by the 'Food for Work' scheme, they are getting 80 rupees per person per day. Here the opportunities are good because of the ITDA. So that is why we can't see poverty here in Patna. They are getting rice for 2 rupees per kilo."

Teachers also said that Savara parents had become interested in schools "because of the food provided in the hostel". Chandani's father said that children were going to school "because of food". On the other hand, sometimes the food in hostels was not good. One boy, Rajesh, said that he moved school because of poor-quality food in his previous hostel:

*Rajesh:* I joined here because the food was not good there ... It has a lot of worms in the rice and other food items, and water also is not clean, after that I got jaundice also, at that time I was very weak and became very lean like a patient.

*Interviewer:* How did you recover?

*Rajesh:* We just bought some fruits – grapes, banana, apples, etc. The food [in the hostel] was not suitable to my body, that's all.

Vinay described how food in the hostel was contaminated: "They will mix water in curd, not only that, they give two days old curd, and mix dust in the food. So sometimes children's health is being spoiled." On the other hand, Chandani, also a Scheduled Tribe child, said the food she received in the hostel had improved since she was in Grade 2 (by 2010 she was in Grade 4).

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15 Telugu measure of weight.

*Chandani:* They give us pineapple, banana, sweets, cashew nuts, and groundnuts. [For lunch and dinner] they give rice, dal, *rasam* [a type of soup], egg and curd. ... In the evenings they give us banana, on Saturday evenings they give us sweets.

*Interviewer:* Do they give you egg every day?

*Chandani:* No, not every day, they give us on Wednesday, Friday and Sunday. ... sometimes they give us chicken also.

Egg provision seems to vary. MDMS guidelines are that one egg per child per week is provided – this can be more than once a week but should not be less. If the teacher/supplier thinks that eggs are cheaper than vegetables or dal, they may provide eggs instead of vegetables or dal. Headteachers are supposed to monitor MDMS and to report to *mandal* education officers.

Subbaiah's mother, in Poompohar, explained that her children did not eat school meals but came home to eat:

"It doesn't suit them. ... they cannot eat there; they are not habituated to eating out since childhood. There are about 100 children [at the school], how can the food be tasty? They don't get salaries from the Government, and they have to make savings out of the expenses, which is how it is. ... [Our children] are not used to outside food, so they don't eat there. They come home. When I ask, they say, 'The dal is no good, mother, they cook rice infested with worms, they don't prepare tamarind soup.' One day they prepared yellow rice but it was not tasty. They prepare dal, and nowadays the vegetable prices have gone up. ... Children eat only when they find it tasty. We at home, though we are having difficulty [struggling financially], still prepare soups and rice in a tasty way."

Children in Poompohar also mentioned lack of diversity of diet in school meals, and how this had changed over time:

*Child:* Daily they used to serve dal curry and rice ... but they don't bring vegetables and no one asks them to get them. Sometimes they serve yellow rice ... if they cannot prepare dal ...

*Interviewer:* Don't you get egg on Fridays?

*Child:* They give it to younger children but not us.

Parents of children at private schools (thus not part of the MDMS) were not passive and took action if their children complained of poor-quality school meals. Sahithi's mother, in Katur, described an instance of this.

"All the parents went and asked the *swami*<sup>16</sup> ... We have paid such amounts but the food is not served properly. As all the parents ask, now the food is properly served. ... For a few days, only *upma*<sup>17</sup> and *chitrannam*<sup>18</sup> were served for breakfast, nothing else was served. [The children said they were] served only small quantities, and they were not even serving *chittlampodi*.<sup>19</sup> Sufficient curries were not served. When children sought more, they seem to have scolded the children. Children said this. When [I] asked, 'Why

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16 This school is a private, religious school, of a type that is often found in this part of Andhra Pradesh. The children live in a hostel.

17 Semolina porridge.

18 Mixed rice.

19 Powder consisting of groundnut, capsicum and salt, used to flavour breakfast.

were children scolded for asking for *chittlampodi?*', they questioned me, saying, 'How [much do] you serve, and if in a hotel, do you give more than four *idlis?*' We told them that 'We give stomach full'. They said, 'There is a limit for that ... some face vomiting and motion problems ... Some children eat 10, 8, 15 *idlis*. That may lead to problems if there is no control ... so we won't serve more than 6 to 8 *idlis*.' I did not go to the *swami*, my brother-in-law went. When questioned ... what would they do next ... *swami* said that they will cook and serve better."

Providing a diverse diet for their children emerged as a key preoccupation for parents, and eating 'non-vegetarian' food seemed to be an indicator of overall socio-economic status or economic well-being in specific times. There were copious reports that in times of good harvests or festivals, families ate 'non-vegetarian' food. Children in Katur also animatedly described how the Kamma community donated generously to festival celebrations. For example, Latha described how a community lunch was held to celebrate Vinayaka Chavithi.

Finally, a preoccupation for children, and mentioned on numerous occasions, was alcohol consumption by their fathers, and how this impacted negatively not only on family relationships, but also on diet. One girl described this:

"At home we are short of food due to this habit. There is always a shortage of money for vegetables. So we tell him not to drink and squander money on it. ... He doesn't give back the money got by selling the vegetables, he buys his drinks out of that. ... On [the] day prior to my function [menarche ceremony] my father blew 500 rupees on drinking. Had he not done that, we could have spent the same on printing the cards or for buying vegetables. My mother is always upset."

Alcohol consumption in India, nearly always by men, is a widespread, but under-researched phenomenon. From children's points of view, it leads to domestic violence and violence against children. In low-income households, gendered power relationships mean that men control income, while women and children may suffer the consequences of alcohol abuse and this will have multiple long-lasting effects on the distribution of resources within households, including how money is spent on food.

## 4. Conclusions

In all four sites in which qualitative research was conducted, food emerged as a key preoccupation for children and families in low-income households, and this is consistent with other empirical work on poverty (e.g. Wisor et al. 2013). Additionally, there was widespread awareness of the importance of a good diet for health, nutrition and cognition (even among children) irrespective of education or income levels. Also, the data highlight how sensitive the quality of diet was to the precarious economic circumstances in which families in poverty found themselves. This means that diets were susceptible to a range of shocks, especially food price rises and drought – and children are well informed and concerned about food.

Price increases inevitably harmed the capability of households to access to a good-quality diet, and children were well aware of this. Perhaps unsurprisingly, analysis of survey research showed high levels of satisfaction with schemes like TPDS and MDMS, particularly among poorer households. TPDS is flagged as especially good for quantity rather than quality, which echoes other recent research findings which criticise the programme for being too focused on providing calories rather than nutritious food (Kishore et al. 2014)

Parents and children have concerns about the quality of food as well as, and occasionally rather than, the quantity of food. School meals are generally seen as a good and valuable intervention for many reasons, and Young Lives survey evidence suggests that they may act as a safety net for households at times of price volatility and fluctuations (Singh et al. 2014). Qualitative research highlights the importance of understanding intersections of children's lives, the role that poverty plays in the capacity of poor families to afford vegetables, and the importance of government programmes like TPDS and MDMS and their implications for dietary diversity. This has also been recognised at the highest levels of Government in India – former Prime Minister Manmohan Singh, in his speech cited above, stated that 'policy makers need to clearly understand many linkages – between education and health, between sanitation and hygiene, between drinking water and nutrition – and then shape their responses accordingly' (*India Today*, 11 January 2012).

Finally, we acknowledge a number of limitations to our paper. Young Lives qualitative research did not explicitly focus on nutrition, and we have relied on spontaneous mentions of food and diet for our analysis, but the fact that so many children and their caregivers wanted to talk about food is noteworthy. We cannot generalise from our small sample, but we can speculate that given the awareness in communities about the importance of dietary diversity, there may be implications for health promotion programmes, to build on local knowledge and experience. There may also be a need for community engagement when public programmes are implemented, especially in rural areas, where poorer households are concentrated, and the schemes appear to act as important safety nets for families in time of economic shocks. In particular, there is potential to build on parents and children's existing awareness and understanding to strive to improve children and adolescents' nutrition. We hope our analysis provides pointers for future research that will attempt to uncover more detail about food and eating practices among children, in their schools, households and communities, and how these change over time through the course of childhood and youth.

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# “If we eat well, we can study”: Dietary Diversity in the Everyday Lives of Children in Andhra Pradesh and Telangana, India

This paper investigates young people’s and their caregivers’ experiences of food insecurity, diet and eating practices in Andhra Pradesh and Telangana. It also provides original child-focused evidence on perceptions of government food programmes such as the Midday Meal Scheme and the Targeted Public Distribution System. The paper analyses three rounds of longitudinal qualitative data and one round of survey data from Young Lives. We found that:

- access to good-quality food is a key preoccupation for children and families in low-income households;
- there is widespread awareness of the importance of a good diet for health, nutrition and cognition (among children as well as caregivers), irrespective of their age, education or income levels;
- quality of diet is sensitive to the precarious economic circumstances in which families find themselves, and is affected by food price rises and drought;
- food programmes, particularly school meals, are generally seen as valuable safety net interventions, although concerns emerged regarding the quality of the food provided, in private schools and hostels as well as government schools.

The paper concludes that children’s experiences are important to take account of when public programmes are implemented, and that there are high levels of awareness of the importance of dietary diversity that could be built upon in health and nutritional programmes.

## About Young Lives

Young Lives is an international study of childhood poverty, involving 12,000 children in 4 countries over 15 years. It is led by a team in the Department of International Development at the University of Oxford in association with research and policy partners in the 4 study countries: Ethiopia, India, Peru and Vietnam.

Through researching different aspects of children’s lives, we seek to improve policies and programmes for children.

## Young Lives Partners

Young Lives is coordinated by a small team based at the University of Oxford, led by Professor Jo Boyden.

- *Ethiopian Development Research Institute, Ethiopia*
- *Pankhurst Development Research and Consulting plc, Ethiopia*
- *Save the Children (Ethiopia)*
- *Centre for Economic and Social Studies, Hyderabad, India*
- *Save the Children India*
- *Sri Padmavathi Mahila Visvavidyalayam (Women’s University), Andhra Pradesh, India*
- *Grupo de Análisis para el Desarrollo (GRADE), Peru*
- *Instituto de Investigación Nutricional, Peru*
- *Centre for Analysis and Forecasting, Vietnamese Academy of Social Sciences, Vietnam*
- *General Statistics Office, Vietnam*
- *Oxford Department of International Development, University of Oxford, UK*

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