

PERCEPTIONS AND PRACTICES OF FOOD CONSUMPTION OF ADULT WOMEN IN BAGNIBARI VILLAGE, BANGLADESH

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ABSTRACT

Introduction: An understanding of working and non-working women's perceptions and practices of food consumption is crucial for success of nutrition intervention programs by incorporating their emic perspective.

Methods: An exploratory qualitative study was carried out among 7 adult working women (aged 15 years to 35 years) and 11 adult non-working women (aged 17 years to 60 years) using in-depth interviews, focus group and informal discussions, participatory rural appraisal tools and observations in households, roadside tea-shops and restaurants.

Results: Rice and potato are commonly consumed by people. Rice symbolizes food as it reduces hunger and provides energy. Three meals with rice are usually consumed by the family. Home-cooked food is perceived as healthy. Although market food are perceived as unhealthy, it is often consumed, particularly by working women. Cognitive and socio-economic factors influence its consumption. Stale food is considered unhealthy and is perceived to be a cause of diarrhea but is nevertheless eaten by poor households. Elderly women perceive food as adulterated and they consume less.

Conclusion: Consumption of food is not determined by the perception of its nutrient value alone, but is influenced by cultural, social and economic factors. Understanding of perceptions of adult women is crucial for the success of nutrition intervention programs.

Keywords: Working Women, Non-Working Women, Perceptions, Practices, Food consumption.

I. INTRODUCTION

The high prevalence of under-nutrition in Bangladesh is due to poverty, environmental factors (social and economic) and poor health. Maternal malnutrition is widely prevalent in rural areas in Bangladesh. Increased vulnerability of women is due to the fact that they experience a much greater social, economic and nutritional deprivation than men (Rahman and Nasrin, 2009). Low intake of dietary energy and micronutrients by rural people is due to lack of access to resources to grow and purchase food. Body Mass Index (wt in

kg/ht in m^2) can be used to define women's nutritional status. In Bangladesh, 45% of the rural women of reproductive age group have critical food insecurity with a Body Mass Index (BMI) less than 18.5 kg/m^2 (Rahman and Nasrin, 2009).

Eating food is the most common human activity. Though it appears simple and is accepted as a part of everyday life, human behaviour related to food and eating is complex and is influenced by several factors and their interactions (Koster, 2009). In rural Bangladesh, factors that affect food consumption and dietary intake are multi-factorial

and include women’s low social status, their lack of decision making power resulting in negligible or no control over decisions related to intra-household food allocation, food expenditure, and diet resulting in inequitable dietary practices that adversely influence women’s health and nutritional status (Shannon, Mahmud, Asifa& Ali, 2008). A study by Alam, Roy, Ahmed, and Ahmed (2010), show that the dietary energy intake of adolescent girls aged thirteen to eighteen years is low leading to a widespread prevalence of stunting and thinness. In rural Bangladesh, most pregnant women have beliefs related to food - taboos, aversions and preferences (Shannon, Mahmud, Asifa& Ali, 2008) while consumption of energy rich foods by lactating mothers is similar to non-pregnant, non-lactating women (Sarkar& Taylor, 2005).

Urbanization has increased economic opportunities resulting in a larger proportion of women working outside the house. This has led to an increase in the demand for market food in many countries. In Bangladesh, urbanization with resulting income increases in households has led to changes in food consumption (Regmi&Dyck, 2001). There has not been much research about the perceptions and practices of food consumption of adult working and non-working women in rural Bangladesh and exploration of the differences in food consumption pattern between the two groups.

The purpose of this exploratory study is to examine the perceptions, and practices related to food consumption of adult women in the working and non-working sector in Bagnibari village, Bangladesh. The specific objectives include an understanding of different kinds of food consumed, the reasons which influence choice of food most commonly consumed, an understanding of the symbolic meaning of food, perception of food as healthy and unhealthy, exploration of factors that influence perceptions and practices of food consumption of women in the working and non-working sectors. This exploratory study will focus on the emic perspective that may help in the design of effective nutrition education messages and intervention programmes.

II. METHODOLOGY

A. Context Setting:

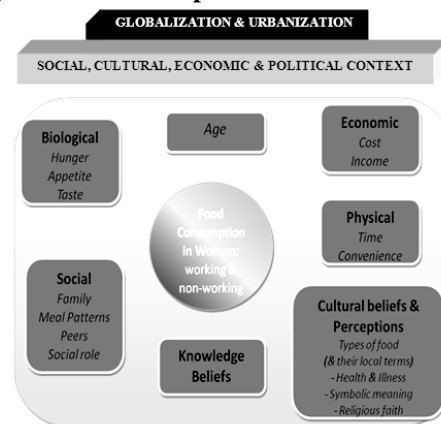
The study was carried out in the semi-urban contextual setting of Bagnibari village, located

about 35 km from Dhaka. The population of Bagnibari is around 7000 with 530 households (Bangladesh Bureau of Statistics, Population Census, 2001). It is surrounded by several factories, a local market and has farming/agricultural land. The local market has vendors of vegetables, fish & meat, restaurants, tea-shops, fast food shops, and shops that sell packaged food products. A few small bakeries that sell bakery products, tea and snacks are located by the side of the main road in Bagnibari. Preliminary field visits revealed that the village inhabitants were primarily rickshaw pullers, daily wage/agricultural labourers, local business men, and “*Rajmistri*”/construction labourers. The houses in the village are made of brick, mud, and bamboo thatch. The village is made up of three hamlets or neighbourhoods/localities named *Modhyapara*, *Purbapara* and *Paschimpara*.

B. Study Design and Conceptual Framework

This was an exploratory qualitative study with focus on the Grounded Theory design. Through literature review, an initial conceptual framework was prepared which served as a guide in the design of the questionnaires and checklists for the focus group discussions and observations. Based on the information gathered during the conduction of the study a new conceptual framework was developed to identify the variables that influence the food consumption patterns of adult women, both working and non-working. Biological, economic, social, cultural and physical determinants, knowledge, beliefs and age are the main factors that influence perceptions and practices of food consumption of adult women.

Figure: Final Conceptual Framework



C. Sample population:

Purposive sampling was used and the sample population for this research comprised of adult women who had been broadly divided into two groups: working (age ranging from 15 years to 35 years) and non-working (age ranging from 17 years to 60 years). Working group may be defined as women engaged in work in the informal and formal sector. Among the women interviewed and those who participated in informal discussion all except one worked in the garment factory. The “non-working” (not engaged in paid wage labour) group may be defined as those who are engaged in household work. In the sample population adolescents, the middle aged and elderly women were included. Elderly women (even retired) were not included in the working group. Participants in the study included women belonging to the lower socio-economic background, and two among them were from ultra poor households.

Data Collection:

The methods for data collection included six in-depth interviews with women at the household level; three of which were conducted among women in the working group and three among women in the non-working group. The interviews were semi-structured and free-flowing and unstructured observation of the participant and their surroundings was done during the interview. Two Participatory Rural Appraisal tools, free listing and ranking, were used alongside focus group, informal discussions and key informant interviews. Observation and informal discussions were conducted with the owner and a few customers in the local tea shop located by the roadside in Bagnibari village and the owner and the lady helper in the restaurant in Akran Bazaar. The process of preparation and cooking of food was observed in the household of working and non-working woman. A focus group discussion (FGD) was conducted with 8 participants, all of who were engaged in household work (age ranging from young, middle-aged and elderly). The common variable in the focus group discussion was that all were women; however, a limitation of the study was that focus group discussion with women in the same age group could not be carried out owing to the time constraints within which the research was conducted. An informal discussion with four working women in the garment factory was conducted at the household level on their holiday. Guidelines for in-depth interviews, focus group discussions and observation had been developed and used. During the process of data collection, field notes were collected.

In order to reduce bias, verification of the collected data was done through triangulation of methods (tools) primarily using focus group/informal discussions, in-depth interviews and observations. Triangulation of sources of data was done by conducting informal observations in the restaurant in Akran Bazaar and roadside tea shop in Bagnibari. Data were collected until a point of partial saturation was reached. Limited time did not permit further data collection.

D. Data Analysis:

Field notes were taken by the researchers in the village. They were transcribed and after examining the transcripts carefully, illustrative codes were formulated. The transcripts were analyzed by broad coding of data into general categories. An initial code list was prepared. The transcripts were re-examined and the preliminary code list was partly modified. The entire process of coding was done manually. Sub-codes were identified and written in the margins of the transcripts. Codes were categorized for existing patterns and relationships and the themes were identified. New themes that emerged were included and sorting was done by compiling and arranging themes, and the illustrative quotes into an outline of a narrative.

Ethical assurance for protection of human rights:

Informed verbal consent was obtained prior to interviews, focus group & informal discussions, observations, and taking photographs. Strict confidentiality was ensured. Focus group participants were informed a day in advance.

III. FINDINGS

The findings presented below are based on six in-depth interviews, a focus group discussion (FGD), an informal discussion and observational findings during cooking and preparing food in households of working and non-working women aged 15 years to 60 years belonging to the lower socio-economic group. Most women (5) interviewed did not have any formal education.

Common findings that emerged were that working women (aged 15 years to 35 years) had no control over the salary they earned, as it was handed over to their respective husbands/father. The little money that they kept aside was spent as per individual likings on clothes and food. One of the participants also helped her mother financially.

The decision makers in most cases were found to be the husbands, sons (in case of two elderly women) and father (in case of a young adolescent woman). Exception was seen in case of an ultra poor household where the primary decision maker was the mother-in-law. Most housewives, who participated in the study, would eat after serving food to everyone. Working women ate food before their husbands in case they had to leave early for work in the morning. However all of these women said that they usually ate less than their husbands. We used the PRA tool and asked the participants to visually depict the amount of food given to each member of the household, including themselves.

Basic meal patterns consisted of three meals interspersed with intake of snacks as “in-betweeners”. This was more common among the working women and also among several

housewives participating in the focus group discussion, except for two elderly women.

A. Types and reasons of food commonly consumed

The food universally observed being prepared, cooked and served during our visits was rice. Rice (*bhaat*) remained the food commonly consumed by all and was a part of each meal in all households in the study. Young working girls in an informal discussion said that:

“We eat *bhaat*, we get energy and nutrition and if we do not eat then we feel weak and cannot work.”

A married working woman aged 24 years said, “Without rice one cannot survive ...”

Table 1: Types of food consumed by women participants in research study in Bagnibari village, Bangladesh

Local Names	English	Local Names	English
Food: (Home cooked)		Food: (Market Prepared)	
<i>Bhaat</i>	Rice	Fried Food	
<i>Aloo</i>	Potato	<i>Puri (suji & dal)</i>	Varieties of fried snacks
<i>Begun</i>	Egg Plant	<i>Piyaji</i>	
<i>Tomato</i>	Tomato	<i>Paratha</i>	
<i>Seem</i>	Green Beans	<i>Furuli</i>	
<i>SaakhSabji</i>	Green Vegetables	<i>But Bhaja</i>	
<i>HechiSaakh</i>	Variety of green leafy vegetable	<i>Shingara</i>	
<i>Lau Saakh</i>		<i>Dal Bhaji</i>	
<i>PuiSaakh</i>		<i>Tele Bhaja</i>	
<i>KochuSaakh</i>		<i>Aachar</i>	Pickle
<i>MishtiKumro</i>	Pumpkin	Sweet	
<i>Kohi</i>	Variety of green vegetables	<i>Amirti</i>	Variety of sweet dish
<i>Dhundol</i>		<i>Jelepi</i>	
<i>Jhinga</i>		<i>Rosagolla</i>	
<i>Potol</i>		Snake gourd	
<i>Korola</i>	Bitter Gourd	Packaged	
<i>Pepe</i>	Papaya	<i>Pauruti</i>	Bread
<i>Chhotomaach /Guromaach</i>	Small fish	<i>Muri</i>	Puffed Rice
<i>Dim</i>	Egg	<i>Cake</i>	Cake
<i>Mangsho (Murgi)</i>	Chicken	<i>Ice-cream</i>	Ice-cream
<i>Dudh</i>	Milk	<i>Chanachur</i>	Variety of fried snack
<i>Phol</i>	Fruits	<i>Chips</i>	
<i>Kamla</i>	Orange	<i>Biscuit</i>	Biscuit
<i>Appel</i>	Apple	<i>Cha</i>	Tea
<i>Angur</i>	Grapes		
<i>Peyara</i>	Guava		
<i>Kathal</i>	Jackfruit		
<i>Aam</i>	Mango		

Another common food cited by all included potato/“*aloo*”, which was observed to be a part of most meals in the households. A non-working married woman aged 17 years with a child, whose husband was ill and not working said:

“Potato/“*aloo*” is not only cheap and affordable, and one can make a variety of preparations with it such as fried potato/“*aloobhaji*”, mashed boiled potato/“*aloobharta*”, and potato curry/“*aloo r jhol*”.

Few mothers in the focus group discussion mentioned that green leafy vegetables like “*lau-shaak*”, “*puishaak*” and “*hechishaak*” are consumed more by those working in agricultural

fields, while vegetables like eggplant/“*begun*”, snake gourd/“*potol*” and bitter gourd/“*korola*” are consumed chiefly by those who purchased vegetables from the market. Four women interviewed said that they use “*latapata*”/green leafy vegetables which they get from surrounding fields. A woman from an ultra poor household said that she gets small fish from the stagnant water in paddy fields.

B. Perceptions of food as healthy and unhealthy

Food perceived as healthy and unhealthy were listed by participants of the focus group and informal discussions and are in the table below.

Table 2: Foods listed by participants in discussion (Focus Group & Informal) as healthy and unhealthy

Local Names	English	Local Names	English
Healthy Food		Unhealthy Food	
<i>Dudh</i>	Milk	<i>Chanachur</i>	A variety of fried snacks
<i>Dim</i>	Egg	<i>Puri</i>	
<i>Lalsaakh</i>	Green Leafy vegetable	<i>Paratha</i>	
<i>Palaksaakh</i>		<i>Shingara</i>	
<i>KochuSaakh</i>		<i>Tele BhajaKhabar</i>	
<i>MishtiKumro</i>	Pumpkin	<i>BashiKhabar</i>	Stale Food
<i>ChhotoMaach</i>	Small Fish	<i>PochaKhabar</i>	Spoilt Food
<i>BachhaMurgi</i>	Baby Chicken	<i>MarichSukhno</i>	Red Chili Powder
<i>KabutererBaccha</i>	Baby Pigeon		
<i>Mangsho:Gorurmangsho</i>	Meat: Beef		
<i>Appel</i>	Apple		
<i>Peyara</i>	Guava		
<i>Angur</i>	Grape		
<i>Kola</i>	Banana		
<i>Pepe</i>	Papaya		
<i>Tetul</i>	Tamarind		

Food commonly perceived as healthy included either fruits and/or green leafy vegetables by all women participants in interviews. Housewives participating in the focus group discussion were aware of the nutritive value of food. They said that certain food could be used as medicine for specific illness. The participants’ responses include:

“Green leafy vegetables contain calcium. Small fish, pumpkin & “*kochusaakh*”/a variety of green leafy vegetables improve eye-sight. Eggs help in stabilizing blood pressure in those with hypotension, milk forms blood, papaya is helpful in gastric problems and tamarind helps

to lower blood pressure in patients with hypertension”.

Their perceptions were based on opinions of others and on what doctors commonly advised. Home cooked food was perceived as healthy by all as the women said that they prepared it themselves in a clean and hygienic manner. The participants feel that “*bhaat*”/rice prepared at home alone can appease the feeling of hunger (“*pet bhorey*”).

*Unhealthy food- Health problems.*All participants in interviews, focus group and informal discussions considered spoilt food/“*pocha*” and stale food/“*bashi*” as unhealthy. A young housewife

from an ultra poor household felt that spoiled fish/“*pochamaach*” and stale green leafy vegetables/“*bashisaakh*” cause diarrhea and should not be eaten. Young working women, and elderly woman interviewed and participants of discussions (informal and focus group) linked consumption of stale food with occurrence of diarrhea and gastric problems like acidity, gas, dyspepsia. A middle aged housewife interviewed said that a type of fish such as “*Mrigel*” caused epilepsy/*mrigibyaram*.

An elderly woman interviewed felt that consumption of excessive oily and spicy home-cooked food may cause diarrhea and jaundice.

Food prepared in market was perceived as unhealthy by all participants of the discussions and interviews. Participants of the focus group discussion felt that market food is prepared in unhygienic conditions as those who prepare the food do not clean their hands adequately; food is prepared on an open table and often food is kept in open counters exposed to flies. Similar concerns were expressed by an elderly woman and a young working woman interviewed. Participants of the focus group discussion felt that the market food was prepared by frying in burnt oil which led to health problems like pain in abdomen, gastric problems and diarrhea. A young working woman said she suffered from *gas*/flatulence, dyspepsia and gastric problems after eating fried food from market which was the reason for disliking such food.

In the informal discussion with a group of working women, they linked market food, particularly fried food such as “*badam*” and “*chanachur*” with diarrhoea and oily food with illness such as diarrhea and gastric problems.

C. Symbolic Perceptions of Food

What does Food signify? All participants felt that food was directly related with hunger. *Food satisfy hunger* and are synonymous with life as all felt that one could not survive without eating. A seventeen year old housewife and mother of a child belonging to an ultra poor household said:

“Food means satisfaction of hunger; we eat so that we don’t feel hungry”.

Few of the housewives interviewed and those participating in the focus group discussion felt that

food was necessary for good health and development. A thirty five year old pregnant mother of three children said that:

“Food is necessary for growth of body and for development of the brain. Food is always good for health. First I think about getting food for the family and then I think of education of my children/ (Khabararchintaagey, pore lekhararchinta)”.

Young adolescents participating in an informal discussion felt that *food was “rice”* which was invaluable as it provided them with energy and nutrition so that they could work. Extolling the virtues of rice, participants said that there is never any lack of appetite/“*aruchi*” for rice and one can eat rice throughout life. One of the young women said,

“...Food means rice/“*bhaat*” to us and rice is our food. If we do not eat rice we cannot live, or work. When we eat we feel good...”

A participant, a working woman said that *food meant joy in eating together* and was associated with pleasure. Among the working women in the study, there were social dimensions such as enjoyment related with eating food together with others in the factory and at home. Food purchased from the market was eaten at work place or home and rarely at restaurants except when they went out with families. A working woman who was the mother of two children, aged 35 years said,

“Food is related to hunger and when we eat food together we feel good...”

However another participant, an ultra poor housewife, felt that there is happiness if there is money as one could eat good things, when that did not happen, one could not feel good.

Food on special occasions

Different kinds of food are prepared on special occasions like festivals, marriage celebrations, during other occasions such as second Bangla month/ “*Jyosthomash*”. The different kinds of food prepared include beef/ “*gorurmangsho*”, mutton/ “*khashi*”, chicken/ “*murgi*”, duck/“*hash*”, fish/ “*maach*”, egg /“*dim*”, rice preparations/“*pulao*” or “*biryani*”, “*jorda*” and “*borhani*”.

Preparation and consumption of food on these special occasions, strengthens social ties and

relationships and in some cases preparation of such food represented a matter of prestige. One of the participants mentioned that they took loans while another used their savings to prepare food on these occasions.

Food as gift to man and offering to God

The practice of giving gifts when one is invited for any feasts/celebrations or visits houses of relatives has become a custom and one was expected to bring gifts in cash or kind as mentioned by the housewives participating in the focus group discussions (FGD). It was found that several social factors such as prestige, respect, social class, and courtesy dictated their behavioral action of giving food as a gift. They felt that if they go without any gifts their relatives will feel that they do not have any shame/“*lajja*” & “*sharam*”. A twenty four year old working woman and second wife said,

“They will think we are poor and so have not brought anything...”

While a 35-year-old working mother of two said:

“We take food when we visit house of our relatives as it is a matter of respect/“*samman*” and prestige for us...”

While few participants said that they give offerings of bread/“*roti*”, “sweets” during festivals like *Shab-e-Barat*, a fifty-five year old woman said that she offered food for God/*Allah* and sometimes served sweets in madrasah as she feels that she will be rewarded for it after death.

Food as hot and cold

Housewives participating in the focus group discussion perceived food as hot and cold. They said that

“Jackfruit/*Kathal* and mango/*aam* are “hot” and yoghurt/*doi*, watermelon/*tormuj*, tender green coconut water/*daaberjol*, cucumber/*sasha*, papaya/*pepey* are “cold”.

Housewives participating in the focus group discussion felt that during winter season they could eat well and they felt good, and during summer months they would eat less as when they ate a lot, they did not feel well.

Food Taboos

Most women we spoke to felt that pig and all dead animal products except fish are “*haram*”/prohibited

to them on religious grounds. A seventeen year old mother and housewife said,

“We do not eat pig, snake, fox and tortoise like the Hindus do”.

D. Factors that influence perceptions and practices of food consumption

It was found that knowledge about food perceived as “healthy” and “unhealthy” and dietary practices were not always related, as social dimensions and economic factors influence food choices and hence consumption.

Food Preferences

However despite knowledge about the adverse effects of market food on health, participants from the younger age group and those in the working sector said that they enjoyed eating prepared food from markets. A twenty four year old married working woman said that

“I prefer home cooked food as meals but I like snacks purchased in-between. I enjoy eating snacks from the market but it does not appease our hunger. We eat *chanachur*/a variety of fried food sold in the market and other food because we enjoy the taste(*smiles*)”

Cognitive factors such as the sensory perception of taste influenced choice and preference for market food among several participants including those in the working and non-working groups. They said that they ate because they liked the taste/“*saadpaye*” of the fried snacks that they purchased from the market.

Among the young working girls who participated in the informal discussion, peer and social factors played a role in influencing practices of food consumption. Young working women mentioned that the co-workers bring food from the market, share their food with others at the workplace. The experience of eating together is what they described as an enjoyable experience and a source of pleasure. Young adolescent working girls’ responses eliciting their pleasure included,

“We like eating food; we enjoy it (“*moja*”), feel good (“*bhalolagey*”, “*monkore*”). We feel happy when we all sit together and eat...”

Two working women of slightly higher age said that they ate outside as it is convenient for them.

When they could not bring meals from their home or when they were unable to cook, the food available in the market was the only available option.

Income

Fruits and milk were cited as preferred food by several women (4) interviewed and the participants of the focus group discussion but they could not eat the same as the income and purchasing power of the households was limited. A seventeen year old housewife and mother of a child, whose husband is ill and not working for the past one year, said that

“Earlier when my husband was well he used to bring fast food/“*moghlai*” for us from the market 2-3 times a month. But now we do not eat anything from outside as we cannot afford it. We eat fish (once or twice a month), egg (three times a month), and we do not eat much green leafy vegetable. We cannot afford to eat meat....I like to eat *Cocola* noodles (*She smiles as she tells what she likes*). We used to make the *Cocola* noodles two to three times a month during our good times. Now we cannot afford to buy the *Cocola* noodles now...”

Market food was perceived as expensive by most participants. The two ultra poor households in the study did not eat prepared market food due to the cost. The two participants from ultra poor households mentioned that they did not prepare any food for social occasions as they could not afford it. When invited for any special occasions, they did not go as they were expected to give something and they could not afford to give any gift of food. A young 17-year-old housewife from an ultra poor household said,

“We cannot give anything and so we do not go when we are invited”

Women from the two ultra poor households could not make offerings to God. Cost is recognized as an important attribute that influences practices of food consumption.

Food perceived as unhealthy was eaten as the families could not afford to waste food. Several participants(4) interviewed said that eating stale food caused illness like diarrhea, but their families ate stale food. A working woman aged 24 years said,

“Stale food is not good. But we eat the leftover food from the night before. We do not throw the food as we cannot afford to waste food owing to lack of money/“*abhaab*”. Where will we get the money to buy food if we waste?”

Seasonal Factors. Two women interviewed, one from the working group and the other from the non working group and the housewives in the focus group discussion said that seasonal factors affect household income and thereby food consumption during certain months. During these months, they faced shortage of food and sometimes ate only two meals. A working woman aged 24 years, said,

“During the month of March-April/“*chaitro*” my husband, a rickshaw-puller does not get much money in his trade and during this period we consume less food. We cook only once and eat 2 or 3 meals and our diet consists of salt and rice or boiled potato”

While a pregnant housewife aged thirty five years, mother of three children said that:

“During the rainy season, my husband is unable to get any work and we have to take loans on interest from moneylenders. During that period we eat two rice meals with boiled potato/“*aloobharta*” and green chilies/“*marichbharta*” and in the morning we have bread/“*roti*” with potato”

Age: Perceptions of elderly. Elderly women (2), who were participants in the focus group discussion and an elderly woman interviewed said that they feel that the food they eat now is adulterated/“*bhejal*” owing to contamination of all vegetables with pesticides. They feel that rain water washes the pesticides from the fields into rivers and this in turn contaminates the fish. An elderly woman aged 55 years, living with her son said,

“Fish sold in the shops these days are not fresh as they are preserved in ice and then sold in the market. Fish do not have any smell and don’t attract flies. Even the meat sold in shops is not fresh as it is preserved in the fridge and sold the next day.”

Two elderly women in the focus group discussion said,

“Food was healthy and nutritious before and there was no disease. The food we eat now is contaminated with pesticides/“*saar*”. Eating food contaminated with pesticides is harmful and is leading to heart disease and cancer.”

Age: Practices of Food consumption in elderly

All the three elderly women who participated in the research study ate less food and had only two meals daily as they felt better. An elderly woman aged sixty years, a participant of the focus group discussion said,

“I eat less because I feel light/“*halkalagey*”. If I eat less, I feel better. With old age there has been decrease in powers of digestion/“*hazamshaktikomeyjaye*”, hence I consume less dal and vegetables as I suffer from diarrhea/“*patlapaikhana*” if I eat more.”

Illness: Food restrictions and change in dietary pattern

Most women said that during an episode of fever they would eat only dry food items such as biscuits, “*muri*”/puffed rice and decrease consumption of food. During an episode of diarrhea, they would give Oral Rehydration Solution (ORS) and boiled soft rice with potato. One young working mother said,

“Mixture of turmeric and salt is beneficial during diarrhea. Light foods like biscuit and bread are beneficial while heavy food like fish and meat result in heaviness of the abdomen and diarrhea/“*patlapaikhana*” continues. During any illness, egg and milk provide nutrition, green coconut water keeps the body cool and fruits increase energy”.

A 35-year-old working woman, mother of two, said that her family does not eat rice meals when they suffer from fever as advised by their pharmacist. During focus group discussion with housewives, participants said that during illness like measles and chicken pox, food like beef, fish, and vegetables should not be consumed as they felt that the diet during that period should consist only of potato and rice.

IV. DISCUSSION

Our attempt was to find out different kinds of food consumed, common food consumed, factors affecting choice, symbolic role of food in life of

people, perceptions of food as healthy and unhealthy and factors affecting perceptions and practices of food consumption.

Findings of the study show that the women of Bagnibari village eat different kinds of food both home-cooked and prepared food from the market. Home-cooked food constitutes their meals while they enjoy eating fried snacks from market as “in-between” food due to cognitive factors like taste. Working women have to eat food from market more frequently due to lack of time and convenience. Owing to influence of peer factors, young working women enjoy eating together and sharing food in the work place. The common food consumed in our study was found to be rice and potato, which constituted the meals. Meaning of food was symbolically associated with feeling of hunger and its fulfillment. While rice was perceived to be synonymous with food, the choice of potato was governed by the cost factor as the study was conducted among women from the lower socio-economic group. Perceptions of food considered as healthy and unhealthy were based on opinions of healthcare providers and others in the community. While unhealthy food was linked with certain health problems, healthy food was associated with health benefits. The study shows that consumption of food perceived as healthy or unhealthy is not determined solely by the nutrition value of food but is influenced by environmental (social and economic) and cultural factors. Old age influences perceptions and practices of food consumption with a person eating less. A study by Drownowski & Shultz (2001) also shows a decrease in food consumption with old age.

The sample in the study consisted of women in the working and non-working groups; the women in the working group were found to have no financial control over their salary. This is consistent with the position of women in Bangladesh, where exists a patriarchal society; with low status and limited decision-making powers of women leading to discriminatory dietary practices among them (Helen Keller International, 2006). The qualitative study has been done in the rural setting which is becoming increasingly urbanized, owing to the presence of a large number of garment factories, resulting in increased opportunities for the women in the work sector. There has been a subtle shift in food consumption particularly amongst the more mobile working women with increased demand for non-traditional ‘fast food’ resulting from increased

opportunity cost of women's time (Regmi and Dyck, 2001). The diet consumed in the contextual setting is rice-based as in many Asian countries and the people in the study belonged to the low income group.

Studies have shown that cost of food is the most significant factor in determining food choice (Pollard, Kirk, & Cade, 2002). The type and amount of food available depends on the household purchasing power as nearly 50-60 per cent of the people do not have any farming land in Bangladesh and most food consumed is bought from the local market (Rizvi, 1988).

Social aspects such as atmosphere, mood and eating with others are important aspects of the pleasure gained from eating together and influences choice of food as has been shown in several studies (Pollard, Kirk, & Cade, 2002).

Societal conventions govern different acts of people such as giving food as gifts, making offerings to God or preparing food for special occasions. Food symbolizes a number of things for people and is deeply rooted in the culture and societal conventions and relationships (Helman, 2001). Rizvi (1988) demonstrated that socio-economic and cultural factors influence dietary practices of rural Bangladeshis in the brief ethnographic analysis.

Current health policies in all countries are focusing on improvement of nutritional health, particularly of women as they are more vulnerable biologically and socially. This is being done through implementation of nutritional programs that lead to healthy diet practices. However knowledge of what people perceive as healthy and unhealthy is important in designing the programs. Recognition of the complex factors that determine food choices is necessary to bring about any sustainable behavior change in practices of food consumption (Keane and Willetts 1994).

Promotion of health and nutrition should take into account differences that exist among diverse communities (Mackereth and Milner, 2007). Understanding the cultural perceptions and practices of food consumption of adult working and non-working women will help in effective design and is essential for successful implementation of any nutrition intervention programme targeting gender specific age groups.

A. Limitation:

Limitations in the study include a very small sample size as a result of which we could not reach specific conclusions. The time period was too short due to which the process of data collection was not exhaustive till a point of full saturation was reached. A Focus group discussion was conducted with women of all age groups; a homogeneous variable such as age could not be used owing to the limited time. Another limitation of the study was that there was not enough socio-economic diversity among participants. A standard definition for defining the socio-economic status was not used. During the course of the research study, etc perspective of the researchers', both of whom were doctors sometimes came in the way of viewing the emic approach of participants.

V. CONCLUSION

The study explores the perceptions and practices of food consumption of working and non-working groups of women. Symbolic meaning of food is rooted in the cultural beliefs of the community. Rice/*bhaat* symbolized food for all and is integral to the perception and practices related to food consumption in the study. Findings among the small study group indicates that though food may be perceived as healthy, consumption of food is influenced by social and economic factors. Cognitive factor like taste of food also influenced consumption patterns. Among the working group, social interactions and peer factors particularly among the younger age group influence perceptions and practices of food consumption. Income of a household limits person's choice and influences practices of food consumption. Age influences both perceptions and practices of food consumption.

In the broader social and political economy of Bangladesh, where there is increased urbanization, presence of a patriarchal society, widespread poverty and gender discrimination, the prevailing cultural practices and beliefs influence consumption of food in the community.

Recommendations

The sample size of this research exercise is very small. Our recommendation would be to take the research forward through a more specific approach to gain an in-depth understanding of the perceptions and practices of the food consumption of adult women in the working and non-working

sectors. This would take into account changing food preferences of working women, knowledge of which would help in the design and implementation of effective nutrition education messages.

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