# Bridging Gender Gaps: Engaging Men and Family for Nutritional Equity in Rural India

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This op-ed highlights the nutritional challenges faced by women in rural India, focusing on how traditional norms impact their health and autonomy. It stresses the importance of involving men in nutrition discussions, showcasing initiatives such as 'Parivaar Chaupal' that foster gender equality through family-centred approaches. Read the full op-ed below.

In the corners of rural India, where kitchens hum with early morning activity and women's hands are constantly at work, a silent struggle persists. Women and girls prepare food, feed their families, and care for their children—yet they often remain the last to eat. In these homes, traditional norms and practices deprive them of their nutritional rights, affecting their bodies and autonomy.



Community Engagement

## **Invisible Struggles of Women's Nutrition**

In a patriarchal society, women are frequently denied simple pleasures like cooking meals they enjoy or sitting down to eat with their families. These are not just minor inconveniences but powerful symbols of exclusion. Sunita, a 21-year-old from Bastar, Chhattisgarh, is a case in point. Every day, she wakes before dawn to handle household chores but waits until everyone else in her family has eaten before she serves herself a meal. The fear of making the food "Jhootha" or contaminated, should she eat first, forces her to wait—often until she is too tired or unmotivated to consume enough food.

Sunita's experience is not unique. Many women and girls in rural India follow similar patterns, underscoring how deeply ingrained traditions dictate who gets access to food and when. Such customs are more than a denial of a meal—they perpetuate inequalities that restrict women's autonomy, health, and well-being. Over time, these

restrictions lead to a cycle of malnutrition and poor health for women and girls.

#### **The Malnutrition Trap**

While India has made significant strides in reducing hunger, malnutrition among women remains stubbornly high. According to NFHS-5, the proportion of undernourished women stands at 18.7%, while a staggering 57% of women suffer from anaemia, a condition that impacts their productivity, and maternal health. These statistics tell a story of gender-based deprivation: while women cook the food, they often eat last and consume less, resulting in a perpetual state of undernourishment.

Consider the case of Champa, a 24-year-old woman from the same region, who adhered to local superstitions and avoided meat during her pregnancy. This restriction, coupled with strenuous post-partum duties, left her malnourished and her baby underweight. Cultural practices surrounding pregnancy, and fertility further exacerbate women's nutritional deficits, making malnutrition a deeply gendered issue in India. This phenomenon is also visible in families where the pressure to bear male children adds layers of stress and neglect to women's health.

# **Gender Inequality in Food and Autonomy**

The issue extends beyond individual women like Sunita and Champa. The broader reality is that gender inequality dictates the distribution of food and resources across generations. In homes where women marry early and bear children continuously, nutritional needs are often ignored. NFHS-5 data shows that 27% of women in India aged 20-24 were married before the age of 18, setting them up for a lifetime of malnutrition, compounded by repeated pregnancies, household responsibilities, and cultural restrictions.

These social norms not only rob women of their health but also restrict their autonomy. As young brides and mothers, their lives are shaped by decisions made by men, mothers-in-law, and other senior members of the household. In this environment, women's nutritional needs are often overshadowed by the perceived

priority of feeding men and children.

## **Engaging Men to Transform Gender Norms**

To address these challenges, a pilot intervention was initiated by the ROSHNI – Centre for Women Collectives-led Social Action in collaboration with Deendayal Antyodaya Yojana-National Rural Livelihoods Mission (DAY-NRLM) and UNICEF. This initiative, aimed at improving maternal and adolescent nutrition, initially focused on women's self-help groups (SHGs). However, a midterm evaluation revealed a critical gap: men's involvement. Although the program emphasised maternal health, very few men actively participated. In many cases, they had never accompanied their wives to health check-ups, and most viewed contraception as exclusively a woman's concern.

This finding pointed to a deeper, systemic issue: nutrition cannot be viewed through the narrow lens of women's responsibility alone. To bring about meaningful change, men must be part of the conversation. Only by addressing traditional gender roles and encouraging men to take an active role in the health and nutrition of their families can we hope to dismantle the structural inequalities that perpetuate malnutrition among women.



Parivaar Chaupal

## Parivaar Chaupal: A Family-Centred Approach

Recognising the need for a more inclusive approach, the intervention shifted its focus from "Women in Development" to "Gender and Development," engaging the entire family as a unit of change. An intervention introduced in Chhattisgarh was the "Parivaar Chaupal"—a family meeting session where men, women, and elders gather to discuss nutrition, health, and gender equality. Using visual tools, interactive games, and inclusive messaging, these sessions address the power dynamics that often marginalise women in their households.

These Chaupals are a crucial step in reshaping how families perceive women's roles, not just in the kitchen but in every aspect of decision-making related to health and nutrition. The results have been promising, with SHG members and their husbands showing increased confidence in decision-making and greater awareness of women's health needs.



Pariyaar Chaupal Engaging Men and Women

# Myth of Gender Equity as Women's Responsibility

There is a widespread misconception that gender equity is solely a woman's

responsibility. In reality, promoting gender equity is a shared responsibility that involves both men and women. Addressing the nutritional needs of women isn't just about providing more food—it's about challenging the societal norms that determine who has access to food, when, and how much.

The pilot program in Bastar demonstrated that involving men and other family members is key to challenging gender norms and driving sustainable change. However, engaging men remains a challenge, largely due to their inconsistent availability and entrenched disinterest. To make a meaningful impact, the intervention must scale up and be integrated into state-run programs that involve entire communities, not just women.

## Toward a Sustainable, Scalable Future

While civil society organisations have successfully implemented gender-transformative nutrition programs, scaling these efforts to government health systems remains a challenge. The success of programs like the "Parivaar Chaupal" offers a blueprint for sustainable interventions, but more work is needed to ensure these strategies are integrated into national policies. Large-scale, evidence-based programs are essential to challenge harmful gender norms across all life stages—from adolescence through motherhood.

The path ahead is clear. To achieve lasting nutritional equity, we must engage men in discussions about health and nutrition, not only for the benefit of women but for the well-being of the entire community.

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