

Invisibility of Caste in Nutrition Perspective

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Caste, and gender came knocking on the doors of disciplines like nutrition ever so often, but sadly no one saw or heard these pleas, or even tried to make space for a different thinking. Science with all its limitations arrogated to itself the responsibility of planning for a nation, in the area of food and nutrition. My first exposure to caste and nutrition, which occurred in the 1970s, is still etched in my mind ... it was a meeting of the Nutrition Society of India at NIN in 1977. I think it was a meeting of top notch experts from India and from abroad. The ICDS program had been launched in some parts of the country with much fanfare; after all it was going to provide 300 kcal and 10 gm of protein to pre-school children, based on a meticulous scientific calculation of the calorie deficit, and a formula called the Hyderabad mix had been prepared to address child malnutrition. (Hyderabad mix contained cereal, pulse, ground nut, sugar, milk powder, with nutrition advice about adding carrots, and greens to the preparation.) It had been successfully tried out in some rural areas around Hyderabad. Milk powder was withdrawn very soon because of its expense. The meeting had reports on the ICDS program, but there was an unease, in speaker after speaker who reported the 'small' problem that the upper caste children refused to eat with the Dalit children, or that the cooks were Dalit, and not acceptable to the majority of the village population. At the other end Dalit children were also barred from entering the ICDS centres located in the main village.

There was irritation, and disbelief - -no one had foreseen this. They protested that these were not scientific questions. No one had a solution to this insurmountable problem either.

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For the well-meaning scientists the worst was yet to come. The very next year a new problem had arisen, beneficiaries (as the children were called) were seen carrying the ICDS food home to share it with their siblings. This had the potential of completely derailing a national program. There was talk in hushed tones that this ICDS food was proving to be a substitute for home food and not a children's diet supplement as planned by nutritionists.

A scientific construction of a food supplement based on calories and proteins for a child, in the age group of 1-6 years did not factor in the culture among Dalits, and among others in the villages, which encourages children to 'share food with others present' and definitely with siblings. It is perhaps this sharing which helped the rural population survive the ravages of repeated famines over many years; but this very practice had the potential of ruining the careers of nutrition scientists. Food sharing did not last very long, because over time the food became inedible and fit for animals.

The other fact, which came as a shock to the scientists was that children 'preferred' eggs to the insipid fare doled out to them. The demand for eggs was often dismissed by state governments as illegitimate and against Indian culture. Another proposal to introduce eggs and milk in the ICDS based on the UNICEF Reports which recommended that children be provided with milk and other sources of animal protein for growth, was seen as 'not feasible'. The confidence in science which did not see beyond 300 kcal helped authorities ignore the recommendations of UNICEF too. An earlier attempt at investigating the vegetarian RDA constructed for a nation where over 70% eat flesh, fish and eggs was seen as an attack on the Scientists who put India on the map of Nutrition Research (*mfc bulletin*, No. 355-356, Mar-June 2013).

No one thought it fit to investigate the eating cultures and desires of the poor. No pilot survey was done to find an acceptable food for one of the largest feeding programs in the world. Even the timing of the

ICDS was proving to be a problem because women had to go out to work early, and there was no one to bring the child to the feeding centres. Instead a whole nation was held to ransom by the rigid rules and of course in the name of our vegetarian culture, even if that meant over 40-60% of our children would continue to be classified as malnourished (<2SD weight for age and height for age).

The scientists attending the review meetings appeared helpless in the face of what they believed were assaults by the community, largely drawn from the poorest Dalit and BC backgrounds. This continued year after year, stories of 'subversion' by a caste and class who should have actually behaved like thankful recipients of this program. It was a shame that they (recipients) did not recognize the benefits of a Government supplementation program, and nothing could be done about it. No one had a solution to this problem nor did anyone suggest that they should talk to the people for whom the programs had been prepared.

A program like the ICDS was sacrificed because the Nutritionists, bureaucrats and planners did not see the role of caste, class, eating culture and other social variables impacting nutrition in India. This symptomatic refusal to consult the poor either about their eating cultures and desires, or about how to make the program succeed, points to a larger problem: the scientists felt that it was unimportant to give credence to the opinions of the poor because a) they had no say in the matter because they were beneficiaries of a welfare program; and b) because given the caste/class correlation, most of them belonged to the 'lower castes', whose lives and cultures were not worth investigating anyway. Thus, while the social problem of discrimination existed in relation to interdining among Dalit and non-Dalit children, an administrative problem of discrimination comes into view against asking 'beneficiaries of state charity' what they actually needed.

Over the next 10-15 years (during the 1980s and 1990s)“feeding programs” had lost their charm – and not only because children shared the supplement (by now it was made of some rancid soya bean, cereal and little sugar, and in any case less than 25% of kids ever came to the ICDS centre, and most of the time this inedible supplement was fed to the cows.). There was the larger problem that anthropometric indices reflecting under nutrition were proving to be an embarrassment for India. For example,

a) Mean Birth Weights in the country were stationary at 2.7 kg with 30% of the babies Small for Gestational Age

b) Anaemia prevalence was at 60-80% in children, men and women.

c) Percentage of children who were underweight and stunted hovered around 45-50% in the <6year group.

d) About 30% of adults, men and women, had BMIs <18.5.

e) And a new ‘index’ called wasting was rearing its head.

Around 75% of the population could be classified under any one or more of the above categories. That left very few ‘normal’ children.

However, one of the main reasons for loss of interest in the program was that the nutrition data generated by the NFHS and the NNMB was proving to be an embarrassment. It was used largely to rank state governments, and even countries on different scales of hunger and deprivation by the World Bank and other international agencies like the WHO, UNICEF FAO, and India ranked among the last few countries.

Nutrition had also lost its sheen because the country was euphoric with the arrival of the corporate health care due to liberalization at one end, and the working of the DOTS Program, Pulse Polio and newer techniques in Family Planning at the other. In other words, privatized clinical care and public health

modeled as selective intervention removed the emphasis from building the population's health through sustained comprehensive care.

The social questions like caste and gender continued to create havoc, and remained invisible to the scientific eye. Most of the scientists were still unwilling to accept that the Dalitwada was located outside the main village, or the fact that upper caste children were not allowed to eat with the Dalits, or that the ICDS centres and government schools were located in the main village, near the Panchayat President's (PP) house, or that the ANM visited the village only to camp outside the PP's house expecting the pregnant mothers to come to her for their check ups and tablets. No one dare ask her to come to the Dalitwada! As expected Dalit women who were pregnant did not seek the ANMs help at the PP's house. It was but 'natural' that the main village inhabited by the privileged upper castes, had access to public services like roads, water, electricity, schools, Anganwadi centres, etc.

It was true that sciences like nutrition and health did not include a study of caste, gender, rural urban divide, and other social variables. Nor was the medical profession ready to soil their hands with these issues. They were convinced that caste did not operate in the sciences, in any case it had become illegal, and therefore non-existent with Independence and the Constitution of India. They could not see its new forms. The failure of the ICDS was a non-issue; it was seen as a failure of the implementation agencies. The scientists from NIN, Baroda, Delhi and other centres were convinced that implementation of nutrition programs was not their job. (This stand is evident in the minutes of the NSI meetings in the 70s and 80s). It did not occur to them that even space scientists do not rest till the rocket takes off and starts sending back data! Perhaps it is easier to work with inanimate materials like alloys, rocket fuel, and even gravity than with caste in India.

Meanwhile caste was reluctantly introduced as one of the social variables in the NNMB survey reports of 1994-95, after the Mandal Commission Report. But there was nothing to cheer about. Nutrition data which was caste blind till the 1980s and 1990s, does appear for the first time in 1994 but in a new avatar. The data presents figures for undernutrition in relation to socio-economic variables, because the new software makes it possible to generate 2x2 tables which show linear relationships of caste and other socio-economic indicators like land holding, occupation of the head of the household, literacy of the mother/father, availability of toilets, piped water supply, electricity, etc., with severe malnutrition in children, or BMI in men and women or any other index of malnutrition. But the whole exercise exposes the uneasy relationship with these social categories, and ends up paying lip service to the task of mapping caste-wise data. As one tries to understand table after table, caste becomes hazy and eventually disappears, and you remain no wiser.

Example

Some details from the latest Report of the NNMB* are given below (2012, see Appendix, given below).

The sample consists of the following-

No. of Households	23,889
Total Population	86,898
Number of Women	32,295
Number of Men	24,130
Total no. of Children < 6 years of age	9038
Girls	4437
Boys	4601
Total number Girls and Boys 6-17 yrs	21,037

The results show that a) 48.1% of Tribals and 39.5% of SC women have BMIs <18.5; and then from the same sample b) 40.9% of those in Kutcha houses, 40.2% of landless agricultural labour, 40.7% of non-literate, and 46.7% of those with per capita incomes less than Rs. 300 all also have BMIs <18.5, you are left wondering. How many Dalits, are landless agricultural labour, are landless, and/or have incomes less than Rs.300/month, and/or are non-literate and simultaneously have a BMI below 18.5?

Surely Dalits must be the majority among those with no land, or the agriculture labour, or with no toilets or no piped water. The correlation of BMI with these multiple variables would focus administrative understanding (and action) on the process of caste based structural discrimination that leads to poor health status. Instead, the correlation tables are like magic - caste is there, but is erased immediately by leaving it disconnected to other indicators, in order to help the nutritionists get on with life and forget the inconvenient problem. The solution is convenient in two ways: one, it avoids any commitment to focused effort to undo caste disadvantage. Two, it avoids the ideologically taboo intersectoral solution to the problem of low BMI: that is, to educate, give proper housing, provide nutrition, and distribute land to take care of the issue in a comprehensive manner.

Thus, my attempt to sift through caste-based data from the latest NNMB 2012 Report has been a learning experience on how the report shirks the responsibility for providing any kind of complete explanation for the nutritional status of the SC and STs.

In conclusion, I would like to reiterate my argument briefly. In the first part of the essay I traced the manner in which caste was never recognized as a variable affecting the ICDS program, leading to its utter failure. This example served to indicate the manner in which nutrition scientists and administrators refused to look at caste in that period. In the second part of the paper, I look at the situation after the Mandal Commission, where administrative data begins to look at caste. Here my example is the NNMB data (2012), where I demonstrate the lack of a grounded and meaningful analysis of the relationship between caste, housing, sanitation, literacy and BMI. It is a shallow analysis, which while paying lip service to addressing the problem of caste, carefully avoids solutions that run against neoliberal norms of minimal state intervention.

Appendix

Women's BMI Status in Relation to Social variables

(Source: National Nutrition Monitoring Bureau (NNMB), National Institute of Nutrition, Hyderabad, 2012)

Total Women in the sample: 32,295

Total no of Women who have BMIs <18.5: 11,238

Community	Total number of women in each Category	% women with BMI <18.5
ST	4233	48.1 (2036)
SC	7300	39.5 (2883)
BC	11437	32.4 (3705)
Others	9325	27.8 (2592)
Total	32,295	34.8 (11,238)

Type of House	Total number of women in each category	% women with BMI <18.5
Kutcha	5617	40.9
Semi Pucca	18,440	37.3
Pucca	8238	24.9
Pooled	32,295	34.8 (11,238)

Literacy Status of Women	Total number of women in each category	% women with BMI <18.5
Non Literate	15,001	40.7
Read & Write-up to College	17,294	28.5-31.5
Pooled	32,295	34.8 (11,238)

Per Capita income (Rs./month)	Total number of women in each category	% women with BMI <18.5
<300	2937	46.7
300-600	7459	42.8
600-900	5910	38.8
≥900	15,989	27.3
Pooled	32,295	34.8

Electrification	Total number of women each category	% women with BMI<18.5
Present	26,233	32.0
Absent	6062	46.8
Pooled	32,295	34.8 (11,238)

Sanitary Latrine	Total number of women each category	% women with BMI<18.5
Present and in use	12,004	23.5
Present but not in use	664	37.7
Absent	19627	41.5
Pooled	32,295	34.8 (11,238)