Decision-Makers' Role in Food Allocation in the Family among two Selected income Groups in Dhaka City

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Abstract

This study was carried out with a sample size of 200 mothers, taken purposively between two adjacent areas of Dhaka City, Uttara and Irshinagar. They represented two levels of income, i.e., the lower income group and the higher income group. The mean family income among the lower income groups (Irshinagar) was 3263 taka (S.D ± 989 T.k) and that of the higher income groups was 24,058 taka (S.D ± 15134 Tk.).

The study showed that there were differences between opinion and practice in the case of intra-familial food distribution. Only 22.4 percent of the lower income group and 16.7 percent of the higher income group thought that the husband should get the bigger and better share of food, yet in practice 54.3 percent and 35.7 percent of the respondents respectively admitted that they gave the biggest share of food to their husbands inspite of knowing and believing that children and pregnant and lactating women need more food than the other family members. They gave more food to their husbands because of their values, social pressure or out of respect for the adult male member of the family. Significantly, a greater number of lower income group women gave their husbands the biggest share of food than did the higher income group women. This decision comes from their learned behaviour from their mothers, grandmothers, peers and, later in life, from their mother-in-laws. Women have learned and believed whole-heartedly that men are the bread earners and hard workers, and so they ignore their own contributions (which are too many to calculate) to the family.

Introduction

Decision-making is important because it is how individuals and families can make a difference in their family and the world around them. Every family must deal with the issues of allocating resources including money, space, time and energy. For the family, decision-making is the process by which information is transferred into action. Making decisions and acting upon them is the way individuals and families allocate resources, initiate change and actively influence the environment.

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Decision-making helps families to make judgments to adapt to their environment. Deciding is the basic process, that underlies all family functions and is an increasingly important aspect of daily living. Individuals are constantly considering choices and making judgements or decisions for everyday living. Something guides even the simplest choices, even though a person may be unaware of what is directing or guiding the choice. Since decisions are universal to all human endeavor the process is fundamental to the dynamics of all concerned [1].

Decision-making reflects family interaction patterns and is based on values, goals and standards. This process of deciding reflects past decisions and develops a structure and process for carrying out decisions and actions.[2] Peoples attitudes and values on food and nutrition influence their food habits in a given situation. A value is a person's socially acquired judgment of the degree to which a particular stimulas is desirable or undesirable[3]. Values are learned belief that are internalized. Values are learned in the family. In fact, the family system is critical in value formation[4]. What a family and person values influences behaviour and therefore affects the environment. An attitude is a person's learned inclination to respond to a specific stimulus in specific way[5]. Values and attitudes tend to become fixed and may not be easily changed.

The group nature of decision-making reflects the communication pattern of the family. Most decision-making in the family is based on patterns of communication established over time. The pattern of communication also reflect the cohesiveness of the family or the emotional binding among members that reflects the skill to accept and acknowledge other's needs when making decisions.

The parents, and mothers in particular, influence their children's dietary practices, directly both through influence on attitudes and preferences for food. Research indicates that a child's acceptance of food is likely to follow the example of parents and familiar adults[6,7,8]. Usually it is the mother who teaches the child what foods are desirable, good, harmful and so on. She is also primarily responsible for preparing and distributing food to the rest of the family. She is the source of nutritional information for the child and she is the daughter's cooking teacher. Later the mother gives advice to the grown up daughter in matter of food, and as a grandmother she advises in the feeding of a new born.

In most cases women play an important role in the family regarding the purchase of food and setting pattern of food consumption. Here, stored knowledge or memory of past decisions is one source for guiding her

decisions and she does this because of her old values, social pressure or out respect and love for the adult male member of the family.

A study by Hassan and Ahmad on intrafamilial food distribution found that pregnant and lactating mothers and growing children, especially female, are victims of discrimination[9]. Khaleda Edib in her study found that the husband ate first in 52 percent of the families studied and got the biggest share of food in 61 percent of the cases[10].

We assume that decision-making is the process by which we consider choices, evaluate them and decide which action to pursue. Information is gathered from the environment, processed by the family system and transferred into actions. This is one of the ways individuals may exert power. If we analyse the behaviour of the women of lower income group in this study, we can easily understand how these type of choices and commitments are playing a disasterous role in the family, community and in the whole nation of Bangladesh.

Materials and Methods

Two adjacent areas of Dhaka city, (Uttara and Irshinagar) were selected on the basis of income and social status. They represented two levels of income. A sample size of 200 was taken for convenience and the number of observations from each income group was determined by proportional allocation after the construction of a frame of the population in each group. In Uttara, which is divided into sectors, the population was assumed to be strarified into different strata, each stratum corresponding to a particular sector. For convenience, six sectors were included in the survey. From these 84 households were selected using stratified random sampling from the total of 2872 households. Since Irshinagar had no population frame available, it was arbitrarily assumed to number about 4000 families based on the estimation of the inhabitants, and 116 samples were drawn from it by systematic sampling. The wife/mother of each family was chosen as the respondent.

The study instrument was a precoded, pretested questionnaire containing both closed and open ended questions and the study period was approximately 7 months. The SPSS/PC software programme was used to analyze the data and the proportion test was used to test for significance.

Results

The mean family income among the higher income group (Uttara) was 24,058 Tk. (S.D ± 15,134 Tk.) and lower income group (Irshinagar) was 3263 Tk. (S.D ± 989 Tk.). The decision of what food to buy and eat, who eats first, who gets the biggest share and how this practice is affecting the health and nutritional status of the women and children are ascertained.

Table 1. Percentage distribution of the respondents in the two income groups according to who makes the decision on food purchase.

Person	Percentage of respondents (lower income group) (n=116)	Percentage of respondents (higher income group) (n=84)
Husband	31.9	28.6
Wife	66.4	70.2
In-laws	–	1.2
Others	1.7	–
Total	100	100

Table1 shows the distribution of the respondents in the two income groups about their decision-making role in the family level. For both the lower and the higher income groups, the respondents themselves seemed to be the decision-maker in most cases of food purchase (66.4 percent and 70.2 percent of respondents respectively), whereas only 31.9 percent of the husband of the lower income group and 28.6 percent husband of the higher income group decided what food to purchase.

Table 2. Percentage distribution of the respondents in the two income groups according to who makes the decision on food consumption/cooking.

Person	Percentage of respondents (lower income group) (n=116)	Percentage of respondents (higher income group) (n=84)
Husband	16.4	3.6
Wife	81.9	92.8
In-laws	–	3.6
Others	1.7	–
Total	100	100

Table 2 demonstrate that again women from the both groups (81.9 percent and 92.8 percent respectively) are exercising their power regarding cooking and making decision about the consumption of food.

Table 3 and figure 1 shows the difference between their attitude and practice regarding food distribution and in both cases their attitude and practice was significant at 5 percent level of significance.

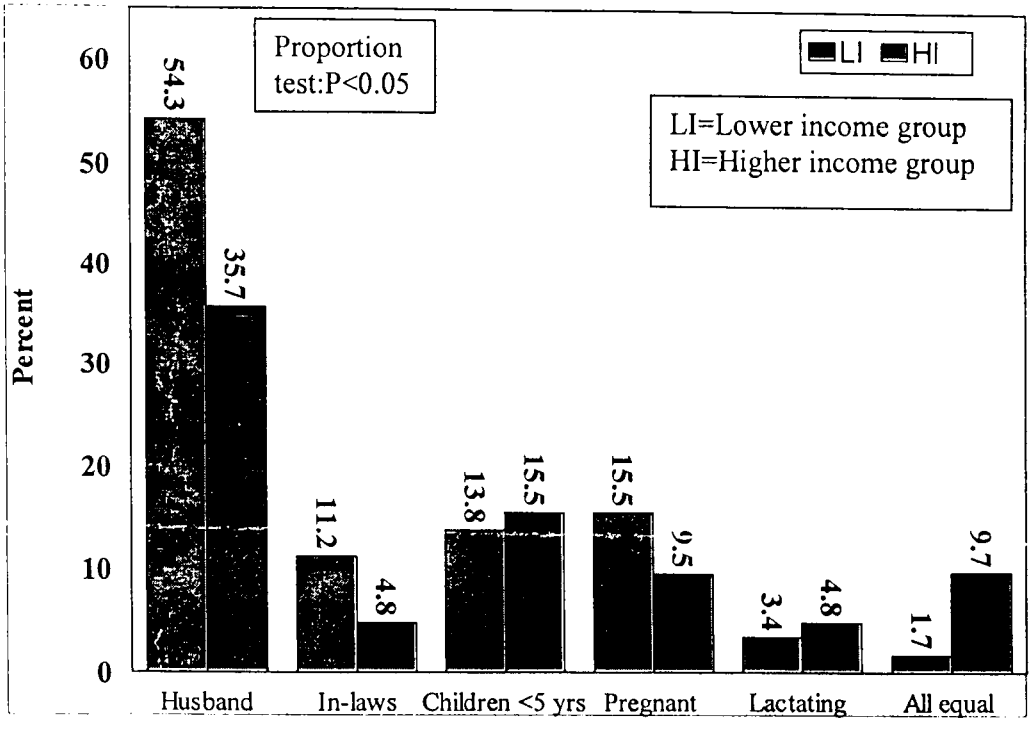

Fig. 1. Percentage distribution of the respondents in the two income groups according to who actually gets the bigger share of food in the family.

Table 3. Percentage distribution of the respondents in the two income groups by their opinion on who should get bigger share of food in the family.

Person	Percentage of respondents (lower income group) (n=116)	Percentage of respondents (higher income group) (n=84)
Husband	22.4	16.7
In-laws	27.6	9.5
Children Under 5	12.9	25.0
Pregnant women	31.9	23.8
Lactating women	5.2	14.3
All equal	-	10.7
Total	100	100

Proportion test : $p>0.05$.

Table 3 shows the response of the women regarding getting bigger and better share of food. The majority of the women of the lower income group thought that pregnant women should get the biggest share of food (31.9 percent), whereas the majority of the higher income group women's understanding was to give priority to the children under 5 years old (25 percent).

Figure 1 shows that husbands are favoured in both types of families (54.3 percent in the lower income group and 35.7 percent in the higher income group). A significant difference existed between the two income groups with respect to the number of families who gave the husbands the biggest share of food, with the practice more prevalent in lower income group families. The higher income group respondents (29.7 percent) said that every family member got equal shares of food and only 1.7 percent of the lower income group families got equal shares of food.

Discussion

This study was undertaken to find out the differences related to intra-familial food distribution between the two income groups of people living nearby. One group affluent (mean family income was 24,058 Tk. S.D ± 15,134 Tk.) and the other one lives under deprivation (mean family income was 3263 Tk. S.D ±989 Tk).

We observe from Table 1 and 2 that women are the decision makers for the buying, cooking and allocation of food in the family. Table 3 depicts the

opinion about getting bigger and better share of food. Women from the lower income group (31.9 percent) thought that pregnant women should get the biggest share of food, whereas the higher income group (25 percent) passed their opinion in favour of children under 5 years of age. But in practice (Figure 1) husbands are favoured in both types of families (54.3 percent in lower income group and 35.7 percent in the higher income families). A signicant difference exsisted between the two income grou ps with respect to the number of families who gave the husbands the bigger share of food with the practice more prevalent in the lower income group.

Women in the poorer families are usually malnourished because of their inadequate diets. Women receive less adequate diets than men because the intra-familial food distribution favours adult men over women and young children. The reasons for favouring the husband in food distribution are women's learned behaviour and respect for social values. The process of decision-making reflects past decisions made by the elderly women (mothers, mother-in-laws) in the family and develops a structure and process for carrying out decisions and actions. But by doing so, women in the poor families are depriving themselves and their young children, and thus they remain malnourished throughout their lives, whereas affluent women are harming their husbands by giving them more food and high calorie diets that they do not need at all. This practice has turned out to be harmful for the health and well-being of men. By getting the biggest and best share of food, they are becoming obese and suffering from problems like high blood pressure, heart disease and hypertension.

Thus we can say that when women are the decision makers (directly or indirectly) in the intra-familial food distribution, their practices should follow their opinions. A woman should thus follow the correct practices in food distribution and be assertive to establish harmony in the family.

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