

Lived Experiences in the City's Foodscape: Challenges and Practices of the Urban Poor



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Lived Experiences in the City's Foodscape: Challenges and Practices of the Urban Poor



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Youth for Unity and Voluntary Action (YUVA) is a non-profit development organisation committed to enabling vulnerable groups to access their rights and address human rights violations. YUVA supports the formation of people's collectives that engage in the discourse on development, thereby ensuring self-determined and sustained collective action in communities. This work is complemented with advocacy and policy recommendations on issues.

The Indian Institute for Human Settlements (IIHS) is a national education institution committed to the equitable, sustainable and efficient transformation of Indian settlements.

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ABBREVIATIONS

APMC	Agricultural Produce Market Committee
CBD	Central Business District
CBO	Community Based Organisation
CIDCO	City and Industrial Development Corporation
DBT	Direct Benefit Transfer
DCR	Development Control Regulation
ICDS	Integrated Child Development Services
IFPRI	International Food Policy Research Institute
IIHS	Indian Institute for Human Settlements
MDM	Mid Day Meal
MMR	Mumbai Metropolitan Region
MNC	Multinational Corporation
NFHS	National Family Health Survey
NGO	Non Governmental Organisation
PDS	Public Distribution System
R&R	Rehabilitation and Resettlement
SRS	Slum Rehabilitation Scheme
YUVA	Youth for Unity and Voluntary Action

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ABSTRACT

Growing urbanisation in India, induced by stress migration has often been accompanied by several developmental challenges related to expanding informal settlements in the absence of adequate housing, poverty, unemployment and increasing inequalities. Amidst these concerns, is also the rising issue of food insecurity with a growing need to be redefined from an urban context and developing a composite understanding of the interconnected nature of these issues. This study uses a qualitative research methodology and adopts an exploratory approach in trying to expand the understanding of food security in urban areas from a purely functional purpose to include people's preferences, aspirations and restrictions limiting their access and choices. The study also highlights the gendered nature of food production in the household

and the double burden faced by women of being the primary income providers and caregivers. People's knowledge, practices, livelihood and family dynamics are analysed to formulate a nuanced understanding of what food-related choices are made by them and why. Furthermore, the larger role of the state in mitigating food insecurity is discussed, by firstly fixing current systems of implementation and recommendations made for local level policy initiatives to account for regional disparities and preferences over nationwide regulations focussing only on calorific values. The study forms a starting point in initiating dialogues to broaden the concept of food security and including the urban poor and their preferences in the process.

EXECUTIVE SUMMARY

Over the last couple of decades food insecurity, previously restricted to dialogues involving rural areas, has increasingly begun to affect urban populations, especially the urban poor. Rising patterns of malnutrition are being observed in cities, with large populations relying heavily on purchased food propagated by multinational corporations (MNCs) coupled with changing food and livelihood options as increasing number of people migrate from rural to urban areas. Globally, this has resulted in a shift of perspective from viewing food security predominantly in terms of access and consumption to focussing on larger issues of ecological sustainability and governance; including the urban poor who are absent from the food production system. However, in India, food security largely remains a state or central level concern with focus on broader aspects such as mitigating hunger, thereby limiting the understanding of its implications in the lived realities of the urban poor at the local level.

This exploratory study aims to understand the food practices of the urban poor beyond the conventional categorisations, expanding it to include the linkage between food and the everyday experiences of the urban poor in the Mumbai Metropolitan Region (MMR). It focuses on comprehending people's food-related knowledge, their challenges, aspirations, desires and trade-offs while trying to unpack people's food choices and food-related vulnerabilities, especially from the perspective of the primary caregivers.

The study uses a qualitative research design to allow an in-depth understanding of people's food experience in their natural settings. Data has been collected largely from primary caregivers from two sites:

1. RNA colony, a Rehabilitation and Resettlement (R&R) colony in Vashi Naka, Mumbai and
2. Tata Nagar, an informal settlement located in Belapur, Navi Mumbai.

Case studies from the field have also been included to help provide a detailed and subjective understanding of the participants' lives and how they negotiate with food systems.

The analysis has allowed the following observations:

1. When food choices are made, there are gaps between aspirations and actions. However, these gaps are not explained by a single determinant, such as the cost of food or a habit of consuming a certain type of food. Food choices and practices are a complex outcome of multiple factors. Composition of the household including family dynamics, regional preferences, economic constraints, employment type, health concerns, seasonality and increasing availability of diverse food options all inform the food choices and practices of people in the communities. Though efforts are continuously made within households to increase variety in cooking, their purchasing capacity continues to preclude personal choices, resulting in several trade-offs made in order to fit budgetary constraints.
2. Employment practices may determine when, how often, and what kind of food people may access. Long working hours with irregular breaks result in disturbed eating patterns or snacking on unhealthy food to mitigate hunger. Employee benefits, on the other hand, prove to be beneficial in ensuring access to timely and healthy food. Increased economic capacity as a consequence of better employment opportunities further assist in facilitating access to preferred food choices.
3. Gender roles shape who accesses what kind of food and how. Most of the times, women are not the primary decision makers, even though they are primary caregivers and food providers. Furthermore, several instances reveal that women face the 'double burden' of being the income provider along with tackling the household responsibilities. Managing this burden often requires support from other family members, who are also most likely, other women in the house.
4. While the state is a significant potential contributor towards food security of the poor, its functioning is limited and insufficient. The Public Distribution System (PDS) and Mid Day Meal Scheme (MDM),

that have played significant roles in reducing starvation in the country, often fall short in terms of the quantity and quality of the food distributed. The PDS is riddled with corruption resulting in leaks in the supply chain of the food network. People are, therefore, forced to supplement their diet with food items bought from general shops or the black market where their entitled ration is sold at higher prices. Housing insecurity due to forced evictions in informal settlements also plays a substantive role in exacerbating food-related vulnerabilities.

5. The community may play a significant role in helping smooth out consumption disturbances. In Tata Nagar, the horizontal housing structures have allowed for the formation of strong social ties amongst community members that provide a support system during challenging times. On the other hand, in RNA colony, the spatial organisation of the colony has restricted the interaction between community members, leading them to primarily deal with hardships at the family level.
6. Challenging common understandings of the poor being ill-informed about good nutritional practices, most participants were cognisant of good food practices, even if they were unable to practice them. Their knowledge of food was not just restricted to the type of food consumed but also incorporated a strong understanding of hygiene, food safety and health.

The recommendations emerging from the analysis have been categorised at different levels of intervention, sector and scale:

- i) Recommendations for care givers of children and schools
- ii) Recommendations for civil society and local governance bodies
- iii) Recommendations for community based groups and state level policy makers
- iv) Recommendations for central level policy makers

Scope for further research

With growing access and availability of processed, packaged and junk food, there is a need to promote closer relationships of children with food, especially regarding the knowledge of good food and nutrition. Civil society and local governance bodies need to initiate these conversations with children and with unions of groups to understand food practices and support them accordingly. Emphasis would need to be laid on ensuring hygiene and safety standards at different levels of food distribution that needs to be monitored, incentivised and supported by local authorities. Community/state run low cost kitchens are also recommended to help serve as sources of healthy, locally appropriate food for labourers during working hours. Recommendations to central level policy makers include incorporating people's tastes and preferences in policy planning and implementation rather than focussing solely on calorific requirements, reducing people to metabolic systems.

There is also a need to fix existing gaps in the implementation of current schemes and address issues of corruption. A local level policy is recommended to cater for regional dietary and taste preferences. Land use policy interventions have been outlined to enhance access to better food, deal with food insecurity and provide a potential source of livelihood. Further research in the area of urban food security has been recommended that broadens the understanding of food security, shifting conversations from its utilitarian purpose to understanding its composite and interconnected nature.

1. INTRODUCTION

In 2017, the International Food Policy Research Institute's (IFPRI) global report noted that one in three stunted children live in urban areas. In parallel, rapid increases in malnutrition including that of obesity were reported to be concentrated in urban areas (Ruel et. al., 2017), pointing to the growing question of food security being not just a question of under consumption but also over consumption (Sonnino, 2016). These trends found expression in the fourth round of India's National Family Health Survey (NFHS) conducted in 2015-16 as well. 31 per cent of urban children under five years were reported to be stunted, as against 41 per cent of rural children. Amongst women, 15.5 per cent urban and 26.7 per cent rural women were found to be underweight, while 31.3 per cent urban and 15 per cent rural women were found to be obese.

These patterns mark the rise of a nutrition transition in countries like India as new, unfamiliar diets propagated by multinational companies (MNCs) precipitate what Lang (2015) calls diet-related ill-health. This occurs in areas where people rely heavily on purchased food, even as many struggle to meet their basic dietary requirements, in the context of changing food and employment landscapes as people increasingly migrate from rural to urban areas. Food security is consequently no longer thought of as being just a rural problem, but has taken an urban form as well. Its contours have shifted in the urban context, given the largely absent link of the urban poor with large-scale food production. Instead, questions of employment, settlement patterns, food supply chains, knowledge, prices, drinking water and sanitation as mediated by rising inequalities across gender, caste, race and class punctuate understandings of food security—that is, social, economic and physical access to food¹—in cities.

These shifts have caused city municipal governments across the world to devise strategies to address questions of urban food security, attentive to not just local questions of access and consumption—whether in terms of health, 'good' food or nutrition—but broader concerns around ecological sustainability and

governance (Sonnino, 2016). In India on the other hand, urban food security is outside the scope of the local government, and has largely been framed as a question of state-guaranteed entitlements, whether at the central or state level. While schemes such as the Public Distribution System (PDS)², the Mid Day Meal (MDM) and the Integrated Child Development Services (ICDS) have played very significant roles in mitigating hunger, equating them with a broader perspective on food security accounts for a very narrow framing of the problem, and does not attend to the subjective and mediated experiences of the urban poor (S.K., Sami & Govindan, 2020). It is also a larger question of the scale at which food is governed and the mismatch with the scale at which problems are manifested.

This exploratory study aims to take the discussion about food practices of urban poor communities beyond their conventional categorisations as being 'poor' or 'food insecure' or 'unhealthy'. Instead, food practices are understood as a reflection of the lived realities of the urban poor—a response to changing norms and a symbol of their challenges and aspirations at the community and household level. Thus, this study attempts to discover how food is linked to the identities of primary caregivers and the everyday experiences of urban poor communities.

This study has been conducted by Youth for Unity and Voluntary Action (YUVA) in collaboration with the Indian Institute for Human Settlements (IIHS). Set up in Mumbai in 1984 and currently operating in five Indian states, YUVA is a non-profit development organisation committed to enabling vulnerable groups to access their rights. YUVA encourages the formation of people's collectives to engage them in the development discourse. This work is complemented with advocacy and policy recommendations. IIHS is an educational and research institute that prioritises interdisciplinary knowledge making in areas of climate change, urbanisation, sanitation and disaster management amongst other issues. With a view to track the trajectories of food choices and the nature of food networks in the Mumbai

¹ | Adapted from the FAO definition of food security, which includes elements of 'sufficient, safe and nutritious food which meets their dietary needs and food preferences for an active and healthy life'

² | The Public Distribution System (PDS) in India facilitates the supply of food grains and distribution of essential commodities to a large number of poor people through a network of Fair Price Shops at a subsidised price on a recurring basis.

Metropolitan Region (MMR), data for the study was collected qualitatively from two sites, in Mumbai and Navi Mumbai respectively. The first site, RNA Colony, is a Rehabilitation and Resettlement (R&R) project located in the Vashi Naka area in eastern Mumbai. The second site, Tata Nagar, is an informal settlement located in the Belapur area of Navi Mumbai.

Data was collected from participants located in both sites. The analysis of this data has allowed us to unravel the nuances of food choices and food-related vulnerabilities of primary caregivers within urban poor households. It points to an understanding of people's food-related knowledge and practices including various hybrids of the rural and urban, desires and practicality, familiarity and experimentation. Through powerful articulations of food

choices and their implications on the dignity of life of urban poor communities, this study adds a new dimension to the food and poverty debate. Furthermore, it highlights the need to have local focus in policy making to cater to the need for regional or individual preferences in food choices. It does this by expanding the understanding of food security to include the overall food experience rather than restricting it to its functional purpose as has been the case in previous policy planning and implementation initiatives.

This report begins with the context of the study followed by a review of literature, the research methodology, discussion of findings and analyses, case studies from the field and lastly, recommendations at different levels of intervention.

2. CONTEXT

The two sites selected for this study are Tata Nagar in Belapur, Navi Mumbai and RNA Colony in Vashi Naka, Mumbai. While RNA Colony is one amongst several Rehabilitation and Resettlement (R&R) colonies in Vashi Naka, Tata Nagar is a slum settlement, housing a much smaller population. The RNA Colony was constructed as part of Mumbai Metropolitan Region Development Authority's (MMRDA) efforts to resettle thousands of people that have been affected by large infrastructural projects being developed across Mumbai from the early 2000s. On the other hand, Tata Nagar has grown organically over time starting with as few as seven to ten homes to a settlement that now houses more than 180 families. The two sites vary vastly not just in their composition but in their histories as well.

2.1. TATA NAGAR

In the mid-1990s the area near Belapur railway station on one side and with the Mumbai Pune highway on the other, now known as Tata Nagar, was originally inhabited by communities from across India. The original residents came in search of livelihood options and grew slowly, with residents inviting others from their native villages with promises of living near the city. Today, Tata Nagar has a diverse demographic composition, with a majority of Hindus, followed by Buddhists and a small Muslim population as well. Additionally, while the population

largely consists of people from Maharashtra, several residents have migrated from states such as Uttar Pradesh, Bihar, Karnataka and Andhra Pradesh among others. The neighbourhood consists of nuclear families, single mothers who take care of their children, elderly people living alone, single men working as daily wage labourers and one transgender group.

Though initially uninhabitable, and covered with tall grass, the area was cleared by power companies Tata Power and Reliance to set up their power lines. Comprising an area of around 1 acre, it is now populated with homes punctuated by narrow streets. Most homes in Tata Nagar



2.1 Living on the margins, Photo Credit: Aradhana

are temporary structures or '*kaccha*' houses, usually built of metal sheets, tarpaulin and other waste materials. Over time, residents have saved resources to slowly upgrade their houses with better quality materials. This may be the inclusion of doors or the laying of tiles over the floor surface. Makeshift bathing areas are set up near houses, while a public toilet set at the edge of the area serves the people's sanitation needs. Certain houses have access to electricity connections; yet, several others have been forced to resort to methods like tapping into existing electricity lines in order to meet their needs. While planned water connections are as per residential or business units, slums access municipal water as part of the basic services and facilities granted to groups of people living in close proximity to each other, who then share the common connection. In Tata Nagar, municipal water is provided through standpipes that function at fixed times of the day, and household members gather around these pipes to collect water.

Residents of Tata Nagar face a constant threat of eviction, making the imperative need to be able to quickly pull down—and later put back up—their homes. The Maharashtra State Law is supposed to legally protect slums built until 1 January 2000, yet many houses in Tata Nagar remain makeshift owing to the precarity of their housing status. Survey receipts and electricity bills are the key documents for establishing entitlement for the slum residents, as they are considered an acknowledgment by the local civic authority. However, majority of the residents do not possess these documents making it difficult to prove their continuation of stay in the settlement prior to 2002, even though the settlement was said to have been established in the late nineties. More recently, rumours of razing the settlement to set up a public library to complement the largely unused garden in the area has been a source of worry for the residents.

The monsoons are a particularly challenging time for the residents due to incessant flooding and increased diseases. Several residents fall sick because of diseases like dengue or malaria. The closest municipal hospital in Sector 2 is a kilometre (km) away, where families go for treatment. However, due to the inconvenience of hospital timings for working residents, private hospitals such as D Y Patil



2.2 Jai Bhim Flag Pole in the middle of the Tata Nagar settlement, Photo Credit : Aradhana

Hospital, 4 km away and open till late are sometimes preferred. In cases of extreme illness, residents travel to Vashi to get treatment from the private hospital there.

Despite its seeming impermanence, Tata Nagar shows clear signs of being some form of a community, with a community based organisation (CBO) formed by Youth for Unity and Voluntary Action (YUVA) that attends to the needs of the settlement in terms of basic services. Formed of 8-10 voluntary members, the CBO is made aware of their entitlements, rights and functions of the different public offices. The CBO then organises the residents to negotiate with state functionaries and assert their claims. There are also a number of public spaces within the settlement, where benches have been laid out for men and women to congregate during the day. One such space also hosts a flag pole where a Jai Bhim¹ flag is featured prominently.

FOOD PRACTICES IN TATA NAGAR

In Tata Nagar, grocery or kirana² stores are complemented by a flourishing fruit and vegetable market that runs from afternoon to evening alongside the settlement. Many of the residents work in a market adjacent to Tata Nagar, where they sell fruits, vegetables, pulses and spices

1 | Literally, 'Victory to Bhim', is a greeting used by the supporters of Dr. B.R. Ambedkar, the chief architect of the Constitution of India, a politician and a social reformer. The greeting is not religious by its origin or meaning. It is considered an embodiment of the Ambedkarite ideology that stands for securing human rights to the oppressed and depressed sections of society through social justice.
2 | Small local unorganised retail stores.

to people living in the settlement and to residents of surrounding buildings or offices. Four small kirana stores serve the area. Over the past few years, the market has seen an increase in the number of vendors from outside the settlement. The daily turnover from the sale of vegetables, made possible by the footfall of residents from other neighbourhoods in close proximity to Tata Nagar including employees from the nearby City and Industrial Development Corporation (CIDCO) Head Office, allows vendors to compete with similarly priced retail chains like Reliance Fresh. Some vendors also offer to take returns if their produce is identified as low quality, further incentivising customers to buy from them. Towards the evening, vendors reduce prices to get rid of stock, which is when residents of the settlement tend to purchase what they need. The constant interventions of the police, however, pose significant challenges to vendors, who may be forced to shut shop abruptly. Additionally, the kirana stores offer a limited variety of foods at higher prices than larger markets in the Central Business District (CBD) and the nearby Agroli Gaon (village), but they fulfil basic household requirements by selling rice, oil, lentils, soaps, masalas, pav, chips and milk. The increasing purchasing power of residents has caused at least one store owner to expand his store's inventory. Despite this, profit margins tend to be low, and residents shop there only to top up any immediate needs, posing a challenge to the survival of small-businesses in Tata Nagar. Store owners offer products on credit to residents. However, this sometimes results in cash flow issues for them, making restocking inventory a challenge.

Finally, the residents of Tata Nagar also have access to a few street food vendors, who offer a variety of fast foods and snacks including chaat like bhel and paani puri, vada pav, and chowmein, golas and lemon soda. Most of their customers are small children and passers-by. During the monsoons, however, there is a drastic fall in the demand and number of consumers as outsiders tend to avoid Tata Nagar when it is impacted by floods. All through the year, the more established, smaller restaurants and stores towards the edge of the settlement presumably serve the needs of other pedestrians and office workers in the area.

2.2. RNA COLONY

RNA Colony is an R&R colony in the Vashi Naka area of Mumbai, developed along a different trajectory compared to Tata Nagar. Over the last few decades, the large scale redevelopment and infrastructural transformations taking place across Mumbai, in order to transform it into a 'global city', have resulted in an unprecedented number of evictions and demolitions of slums. In 1995, the Slum Rehabilitation Scheme (SRS) by the Maharashtra Government allowed the redevelopment of slums through owners, developers, cooperatives or NGOs. Since its introduction in 1995, over 45 R&R sites similar to Vashi Naka have been developed. RNA builders was one amongst five other developers who were given the contract of constructing multi-storied buildings for project-affected families in Vashi Naka. Today, a total of 90 buildings have been constructed in Vashi Naka. It currently hosts a population of around 32,000 who were relocated from Dahisar, Dadar, Mulund and Dharavi among other parts of the city.³

The population of RNA Colony is estimated to be approximately 5,500 living in roughly 2,598 tenements. In buildings that are eight storeys high, each tenement



2.3 A street in RNA colony where higher floors of buildings are residences and several shops have opened on the ground floors facing the streets, Photo Credit: Farheen

³ | See for more information see HRLN (2014).

consists of a bathroom, kitchen, bedroom and hall with a total carpet area of 225 square feet. While Mumbai's Development Control Regulations (DCRs) have specified a distance of 8 metres between buildings which are 8 storeys high (i.e. 24 metres), a separation of only 3 metres between rehabilitation buildings is allowed irrespective of the building's height⁴. This has resulted in densely populated, poorly lit and ventilated conditions for residents causing a very high rate of tuberculosis in the area.

Community ties and sources of support were disrupted when people were relocated to an area that was remote, difficult to access through public transport, and poorly served by state infrastructure such as hospitals, especially because it witnesses a high rate of disease. People were also unhappy that they were forced to move away from areas where their places of work and education were located. This forced many to give up their original occupations and take up new ones. The

lack of public schools has also meant that children must be enrolled in private schools at a greater cost. Lowered incomes have meant that many youth have been forced to give up higher education.

Unlike Tata Nagar, residents were provided access to basic facilities like electricity, water and sanitation (inside homes). As with Tata Nagar though, water is available at fixed times in the day. The nearest government hospital is Shatabdi at a distance of over six kilometres. There is a health post within Vashi Naka, but it only offers basic services such as immunisation. A number of private doctors have set up clinics in the area, although it is not clear if their qualifications match their stated expertise. Chemists are also available alongside the settlement. Incidences of health issues are high, because of the presence of two refineries next to the colony. The poor



2.4 Alleyways in RNA colony, Photo Credit: Anil

air quality, coupled with poorly ventilated homes causes respiratory issues and deaths.

FOOD PRACTICES IN RNA COLONY

RNA Colony has a well-developed food market, with an abundance of small kirana stores on the ground floors that stock common grocery items including grains, lentils,

bread, snacks and spices. Residents of the colony run such stores by converting parts of their homes, with their windows overlooking the streets. Almost every building has at least one store, which serves the needs of nearby residents. There are also a number of temporary structures being utilised as grocery or cigarette shops that are located in some of the wider streets.

⁴ See Bharucha and Iyer (2018) for more information

Additionally, there are multiple vendors scattered around the compound, selling fruits, vegetables and fish. Chicken and mutton shops are available in the area, and are frequented by residents. A nearby dairy shop sells buffalo milk to those interested. The large number of street vendors and stores in RNA Colony are due to the loss of original livelihoods from relocation; a number of vendors also come from outside Vashi Naka, adding to the already competitive market. Increased competition has meant that business is not as lucrative as it was before, and some stores and vendors are struggling to stay afloat. Another reason for drop in sales, as identified by vegetable vendors, is rising inflation that has forced residents to buy lesser produce. As in Tata Nagar, the vegetable vending businesses are threatened by authorities who collect protection money but who also continue to harass them. This is despite their obvious contribution to the diets of those in the localities they serve, reflecting a trend that persists all over Mumbai (Anjaria, 2006).

There are two large markets nearby that have a much bigger clientele and are frequented by RNA residents. These markets sell a lot of fast food: one well-established restaurant, and several small ones that serve quick meals. The kirana and similar shops, are bigger and stock a wider range of goods including drink mixes and pastas amongst other things. One of these markets (*Farooq galli*) gets higher footfall during Ramzan owing to a large Muslim population in the area surrounding the market along with those who come from RNA Colony and its neighbouring localities. The residents frequent these markets throughout the year. These markets also contain shops that sell goods which are unavailable in RNA Colony, such as certain varieties of masalas, provisions, apparel, jewellery or choices in vegetables and meat indicating the strong role of informal retail for the urban poor [see Sonnino (2016) and Morgan (2015) for more on this topic].

3. METHODOLOGY

The study aims to understand the concept of food security amongst the urban poor and the interconnected nature of food networks to other issues of urbanisation. The methodology of the research study has been detailed in the section below.

UNDERSTANDING FOOD ACCESS AMONGST THE URBAN POOR

Poverty has long since been associated with poor diet quality and nutritional outcomes. Much of the scholarly attention around questions of food security, in the past have focussed on rural areas, and are largely from a productionist point of view (Crush & Frayne, 2011). On the other hand, though rates of urbanisation are climbing steadily, as more and more people migrate from rural to urban areas, urban food insecurity is less attended to. A few studies allow us insights into its functioning.

For example, a study conducted across three municipal wards in Mumbai found that 16.6 per cent of households were severely food insecure, and 23.3 per cent were moderately food insecure (Chatterjee, Fernandes & Hernandez, 2012). These trends have been attributed to low incomes, low prices, and inadequate knowledge of food practices by the urban poor. This has been linked to poor nutritional knowledge, both amongst children (Laraia, Leak, Tester & Leung, 2017) as well as adults. Chatterjee et. al.'s study found that incidences of household food insecurity were higher in households where women were the largest contributors to family incomes. A study in Cape Town, South Africa also found that questions of food insecurity were linked to questions of access rather than availability, with income poverty and, more importantly, the absence of enabling market structures arising as significant contributors (Battersby, 2011).

While household food security is of importance, a disaggregated analysis indicates that women and children particularly are the most disadvantaged groups within households, in terms of consumption. This derives in

part from their limited access to outside knowledge, as well as entrenched gender norms that determine budget allocations, food procurement and food consumption (Levay, Mumtaz, Faiz Rashid & Willows, 2013; Mutisya, Kandala, Ngware & Kabiru, 2015). Common coping strategies among families have included reducing meals and reducing expenditure on children's education amongst others.

In terms of actual consumption practices, inadequate resources also precipitate dietary diversity (Battersby, 2011). Financial standing apart, many scholars have pointed to inadequate knowledge of recommended dietary practices amongst the poor, leading ostensibly to malnutrition. For example, Oli et al.'s (2018) research in Nepal indicated that many respondents were unaware of the difference between healthy and unhealthy food. Lilo et al. (2018) reported similar findings in their research on eating practices in Hispanic families, noting that while parents were aware of what foods should be avoided, they were insufficiently informed about how to improve their consumption of fruits and vegetables.

An exception to this scholarly trend is found in the work of Evans et al. (2011) that considered food practices of Latino households in the United States (US), finding that Latino households were knowledgeable about and mindful of healthy eating, and took measures to curb intake of sugar.

Also absent from articulations of food consumption practices amongst the poor is an understanding of food access and consumption practices as being imbricated in values of taste, sensuality and aesthetics. This is perhaps linked in some ways to the focus of consumption (studies) as being the playground of the upper classes (Musrò, 2013), with values and interests such as the above linked largely to the rich and the middle classes. Scholars

such as Bourdieu (2010) and later Appadurai (2011, cited in Musarò, 2013) are exceptions, focussing on the sociality of consumption and linked themes of festivity and communication. Urban food security tends to be conceptualised as questions of micro and macronutrient intake in policy and research articulations (S.K., Sami & Govindan, 2020), with aspirations and desire left out of the conversations.

The scholarship on marketplaces and food systems more broadly draw attention to the need to see food access and consumption not just as an individual or household matter, but as one that is co-constituted at multiple scales, each negotiating with the other. At a local scale, neighbourhood food environments mediate how poor households negotiate the costs of procuring food (Kaufman & Karpati, 2007). At a regional scale, questions of land use, business regulation and state policy on entitlements become relevant in the analysis. In parallel, questions about production, often relegated to rural spaces, emerge as important, with growing evidence of the role of food production in complementing household consumption while simultaneously offering climate and ecological benefits (Ackerman et al., 2014; McClintock, 2010).

In addition, at the household level, food insecurity does not exist independently of state infrastructures; in fact public provisioning has mitigated household challenges (Bartfeld & Dunifon, 2005). Urbanisation has compounded these practices, shifting consumption patterns (Pingali & Khwaja, 2004), and changing lifestyle practices. It has played a role in the proliferation of fast foods (Kigaru, Loechl, Moleah, Macharia-Mutie, & Ndungu, 2015) and the expanding role of food conglomerates in determining the types of foods available in the market.

These trends have especially been linked to a Westernisation of diets. The prevalence of foods with high levels of fats and sugar is in turn linked to the rise of non-communicable diseases such as diabetes, and an increase in child obesity rates (Ambrose-oji, 2009). Agribusinesses serve as linkages between production in rural areas and consumption in urban areas, even though people do not conform to this strict dichotomy

of presumed food practices. Their increasing influence along with a rise in the prevalence of imported foods has been argued to result in fluctuations in food access for those with limited incomes (Drakakis-Smith, 1991). This is why the so-called informal food sector remains crucial to ensuring the survival of the urban poor. However, these informal stores may be relatively more expensive, depending on their location and impinging on the needs of the poor. At the same time, the shopkeepers themselves constitute the urban poor populace, making their inclusion in conversations about food security also important (Battersby, 2011).

Therefore the key considerations related to food security that emerge can be summarised as follows.

- With more than half the world's population now living in urban spaces and with the increasing number of food insecure households in these areas, there is a need to expand the discourse on food security to include the urban poor. This discourse was previously focussed largely on rural populations.
- While financial constraints greatly affect the purchasing power of the urban poor, lack of nutritional knowledge is also a major contributor to malnutrition and obesity. However, even with adequate access to dietary information, convenience and income poverty are determinants that result in the consumption of unhealthy food.
- Food insecurity within a household requires attention as it is varied, impacting each member disproportionately. Women and children are at a particularly disadvantaged position in terms of consumption. Direct impact on portion sizes and indirect impact such as compromising on children's education in order to reduce expenditure in financially struggling families emerge as illustrations of this disparateness.
- The restriction of conversations pertaining to food choices, particularly desires and taste, to the privileged classes denies the urban poor the ability to articulate their consumption preferences, thus reducing food security to dialogues solely on nutritional intake irrespective of individual aspirations.

- The role of the state cannot be disregarded while trying to ascertain the nature and causes of food insecurity. Neoliberal ideologies guiding food policies directly impact consumption patterns with increased market-determined food availability and discretions.
- Tackling food insecurity requires an understanding of the multifarious, stratified and interconnected nature of food networks as well as patterns of production and consumption.

METHODS

In this study for reasons of resources and convenience we limit our interrogation of food systems to urban settlements in the Mumbai Metropolitan Region (MMR), while cognisant of their linkages to regional, national and global processes. We focus on the following three questions:

1. Who are the various actors who constitute the urban food network at the study sites, and what are the terms under which they operate?
3. How do we understand the differentiated participation of differently located urban residents in the context of food networks? (For example, how have food consumption patterns changed? What new vulnerabilities have risen over time? Who benefits and who loses from particular food production, supply, distribution and consumption patterns?)
4. Based on the emerging analysis, how can we derive a new definition of food security in the context of the urban poor?

To explore these questions, we undertook a qualitative study of two sites mentioned earlier: RNA colony and Tata Nagar; the first located in Mumbai and the second in Navi Mumbai where YUVA has been engaged in community based work since the mid 2000s. Tata Nagar differs from RNA Colony in the nature of housing quality and public infrastructure available. We chose these sites based on YUVA's previous interventions making access easy as well as to compare formal versus informal settlements. By including two very contrasting sites, we

looked to explore how two very differently constituted spaces, with different levels of access to state and housing facilities, shape people's access to food.

We conducted semi-structured interviews with a total of 30 respondents, 15 from each site, most of whom were women. Most employed participants worked as street vendors, domestic help, cooks or as housekeepers under contract. Close to half the participants were unemployed, though not always by choice. Participants were spread across different castes: Dalit, Brahmin, and a number who identified themselves as simply 'open' category; they were also spread across religions: Hindu, Buddhist and Muslim. They listed their native places as spanning across India, including, in addition to Maharashtra, Karnataka, Uttar Pradesh, Jharkhand and Bihar.

The interviews, conducted and recorded in either Hindi or Marathi, were translated and transcribed, with care taken not to misinterpret the conversations to retain the original essence of the speech. We made it a point to include as much diversity as possible in our sample list to allow for a variety of perspectives across cuisines, geographies, life circumstances, familial situations and occupations. However, occupation and familial situations were privileged as important layers of stratification, given expected variations in diet across these categories of analysis. Our interview guides incorporated a number of themes including family demographics, family history, significant life events, employment issues, health issues, and food practices. In terms of food practices, we focussed on food procurement and consumption practices. This included questions about where food was procured from, by whom, the basis for decision making, dietary choices both on an everyday basis and on special occasions, consumption of food from outside, inter-generational differences in food patterns, compromises in food quality or quantity and on values trade-offs, changes in food practices over time, access to state entitlements, other sources of support, and beliefs about ideal meals.

We also included a time use survey—modified to meet the study requirements—to get a sense of how our primary participants spent their time and to understand multiple and competing responsibilities that shape how people's access to food is mediated. See Annexures for more details.

The general profile of participants in the study has also been included in the Annexures. Their names have been changed to protect their identities.

We also conducted interviews with key actors at these sites, including produce vendors, owners of small retail stores, street food vendors, community leaders and other members of the neighbourhood to understand how the food landscape interacted with people's food-related decisions. All interviews were coded, and emerging themes were identified and analysed. Our analysis was complemented by a consideration of secondary literature on these and related themes.

Along with in depth interviews, photography as a method was used to visually comprehend people's relationship with food. Photography workshops were conducted by YUVA staff at the two sites with the participants of the study focusing on capturing their representation of food and what they consider significant to their food systems. Through a day-long interaction at each site, participants

were first familiarised with the functioning of a digital camera and informed about various techniques involved in clicking photographs, introducing the important elements of what constitutes good photography – lighting, subject and framing. This was followed by a practical activity of applying the newly learned skill by taking pictures and receiving feedback from peers and facilitators. Over the next few days, each participant was provided a digital camera for an entire day, where they tried to document the articles, practices and places they considered an integral part of their food system through the medium of photography. The photographs used in this study, are an outcome of the photography activity and have been clicked by the participants.

Though limited in scope in terms of its enquiry across regional and national scale—while theoretically attentive to it—this study interrogates what it means to live and eat in a poor urban settlement. The micro-practices and lived realities of assembling a household food landscape shape the descriptions and analyses that follow.

4 FINDINGS AND ANALYSIS

This section discusses the findings from the field and is divided into eight sub-sections highlighting the food practices of the urban poor, dynamics of food access, the effect of different forms of employment on food access and practices, gendered realities, role of the state, community support, food-related knowledge and the relationship between food and identity.

4.1. FOOD PRACTICES

While food is an obvious necessity in the lives of all, people's descriptions of their relationships with it—whether in terms of quality, taste, freshness, variety or health is indicative of its role, not just as a source of satiety and nutrition, but also as a lived, sensual element of life, to be experienced and enjoyed. This explains the co-existence and continuation of so-called inferior grains like sorghum alongside its contemporary (in Indian diets) pasta. These desires are, however, mediated by employment patterns, income, prices, health, age and gender. Conversations around the urban poor and food could be expanded to allow for this multi-dimensional characterisation of their aspirations and wants rather than reduce food to its utilitarian functions.

Many respondents we interviewed reported their diets as 'normal', usually referring to a staple diet comprising vegetables, rice and flatbreads made of wheat or millet. The persistence of millets—pearl millet and sorghum—in urban diets is interesting given the overall decline in their consumption in the country, attributed often to changing preferences, deriving from the Public Distribution System (PDS) and from upper class aspirations.

Vegetables consumed included ladyfingers (okra), potatoes, spinach, dill, fenugreek, cauliflower and cabbage amongst many others. The majority of respondents also reported that either they or their family members consume fish, chicken and/or mutton. Savita, a resident of Tata Nagar, often cooked meat for the family because her husband was fond of it. Individual preferences varied, and some privileged some forms of non-vegetarian food over others. For many, there was a keen sense of necessity when it came to consumption. Others

were practical. Neeta, a resident of RNA colony, noted substituting dried fish for vegetables on occasion as it was relatively cheaper. This sense of practicality also shaped personal consumption patterns of women. While the average meal comprised of a number of items, what was consumed also varied depending on who was at home during the day. When children or other family members were not at home, women tended to make do with snacks or simple foods like khichdi¹.



4.1 Vegetable market being set up close to Tata Nagar,
Photo Credit: Jai Singh

While many expressed a desire to eat non-vegetarian food, it was at times tempered by the ability to procure specific varieties of meat, especially relevant in the case of seafood. While some compromised by consuming cheaper varieties of fish, others chose to reduce their consumption while sticking to only particular varieties. Frequencies of consumption varied, from once a week,

¹ | A mix of cooked rice and lentils.

once every few weeks, to once a month.

Consuming meat, especially chicken, was seen as a medical necessity, prescribed by a doctor for health reasons, resulting in Savita's mother-in-law eating meat, although she was formerly a vegetarian. Other women also reported specific food items recommended by doctors for a variety of ailments, though not all—such as soup made from the legs of different animals were always affordable. Smita, a resident of Tata Nagar, who sells plastic goods, buys more fish and meat than she used to despite its rising costs because of the strength it gives her to lift heavy loads for work. Although non-vegetarian food is often considered a source of indulgent consumption women did not shy away from consuming it when perceived as a necessity, despite pre-existing personal practices.

Fruits tended to be less accessible, though most reported procuring fruits at some frequency. The most commonly consumed fruits were bananas and apples, though people also consumed watermelons, grapes, and in the case of one household, even kiwis for a member who was facing health issues. Mangoes were universally consumed in the summers, indicating a strong preference for them. The high cost of fruits, however, precluded high consumption frequencies. This was not true in the case of Ram's household, where Ram's brother was a fruit seller.

Rations from the PDS were unpopular because of their poor quality, and were reported to have been cleaned and ground to flour for use in other forms (we explore the role of state sponsored food schemes in more detail in Sub Section 4.5 of this chapter).

Apart from home cooked meals, purchased food including fast foods such as the ubiquitous vada pav², noodles and manchurian, Chinese bhel, pasta and chaat³ along with their healthier counterparts, idlis⁴ are widely available around the city (and at our study sites as noted above). They are increasingly popular with children and youth, indicating a growing parallel cosmopolitanism. Most adults we spoke with noted a strong preference for home-cooked food over purchased foods, though many were content to make or consume the occasional idli or

pasta dish, indicating a wide range of cuisines consumed. Financial constraints in some families meant that eating out may be limited. Geeta, a resident of Tata Nagar, for example, buys only a vada pav occasionally, when she feels uncontrollable hunger.



4.2 Beat the heat, Photo Credit: Ameena

Adults expressed an awareness of the unhealthiness of eating junk foods, explaining some of their efforts to lessen children's intake of outside food. Aradhana, a resident of Tata Nagar, expressed her reservations about eating outside in the following manner.

Sometimes if we have the mood, we get vada pav and samosa from outside. Kids are always tempted. Sometimes if we have salary, they ask us to get Chinese food or soup or something else. But we are hesitant. There is a golawala who sells manchurian, we don't let the children eat there because they have additives in the food and it's not safe.

Ameena, a resident of RNA Colony, also tried to limit how much her children ate outside, in terms of quantity if not frequency.

They might eat everyday but very little. We give them very little to eat from outside. If our sister goes to the

² | A snack comprising a bun made of refined flour into which a spiced potato fritter is inserted.

³ | A group of savoury snacks.

⁴ | A steamed rice cake eaten with a chutney made of coconut as well as a lentil and vegetable soup

market, she might get some fruits. Our brother might get some ice cream, family pack. Maybe they'll get packets of chiwda⁵ for the children.

Many women noted a certain helplessness in terms of curbing their children's practices of eating out—though income considerations already limited the frequency of eating out—given children's strong preferences for these foods [see Gilmore and Pouw (2016) for similar findings].

Mothers try to circumvent these patterns by cooking newer items themselves, in the process expanding their own cooking repertoires by innovative means. This is partially made possible by the availability of condiments and packs that make it possible to cook pasta and noodles at home, which to some degree replicate the taste of outside food. Their presence is in fact ubiquitous in small grocery stores in the colony. Unfamiliar recipes are accessed through videos online which their children show them. As elaborated by Geeta a resident of Tata Nagar,

I came up with my own methods on how to make things. Also I would take books from anyone and tell them to read it to me. In this manner, I learnt different ways to cook.

Women who worked as cooks in the homes of others were especially well-placed to replicate new recipes in their own homes, as they were trained to cook a wide variety of foods. However, given our limited sample we cannot extrapolate this to all women cooks.

Many women were also particular to limit consumption of outside food, expressing a preference for home-cooked food. When people ate outside, whether out of interest or necessity, they usually limited their consumption to snacks, rather than whole meals as they would also eat at home. Neeta elaborated her eating out experience saying,

The main issue is that outside food doesn't suit me. Vada pav gives me acidity and I get burpy. I also don't like oily stuff with besan (gram flour), so I eat regular food. Also I know that after eating this I feel better then why should I eat vada pav, samosa etc.? Doctor also tells us to eat this way. We have to keep a little

control, right? If we want to live one year then why should we drop dead in five months? This is what I mean to say. If God calls us then we'll have to go immediately but why with our own hands?

Apart from her preference for eating more dal and rice than vegetables, Neeta also expressed a desire to consume freshly cooked meals and an unwillingness to store vegetables over a period of time. Similarly, Aradhana indicated a strong preference for fresh food, noting her refusal to eat leftovers from the household she worked in. While in many cases this may derive from older beliefs about not consuming leftovers, for some it is the result of an inability to access refrigerators. Rakhi, a resident of Tata Nagar, reported consuming only fresh foods until recently, when she was able to purchase a refrigerator. Not all women were quite as particular, and some reported storing cooked items for a few meals. The caste and class-based practices and beliefs about leftover food are still unclear, and are themes that require further research.

These practices may be compared to food patterns in areas from which families migrated—whether rural or urban. Some people we spoke with reported a difference in their food habits from those of the areas they came from. Many alluded to the quality of fresher produce available in villages, since they were grown in homestead areas. Taste emerged as a signifier of the difference between food available in rural and urban areas. It is attributed to the quality of produce—whether vegetables or grains—and the type of water available. For Sita, a resident of RNA Colony, foods such as *bajra rotis*⁶, often associated with rural areas, were crucial to a feeling of satiety.

Only when we make bajra rotis do we feel in our body that we've eaten. The day we make methi (fenugreek) vegetable, we definitely want bajra rotis. In our Maharashtra, in Satara, this is the kind of food we routinely eat.

Not all were enthusiastic about food available in rural areas. For Savita, a resident of Tata Nagar, who moved to Mumbai from Pune district and for Smita, who moved

⁵ | A snack usually made of beaten rice or flour, fried along with spices and nuts

⁶ | A flatbread made of pearl millet, also known as *bajra bhakri*.



4.3 Technological assistance in daily life, Photo Credit: Manoj

from Jalgaon district where droughts caused water and crops to dry up, meals tend to be simple and scarce. For them, living in Mumbai has allowed them access to a more diversified diet than millet breads and chutney, especially in terms of green leafy vegetables and meat.

Kanchan, a resident of Tata Nagar, offered a similar take on the hardships of getting food in her village,

When we were in the village, we were in a very bad state. We got food for some meals and not for others. That's how we spent our days. After moving here, things were a bit better. In the village, we would be starving for days together, only on some days we would get food. Not like the food in the city.

At the same time, Kanchan contradicted Smita and Savita, allowing that food she used to eat as a child, however simple was associated with better quality and health.

Our parents used to bring stuff from the farms and we used to eat it. It was original. Now it's different. Before, we didn't even know that you could fall sick. We didn't know what it was like to become unwell. Now, for the past seven years I've been too sick. The sickness is a lot and I have been on pills. It was very different in the

village. No matter what we ate, we didn't fall sick. Now it's not like that. No matter what I eat now, even good food can make me sick. Now whatever I eat, I have no energy. Before, even from eating bhakri⁷ and chutney, I used to feel stronger.

For others like Shilpa, a resident of Tata Nagar, whose family worked as labourers in farms, fresh vegetables were easier to come by in the village than in the settlement now, despite her husband working as a manual labourer and she as a domestic help in eight households.

Despite the variety of foods consumed, and the obvious cost incurred in procuring fish and meat or fast foods, many families noted experiencing shortages, either in the past or in the present. Mamta, who lives in a well-furnished flat in RNA Colony, with children who work as Chartered Accountants in the city, broke down when recalling a time when money was tight and food was insufficient. Savita, a single mother of three in Tata Nagar whose husband passed away, similarly also expressed grief over her inability to send enough money to her daughter who is enrolled in a Bachelor of Pharmacy programme in Pune and suffers from lupus. Her medical condition was made worse by a period of dire shortage when she only had enough money to consume

⁷ | Made of pearl millet or sorghum.

a single *vada pav* a day. Speaking of a difficult period in her life when her husband was unwell, Aradhana said the following,

I used to starve through that phase of my life. I used to be hungry but I didn't have the money to be able to afford food. I used to feed my son instead. I didn't have any support. I used to eat half a chapati for lunch and save the other half for my dinner. After coming back home I used to buy rationed food from people who lived here, some rice and flour. I had to repay my debts: the

money that I had borrowed from people.

Aradhana's story points to the temporal and unstable nature of food practices, consumption ebbing and flowing over time and with changing circumstances, in terms of health or the death of an earning member.

Summers bring an increase in consumption of dairy products such as curd and buttermilk in households that can afford it, while winters allow for heavier (oilier) foods. The monsoons force some changes in vegetable



4.4 Mango season in Tata Nagar, Photo Credit: Aradhana

consumption, given the limited availability of vegetables sold by vendors (and the poorer presence of local vendors during this time given logistical difficulties), and increased prices. The challenge of higher prices may be compounded by a lack of availability of work in households where members are engaged in activities like daily wage labour. Consumption practices, therefore, emerged to be dependent on a number of aspects that vary across households and localities highlighting the dominance of the food experience guided by personal aspirations and realities in families over mere utility. Composition of the household including family dynamics, regional preferences, economic constraints, employment type, health concerns, seasonality and increasing availability of diverse food options all informed

food choices and practices of people in the communities. Urban spaces with their multicultural influences allowed access not only to several different food groups ranging from vegetarian, non-vegetarian, processed, instant and fast foods but also exposure to multiplicity in cooking styles, recipes and cuisines. While home cooked meals appeared to be more common and preferred in several households, either due to economic factors or personal predilections, efforts were made to increase variety in cooking either by learning different regional cooking styles or replicating desired fast foods at home. However, the purchasing capacity continued to preclude personal choices resulting in several trade-offs made in order to fit budgetary constraints.

4.2. DYNAMICS OF FOOD ACCESS

While making food-related choices, urban poor communities adopt a nuanced approach to account for a multiplicity of variables that influence 'what to eat' and 'why to eat'. While the people we spoke with usually offered a very strong articulation of the kind of food they believe to be good, material, financial and spatial considerations led them to make choices about what to eat, how much to eat and from where to buy food. These included price, convenience, quality, familiarity and location. This leads urban poor communities to make trade-offs while making food-related choices. These trade-offs often impact decisions linked to 'what to buy', 'where to buy from' and 'how much to buy', as articulated by Savita, a vegetable vendor, who is a single mother of three.

Sometimes we feel like eating good quality rice, but then we feel instead of putting in too much money too soon, we should save it. If we spend money today then may be in the future we will have problems. We think this way and then we eat whatever we get.

In this case, food-related trade-offs involve either compromising on the quality of grains to safeguard future savings or increasing spending on quality food in exchange for financial insecurity. Thus, spending capacity and price become important factors while determining what is finally purchased. For women like Savita though, price is not the only concern. Though spending capacity is linked to 'when', how much and what quality of food she buys, she also factors in 'convenience' while making food-related decisions. She highlighted the role of price and convenience in her decision-making process within the context of meat and non-meat consumption stating:

We get a quarter kilogram of chicken every 10-15 days. Of course the cost is a factor, but more importantly, it takes too long to make. Since we anyway sell vegetables, we think it's better to just eat what is leftover instead of throwing it away.

For Savita, factors such as taste or norms related to meat

consumption within the family do not influence why she chooses to eat meat occasionally. Her choice to eat more vegetables is a product of her easy access to vegetables due to the nature of her work. While making food-related choices, Savita decides to eat more vegetables to save time spent on cooking and to avoid wastage by eating leftover vegetables. Her idea of convenience is operationalised in the form of easy access and less time taken to prepare and cook food.

In this section we examine how different considerations become more and less important for different sets of respondents.

Price emerged as a significant consideration while procuring food items. Increased costs of certain commodities resulted in consumers compromising on the quantity of the item, refraining from purchasing it, or substituting one commodity for another. Shanti, who is heavily in debt described her condition on days when she is unable to purchase any food for herself or her children as,

I give them some tea and pav and shut them up. Whatever we get to eat, it's alright. Who am I going to tell that to? Every man deals with his conditions.

Similarly, Savita who also noted an inability to compensate for price fluctuations spoke of consuming grain from the PDS despite its reported poor quality,

In whatever form we get it (vegetables), we bring it back and eat it. Whether it is good or bad, we eat it.

Price considerations led several consumers to check with numerous vendors prior to purchasing in order to procure items at the cheapest cost. Saraswati, a resident of Tata Nagar, described her procurement habit as,

Reliance mall is there. He (brother) gets from there only. Over here if it's INR 40 per kilo, there you'll get it for INR 30 per kilo. You get a discount of INR 10, that's why we get it from there only.

Like Saraswati, Renu, also a resident of Tata Nagar, marked a preference for buying provisions from DMart, a popular retail chain that offers large discounts. The access to large supermarkets offering discounted prices thus emerged

as an attraction, highlighting a shift in the traditional purchasing practices of buying from street vendors. It also indicates a slow expansion of the class composition of consumers who frequent supermarkets, away from a purely middle-class clientele. What this will mean for the larger food economy remains to be seen, given the as yet limited procurement patterns of the urban poor from such retail stores, which tend to price and crowd out smaller retail stores (Kalhan, 2007).

However, when Sita, who works as a cook, was asked if there was any change in her procurement habits due to increasing prices she replied,

No baba, I don't think like this. Whatever my mind says, even if it's for INR 1,000 and I want it, I'll buy it. Who will feed us? What is life, baba? It can end suddenly, food will remain here only. When it comes to eating and drinking, I eat and drink properly.

While price is a consideration for many, quality is also often an equally significant factor. Quality, apart from personal choice, emerged as reason for some to forgo the steep rise in prices. In cases when spending capacity did not suffice for superior quality products, quantity trade-offs were made by those households where quality was an important factor while making food choices. Aradhana explained this by saying,

When I buy vegetables, I don't think of the price. I may buy less vegetables, but I'll buy good quality. Sometimes we buy more vegetables but the quality is not good. It doesn't last. Then what's the point?

The convenience of purchasing from locations close to the homes allowed several people to buy perishable items on a daily basis but consumers were also seen travelling to far off places (including Belapur, Turbhe and Agroli which is much closer) to procure provisions at lower costs or for greater quality. The availability of markets at walking distances influenced Sunita's purchasing habit, who is a resident of RNA colony. She said

You go outside the gate and it's there. Every day I buy and every day I make.



4.5 Several Ferriwalas set up shop on the roads leading to RNA Colony adding to the convenience of the residents,

Photo Credit: Radhika

The spatial limits of residential areas did not, for the most part, determine where food was procured.

People living in the same spaces for several years have also developed relations and a sense of familiarity with particular shops and shopkeepers who have been running their businesses for just as long. While some of these familiar shops are situated within the colonies, others travel to the shops further away, confident of either procuring cost effective or quality assured products. Ram, a resident of Tata Nagar, highlights the role of habit and familiarity as factors that are prioritised in the process of food-related decision making when he says,

Whatever we have bought for ages, we continue to buy over the years.

Similarly, others also allude to the influence of fixed food networks in the decision making process linked to food procurement, especially when they are assured quality food patterns over time.

Shopkeepers may also offer discounts to regular customers, such as with Shazia who described her experience as,

Even if he sells 250 grams for INR 15 or INR 10, I buy from him only. But when we go, he'll always reduce INR 2-5 and then only gives since he's known us.

Ankita, a resident of Tata Nagar, provides another example of a fixed food network that catalyses food procurement patterns. Despite having migrated months



4.6 Grocery store located in RNA Colony, Photo Credit: Ameena

ago with her children, husband and mother-in-law from Govandi to Belapur (Tata Nagar) in search of a home, Ankita undertakes a long commute to Chembur to buy groceries from the store that she has been familiar with for several years instead of identifying a new store closer to Tata Nagar because of the lower prices offered to her by a known store owner. For Ankita, her interpersonal dynamics with the shop owner and potential for discounts and credit options were of highest priority while deciding where to buy food. She was willing to trade-off proximity to a general store in exchange for lower prices. Her food procurement choices also point to the urban poor's widening food networks that span across several pockets of the city on account of intra-city migratory patterns.

Prices and spending capacities play a vital role in determining food choices. However, there are also other priorities that compete. There are non-price factors like interpersonal relationships and quality assurance from shopkeepers (who may also provide credit or discounts sometimes); perishability of food and storage options at home; and conveniences regarding shop location and free time also come into consideration. Quality along with price is another important component, where households, within reasonable limits will sacrifice quantity, if unaffordable,

over quality. Current spending capacity is sometimes traded-off in favour of having a better spending capacity in the future. Such trade-offs may also be affected by work and job profiles in individual cases such as vegetable vendors trading-off meat because of easy vegetable access. We further look at food habits through the paper, starting with job profiles.

4.3. LIVED REALITIES OF WORK

While knowledge regarding nutrition or cultural practices assists in deciding the type of food that is cooked or eaten, the type of employment, working hours, break periods, access to employee benefits are influential factors in determining the frequency of meals and availability of food during those times.

For example, Ram who drives a rickshaw, often through the night, reported not consuming anything while he was working, with the exception of tea and biscuits. All his meals were consumed either before or after he heads out for work, and at home.



4.7 A resident of Tata Nagar carrying food items to set up shop in the nearby market, Photo Credit: Jai Singh

On the other hand, certain benefits were observed in households of vendors who dealt with the business of food items, allowing them easy access to certain types of food. Because members of Neeta's and Sunanda's families sold fish, they were able to eat fish like pomfret and seafood like prawns every day. As we saw earlier, this is not true for all, as in the case of Ram's family (see Sub Section 4.1).

Similarly, women like Shilpa, a resident of Tata Nagar, who worked as a cook or domestic help in homes sometimes had access to cooked food or snacks. However, not all enjoyed these benefits. Women hired as housekeepers were not always happy about the rigidity of job timings and lack of access to food. Kanika, a resident of RNA colony, who switched from working at a mall to vending vegetables, found the flexibility of her new work timings liberating.

Now nobody is there to order me around, I can eat anytime, I have come from the market now, I can go home and eat. If I was at work, would they let me eat? No, they would ask me to work, and eat only at specific times. In the malls, they only let you eat when someone else is working instead of you, and that too only ten minutes. If you want to work us this bad, pay us accordingly! This one time they took us to this mall in Kurla, we had to work six days straight and then they gave us an IV (Intravenous) saline. It was a new mall, and

you had to wear uncomfortable, tight clothes, you want us to look good, pay us good. They should ban this.

Neeta also noted a lack of concern for employees when she worked in a Bombay Municipal Corporation-run hospital in Deonar.

We have worked a lot; a lot of work, sweeping, mopping, cleaning the toilets. The salary wasn't sufficient, I used to take stale bhakris to work, I would eat outside, bhaji pav, and then work. There wasn't much to eat and drink then.

However, not everyone's experience in housekeeping matches Kanika's—for Ankita, the food she gets on the job actually enables her to eat well, as opposed to when she is at home.

When I'm at home, I don't eat properly and it feels really uncomfortable. I get dizzy. Now when I go to work, as soon as we get there, we eat breakfast.'

Both Kanika's and Ankita's stories make evident the role that employee benefits serve in mitigating hunger amongst unorganised workers. Overall working conditions also play a role in women's (and more broadly caregivers') ability to tend to the domestic needs of their families. Ankita's previous job as domestic help, with a temperamental and demanding employer, left her with scant time to tend to her then breastfeeding child and other members of her family, finally



4.8 A resident of Tata Nagar preparing a meal in her home, Photo Credit: Aradhana

forcing her to quit that job. Such women may be forced to fall back on easier dishes such as khichri to get through the evening meal, too exhausted from their days to be able to whip up a more elaborate meal. This burden is even higher for women like Smita, a resident of Tata Nagar, who must work long hours that include meal times. They skip meals because trips to wholesale markets or vending vegetables during the day make it impossible to eat. To return to a previous observation however, many expressed a keen desire to eat at home rather than consume food from outside.

The changing nature of employment over the years to more lucrative options have also helped understand how the lives of people and especially their eating habits change due to their increased spending capacity. Saraswati, a resident of Tata Nagar, recalled her childhood,

Mummy and Papa were very poor. Mummy used to make whatever vegetable roti, we used to eat that. Sometimes when we didn't get [food] we used to just drink water and sleep. Now it is different, my brother earns, husband also earns and gives, so now whatever we feel like eating we can.

While food is a basic necessity for survival, the lived realities of people greatly impact their relationship with food, specifically what and when they eat. Employment emerged as a crucial factor in determining how individuals negotiate access to food. The nature of their work emerged as a



4.9 A woman in Tata Nagar washing utensils outside her home, Photo Credit: Aradhana

fundamental element responsible for either entrenching or elevating issues of food security. Long or erratic working hours resulted in skipped meals or snacking on whatever was readily available in order to satiate hunger pangs. Employee benefits or the lack of it greatly assisted in ensuring access to timely food or denial of healthy food during working hours. Better livelihood options with increased spending capacity also directly transpired as a facilitator in ensuring food security.

4.4. FOOD-RELATED ROLES AND RESPONSIBILITIES: DECONSTRUCTING GENDERED REALITIES

Gender norms are very apparent in the food patterns within a household. Women take up the responsibility of the primary food provider and caregiver, even though they are mostly not the primary decision makers. In many cases, women have the 'double burden' of being the primary income provider along with household responsibilities. In such cases, many women have to put up with alcoholic husbands and sons and cater to their demands as well. The burden is sometimes shared with other women in the family, but rarely with men. Women are therefore highly disadvantaged and lack support in the food choices their families make—a phenomenon that cuts across class and urban-rural barriers.

Our findings suggest that the responsibility to make food available within the household lies with the primary caregiver. This responsibility often entails buying food items and cooking for the household members. In this study, women—primarily mothers and daughters-in-law carry out the role of primary caregivers, thereby taking on the responsibility of feeding the family. Shazia, a resident of RNA colony and a small business owner within the community, provides an example of the domestic responsibilities and trade-offs that her daughter-in-law is expected to accept. Her daughter-in-law is a trained press reporter who is not allowed to work outside the house because she is married to a man who states,

She's my woman. I won't send her, right? Why should I send her?

Within the household, the responsibilities given to her are articulated by Shazia as

All the work in the house, my daughter-in-law does, no one else. In our house, basically all the housework like cooking, sweeping, utensils she'll do. She washes her husband's and child's clothes.

Thus, the daughter-in-law is entrusted with caregiver responsibilities which include managing the food-related tasks within the household. This matter-of-fact approach to articulating the responsibilities and expectations from primary caregivers within the family provides evidence of a sense of normalcy attributed to the gendered division of labour and gendered expectations within the household.

Ramabai, a resident of Tata Nagar, recounting her experiences as a young bride highlights how even when men are capable of taking on cooking and feeding-related responsibilities, rigid gender roles and expectations of the woman in the household continue to shape the gendered realities of primary caregivers. She discussed early days of her marriage in the following manner:

When I came to Pune after my marriage, my mother-in-law said 'I have to go to work, so make the food'. I told her 'I don't know how to make bhakris', but she insisted that I cook. When they all returned, my father-in-law said 'What is this you have cooked? We make thin bhakris in our house'. He threw out the food! He said 'Feed the bhakris to the dogs'. So I went in the other room and started crying. My husband came and asked me why I was crying, I told him that his father threw the food I had cooked to the dogs. So he asked me not to cry and said he'll teach me. Then he taught me how to cook the bhakris that night.

In Ramabai's case, her husband had the skills to take on the responsibility of cooking for the family. But his skills were only useful enough to help her achieve gendered expectations of being a caregiver. Her husband taught her how to fulfil the tasks assigned to her, but even his help had to remain a secret. Or else it would challenge the normative, gendered division of labour and power relations in the household.

The responsibility of cooking for the household and ensuring that food is available to meet the needs of family members, however, is not synonymous with the responsibility to 'decide' what food is procured or cooked. One of the key themes that emerges from the study is



4.10 What's cooking, Photo Credit: Manoj

that the primary caregiver is not necessarily the primary decision-maker within the household, even in food-related matters. As explained by Renu, a resident of Tata Nagar,

I have to ask everyone what they want to have and then cook.

Renu's use of the term 'have to' reflects her obligation to prioritise the preferences of other family members over her own while making food-related decisions. Some primary caregivers are unable to identify their own food-related preferences and desires. For example, when Ankita says,

My desire is nothing. I have no wishes. Whenever they want something and ask for it, I try to make it and give it to them,

it points to the fact that some primary caregivers dismiss their own relationship with food through an internalisation of gendered expectations. Cooking becomes a task that they undertake for their families, not for themselves.

Even when the primary caregiver is 'performing' the task of deciding 'what to cook', 'where to buy food' and 'how much to buy', these food-related decisions, though seemingly undertaken by the women of the household, are often driven by an obligation to fulfil unequal gendered expectations. This phenomenon is exemplified by Fiza, a resident of Tata Nagar, who, in response to being asked 'Who decides the menu?' said,

I ask my mother-in-law, and if any member craves for something specific, that is made. However, the final word comes from my father-in-law.

The preferences and needs of children, men, and elders must be prioritised over those of the woman, even if she is managing the details of what is being bought and cooked. This expectation from primary caregivers is evident when Shazia states,

I told her (daughter-in-law), he's a boy, he goes to the gym. So make a little fresh food for him and give. The stale food is there. We'll eat that.

Similarly, Ramabai, whose 28-year-old son suffers from alcohol-addiction, explains her approach to food-related decisions in the context of her son's needs:

He needs mutton along with alcohol. He throws tantrums, doesn't eat the dal or vegetable. So for his sake I get at least 0.25 kilogram mutton every week.

Though Ramabai is tasked with the responsibility of making food available for the household, she does not choose to buy and make mutton of her own accord. She decides what to buy, where to buy, and how much to buy to avoid the negative consequences, or 'tantrums', that her son may cause if his needs and preferences are not given top priority.

Many of the participants of the study are primary caregivers and primary income earners for their households. The challenges of working within the home and outside the home lead to a 'double burden' on women from urban poor communities. As articulated by Savita,

I have to make the money and buy the meat. And then I have to cook it too. So that's a huge load, right?



4.11 A woman in RNA Park who is the primary caregiver and also brings in the primary source of income.
Photo Credit: Shanti

Aradhana, who works as a domestic cook further elaborates on the nature of this double burden,

It's quite challenging to figure out what to make for the three respective meals and tackle going to the market to buy food items and tackle having to go to work and cook there amongst all this. So yes, it is quite challenging.

Shilpa goes on to explain the vulnerabilities that shape women's acceptance of this challenging double burden,

I live here because I don't have another option. I get work here that pays me better. I am constantly occupied in the city. After working in the houses I also have to take care of my own household. I rest for an hour or so. Then I have to start cooking lunch and dinner and then feed my kids.

Shilpa's statement makes it evident that moving to the city and working eight jobs is something she has to do out of necessity and compulsion due to her circumstances. Her description of responsibilities after she returns from work highlights the large share that cooking and feeding-related activities form as part of her household chores.

This double burden is often managed by support from other family members who are willing to split household chores. Barring a few exceptions, however, this help is largely expected and received from other women in the household. In some cases, support is expected from young girls, who influence food preparation and consumption-related decisions as part of their training to fulfil gender-specific roles and responsibilities as they grow older. As Shilpa states,

She (eldest daughter) makes rice. She cleans the utensils sometimes and also helps me wash the clothes. I just feel like she shouldn't roam around outside the house a lot. If she gets involved in the domestic chores it'll only help her in the future.

In Shilpa's case, her daughter supports her by fulfilling food-related responsibilities when Shilpa

is away at work. This serves to reduce the burden of gendered responsibilities experienced by Shilpa, while simultaneously normalising gendered restrictions on her daughter's actions and aspirations.

Similarly, Ankita manages the double burden of work and caregiving while receiving support from her mother-in-law who shares caregiving responsibilities. She articulates her experience of juggling multiple responsibilities as follows:

I make food only once, in the morning. Otherwise throughout the day there is no time to cook again. If it's getting late in the morning, Madam at my work gets mad. So sometimes I just make chapatis. When I have time, I make the vegetables too. Otherwise I just make the dal. The rest, my mother-in-law handles.

Though Ankita is constantly working through the day, the overwhelming volume of gendered responsibilities assigned to her creates the need for support. This support does not come from her husband or sons, but from her mother-in-law, pointing to the gendered nature of support structures available to women who cope with double burden.

Therefore, the study was able to highlight the correlation between gendered realities and their impact on food practices. Women were not just primary food providers but also took up additional responsibilities under the aegis of 'care work'. The normative changes in the direction of gender equality has resulted in many women becoming the primary income providers as well but has created the 'double burden' of paid and unpaid labour on women with limited or absent decision making power. Managing this burden often required support from other family members, who were also predominantly, other women in the house.

4.5. ROLE OF THE STATE: ENTITLEMENTS AND VIOLATIONS

State support plays a vital role in shaping food networks and food security for the urban poor. The Public Distribution System (PDS), Mid Day Meals (MDM) and the practice of forced evictions influence food-related decisions and practices of the city's poor residents. Unfortunately, the state machinery has had limited or negative impact on the food habits of the poor, with regard to the PDS and evictions for the landless. The PDS is riddled with corruption, with people complaining about the inadequacy of rations and their sale in the black market. Rations fall short in quantity, with shopkeepers withholding amounts citing issues regarding fingerprints and other technicalities like misreported income and address on the ration card. Beneficiaries may be unaware of the actual issues, and lack the funds to bribe the bureaucrats to fix them. To supplement their diet they either buy rations from general shops, or from the black market where their rightful ration is sold at higher prices. Forced evictions from the authorities always threaten to disrupt the normalcy of life leaving the landless and their food practices in the open, with no way to store their food or use their kitchens.

Many of the study's participants reported collecting rice and wheat through the PDS. However, there were several challenges linked to the quality of grains available and the interpersonal dynamics between the ration stores and recipients that limit people's timely access to their food-related entitlements. Ram provides an example of such challenges while discussing his experience of collecting ration,

He gives it to us in the end, when there are only 5-6 days left for the month to end, whatever is left over. Last time he gave, it was full of mud and other rubbish.

Though the quality-related challenges emerge clearly through the findings, untimely access to ration is a problem in fewer cases. Savita highlights the poor quality of ration available by stating that 'the taste is bad, we

only eat it to fill our stomachs'. Savita also explains how the urban poor are compelled to buy wheat and rice from private stores to make up for the poor quality grains they receive through ration.

Once a month, we collect eight kilograms of rice and 12 kilograms of wheat (in ration). Even with that, sometimes the quality of the wheat is so bad, that we go to a general store, buy two kilograms of wheat or rice and mix it to get better quality food. When we mix the good quality wheat from a private store with the wheat from the ration, then we get good quality chapatis. Otherwise if we just use the wheat from the ration, the chapatis tear easily and the grains don't stick together.

Thus, the inadequacies of state support through the PDS also lead to innovative practices of improving the quality of food consumed by the urban poor. Sita provides another example of innovative methods of food preparation that stem from dissatisfaction with the quality of rice.

We get jowar (sorghum) mixed into the rice. Sometimes we soak it and make dosa at home. Or sometimes we make papad from that rice. If we get 2-3 days off because of some holiday then we soak it properly. Then grind it in the mixer, like how you grind wheat at a chakki (mill). Then you keep it for three days. Then you strain the water from the batter and then cover it properly. Then add jeera (cumin), oil, salt then cook it and make it.

These practices of mixing poor quality wheat with better, store-bought wheat to make chapatis that don't tear and using poor quality rice to make the batter for idlis and dosas are common strategies used by the urban poor to consume the low quality grains provided to them through the PDS. Primary caregivers in urban poor communities lose time trying to make these poor quality grains 'usable'. This phenomenon is explained by Ramabai as,

Sometimes the rice stinks. Sometimes there are too many stones in the wheat, lot of dirt in the grains. So we nicely strain it and clean it and an entire day goes in that cleaning.

Her description highlights the opportunity cost borne by the urban poor on account of the drawbacks of state-support mechanisms for food security. For many people, their ration store and general store is the same. So better quality rice and wheat, as well as oil, spices and other essentials are bought at the same store where people collect their ration, where rations are also sold in the black market, and at higher prices. For example, Neeta from RNA Colony states,

If we have to (collect ration), we have to buy it in black, might as well get it outside, which is cheaper.

Further, there is a mismatch between the urban poor's food-related needs and the quality and diversity of foods available through PDS. As Geeta explains,

Many times we've had to throw the wheat to the goats, because the wheat is also not nice. And our government doesn't do anything either. We used to get sugar earlier, rock oil and dal, now we don't get anything.

Similarly, Ramabai also expresses her dissatisfaction with the change in quantities of grains provided through PDS:

Earlier they would give us 35 kilograms of grains. We would get 20 kilograms of rice and 15 kilograms wheat. Now it's become less.

Denial of PDS entitlements is a common concern faced by the urban poor. A few participants reported that their recorded income was higher than their actual household income, disqualifying them from being entitled to subsidised food. Farheen, an RNA colony resident, provides an example of such situations,

In our ration card, they've written INR 70,000 as our annual income. So our ration card has been stopped. That's why. If we had (the card) we would've gotten wheat and rice. It would've been nice. He's not giving, he said our income is INR 70,000. I said 'Arre, who earns 70,000 in our house? What saahab what are you talking?' Then he stopped giving.

Another challenge that leads to denial of PDS stems from the loopholes within the fingerprint system. As Radhika, also from RNA, explains,

He takes the fingerprint, he doesn't give it (ration) to us.

Radhika's case emphasises a key element that paves room for a thriving black market within the PDS system. It is common practice for shopkeepers to withhold ration and record that a recipient has already collected it from the store. This undistributed stock is later sold to the same recipients from urban poor communities for a higher price. Sometimes, older caregivers, such as Kanchan, a resident of Tata Nagar, face difficulties with the fingerprint technology used to record recipients' identities. She explains,

My fingerprint doesn't work. They have done the stuff with the Aadhaar card, right? Since last year they've taken my fingerprint. But it doesn't work many times on that machine. We get our ration a little late. We got it yesterday only. We have to wait a lot. They keep saying your fingerprint doesn't work'.

The impact of migratory practices of the urban poor also often leads to denied access to the ration store closest to home. Kanika, who moved to RNA colony, provides an example of how moving from one part of the city to another creates challenges in collecting ration when the household's name is recorded in a store closer to a previous address,

He doesn't give it (ration) to us, the card is from there, Chembur.

When people try to address these systemic challenges by speaking to concerned authorities or accessing relevant government-led redressal mechanisms, rampant corruption emerges as another roadblock in accessing food-related entitlements. Aradhana provides an account of such an attempt when she went to correct the amount reported as her household income,

Wherever I go, everybody asks for money to get this job done, INR 10,000–INR 20,000. I don't have that kind of money. Where will I generate such funds from? I went to the ration card office twice. Both times I was asked to pay a bribe worth INR 10,000 to get the information on our ration card corrected to reflect our

actual income. How will I manage to pay INR 10,000? So I gave up on that.

Aradhana's account reflects a normalisation of the corruption embedded within the process of accessing entitlements through state support. Her disappointment comes from her inability to arrange for money to bribe officials and access her ration, not from the demand for a bribe. Her acceptance of corruption as a major hindrance to benefiting from the PDS also indicates the normative nature of this challenge.

MDM in government schools, fruits and other food items in Balwadi⁸ are accessible and available to children from urban poor communities. As explained by Shazia,

They give khichdi sometimes, sometimes chole and rotis, moong vegetable and rotis. Sometimes on Saturday they will give kurmura, channa, sengh chikki. Every week it changes. Sometimes there is pulav, you also get dal and rice.

Similarly, Shilpa shares that her son receives a variety of fruits such as pomegranate, watermelon, musk melon,

banana and occasionally, sprouts. However, there is a sense of dissatisfaction and scepticism attributed to this food. As elaborated by Shazia,

It's not like how we cook at home. It's a little bland. There is no spice, less salt also. When they get it we check. I stopped them and said 'Tell the school that we don't want them to feed our children.' At one point, people said 'Don't let children eat from the schools, something might happen, they mix something in the food'. We also didn't fill the form and give. Then the teachers said 'There is nothing to worry about, sign the paper. We always eat and taste it ourselves before giving it to the children.' Then we said yes.

This fear of poor quality food and disliking of bland food is a common concern of primary caregivers whose children receive mid-day meals at school. Though the scheme shares the burden experienced by urban poor caregivers to feed their children, these concerns about the quality of food and children's lack of desire to consume such food often propel primary caregivers



4.12 Residents of Tata Nagar continue to live in temporary homes due to the uncertainty of demolitions by the SRA. Photo Credit: Mangal

⁸ 'Balwadi' is an Indian pre-school run for economically weaker sections of the society, either by the government or NGOs.

to try to provide a tiffin for their children. As Saraswati explains,

They carry tiffins because they find that food bland, so they don't like it.

For children enrolled in private schools—where most children from RNA Colony are enrolled given the absence of state schools in the vicinity—meals are largely absent (with the exception of one school) and children must take food from home to meet their needs. The absence of the state in areas where communities are resettled has obvious ramifications for food practices and entitlements of the young. State support in relation to food security for the urban poor goes beyond social protection schemes that are directly linked to the right to food.

The findings of this study suggest a linkage between the denial of habitat rights and experiences of food shortage, inadequate and unhealthy food consumption. The Mumbai Slum Rehabilitation Authority's (SRA) decisions to demolish the homes of urban poor living in informal slum settlements perpetuates the food insecurity of residents living in Tata Nagar when forced evictions take place. Even if demolitions happen only once in a while, the experiences of the urban poor living in inadequate and insecure housing highlight the precarity of their food situation, and the challenge of saving and storing food during times of heightened insecurity.

The denial of habitat rights also encompasses the denial of the right to water, exacerbating the experience of food insecurity and scope for survival during mass demolitions. As explained by Smita,



4.13 Residents of Tata Nagar queue up daily in order to access clean water from the tap located in the settlement, Photo Credit: Aradhana

They come and break everything. Water stops coming. Light (electricity) also goes away. They keep saying 'You are not legal here. You are illegal. It is not your water. For the light, we pay bills. But they still take away everything.

Smita highlights how the role of the state during times of forced evictions is linked to the invisibilisation of urban

poor communities and a subsequent omission of their housing and water-related entitlements. The psycho-social dynamics impacting food-related decision-making during times of forced evictions are articulated by Aradhana in the following manner,

In an open ground, firstly, you are stressed—you don't know what to do and what not to do. Should I put my

stuff here or there. Sometimes when we can't eat because they broke our house, we end up starving all day long. In the evening, we get a vada pav from outside, feed the kids, eat ourselves and then sleep. If you think that you want to eat food and you know they are coming to break the home on the next day, you will want to wake up early to cook. But there are times when the food that is made also falls all over. We put all our stuff on one side, and put the gas on the other and try to make whatever we can in the open. At that time, our state is really awful, it is 'bekaar' (useless). No water to drink or bathe, sleeping in an open space, cooking there, eating there, no light, too many difficulties.

The experience of seeing food being wasted and toppled over when homes are bulldozed over coupled with the challenges of accumulating food while living on open grounds point to a devastating relationship between forced evictions and food. Aradhana's account highlights the chaos and fear associated with housing insecurity and the impact of the ensuing stress on decisions related to 'what you eat' and 'how much you eat'. On account of forced evictions, her family is left 'starving all day long' or consuming cheap, unhealthy foods such as vada pav. This is in stark contrast to the wide spread of dishes prepared on a daily basis in Aradhana's house when the fear of evictions is not looming. Kanchan also shares a similar relationship with food during forced evictions. She states,

We remain with our empty stomachs, starving quite often. Now when they break our homes, where are we going to make food? In the sun? How will we make it and eat it? Sometimes I get dizzy from having to move all the stuff and deal with everything. At those times I just buy a vada pav from outside. And we eat that. That's our state related to food when our homes are broken down.

These experiences point to the role of insecure and inadequate housing in exacerbating the food-related vulnerabilities and curbing the decision-making capacity of the urban poor.

4.6. NATURE OF SUPPORT STRUCTURES: EXPLORING IDEAS OF 'COMMUNITY'

In the absence of state support, people turn to other social structures for support. A key idea that emerged through the urban poor's articulations of community was that of the networks of support through neighbours, family, civil society organisations and inter-class relations formed through paid domestic work. However, the importance of such associations became varied across sites.



4.14 Residents of Tata Nagar sitting together enjoying a chat,
Photo Credit: Aradhana

In Tata Nagar, horizontal housing structures allow for organic bonds to form between various community members. The vulnerabilities of people in this community, on account of their susceptibility to forced evictions and challenges posed to everyday life during the monsoons, also catalyse strong bonds of dependency and trust among community members. On the other hand, the spatial organisation in Vashi Naka leads to lesser scope for interaction between community members. In Vashi Naka's RNA Colony, challenges and hardships are often dealt with at the family level, mostly without asking for favours from neighbours or friends, barring a few exceptions such

as Farheen's mother whose estranged relationship with her sons sometimes forces her to turn to neighbours for support. She explained this in the following manner,

It's like if there is someone who lives nearby, then I ask in the morning, 'Can you give me INR 100 rupees? I'll give it back to you.' Those poor people give me INR 100 rupees. Someone might give INR 50 rupees. This is how they help. Forget my sons, we shouldn't talk about them at all. They don't give. I have to ask other people.

In both Tata Nagar and the RNA Colony, however, a high level of importance was attributed to the role of community in providing support structures and solidarity during times of crisis.

Many participants stated that they avoid asking for food or favours from neighbours even during times of crisis. There is a sense of shame associated with having to and the act of asking for food. Even during times of crisis, it is not very common. Mamta, a resident of RNA Colony, elaborates about the financial strain her family went through for almost 15 years because her husband suffered from tuberculosis.

If we had taken loans, we wouldn't have been able to return it. That's why we never asked for it. We don't take help, because taking help makes us suppressed, one has to bow down. That's why we didn't take help. Whatever our budget was we ate and fed ourselves within it, lived happily with laughter and fun. This meant we used to eat our chole and rice and be happy.

Similarly, there is a sense of pride associated with the hard work that urban poor communities engage with to be able to feed their families. However, during times of food shortage and financial difficulties, there are networks of support that become available for people living in Tata Nagar. As Ramabai explains,

You can ask anyone for help: you can ask for rice or bhakris, or if you tell them that today there is no tea in the house, can you make me a cup, they do that. No one says no. They give a cup of tea.

In this manner, neighbours contribute to the support structures that influence access to food during times of crisis. Similarly, family members such as siblings or children in neighbouring households also occupy an important space in the urban poor's ideas of community. As described by Smita,

My sister cooks. I live alone. So I sometimes eat at my sister's place or at my brother's. Or at any other relatives' places. I'm just one person so I just eat wherever.

Others may look to local retailers who are also friends and neighbours for informal support, living on credit to tide over difficult times. The monsoons are a particularly challenging time for urban poor communities in Mumbai. The need for a strong sense of community becomes pertinent during this period. Kanchan's sister, recounting the impact of the July 2005 floods on the community, highlights the food-related vulnerabilities that created the need for strong networks of support,

In 2005, water had spread everywhere because of flooding. We didn't even have a piece of cloth left. There was no food, appliances, no utensils. But Tirandas (a businessman who owns a small garden adjacent to



4.15 Negotiating spaces and rights, Tata Nagar,
Photo Credit: Aradhana

Tata Nagar), distributed a huge amount of ration. And then the government gave everyone a voucher of INR 5,000 to make up for all our lost ration.

Kanchan's sister highlights the role that the state and people with a connection to the community played in addressing the problems of food shortage that came up due to heavy rains. During the 2005 Maharashtra floods, Kanchan, her sister and small children spent 15 days at the train station after their homes were devastated by the floods, pointing to the role that family plays in forming support structures. They continue to live in neighbouring homes in Tata Nagar.

Registered non-governmental organisations (NGOs) and community based organisations (CBOs) also play a vital role in widening a sense of community and support for the urban poor. For example, participants in the study mentioned the role of YUVA to increase their access to required documentation for PDS schemes, to offer support during crises such as the 2005 floods or periods of forced evictions. Smita explains the role of civil society organisations in forming networks of support and strengthening a sense of community as follows:

YUVA and other organisations, and people like Shanta tai help us. They keep coming to help us with getting our ration cards, PAN card or Aadhaar card, to create access to basic services. They help us write letters, rebuild our homes. YUVA gives us a lot of support. This settlement has survived because of YUVA.

Some employers have a relationship with their domestic help that goes beyond giving them salaries for the tasks that they are hired to do. In such cases, these employers become integral to the support systems and the ideas of community of the urban poor. As explained by Shilpa,

I go seek help from the madams I work for. They help me out. They lend me some money, and then I go buy whatever I need to. There have been occasions when I have fallen short of cash. But the madam I work for helps me out.

Aradhana provides another example of such a relationship when she discusses how her employer supported her family during her husband's life threatening battle with brain tumour.

Even for the food that was prepared at my house they would help us with groceries, such as oil, sugar, salt, etc. People would come and visit our house. Then guests need to be served tea and food. Relatives from the village came: nana, my husband's elder brother and his wife. They stayed here and needed food. They used to help. They loaned me money, told me it was okay that I couldn't come to work, and we were repaying the loan bit by bit with my salary. I will never forget that time, and how they helped.

The nature of support experienced through interclass relations, however, is not only monetary. Aradhana elaborates on how she developed a relationship with her employer that extended to emotional support.

He (the employer) had even prayed for my husband in Gujarat. In my off time for one week, I went and stayed there. They also asked me to pray for their land issue. I prayed and I laughed and said, 'I am not God, but I will try'. Now their wish is fulfilled and they got a property worth INR 1.5 crore. They hosted a puja for INR 1.5 lakhs. They paid for our travels and we went there for one week.

Thus, close bonds built with employers are also critical to the support structures of the urban poor.

4.7. KNOWLEDGE PRACTICES ABOUT 'GOOD FOOD'

Through our interviews we looked to explore how the people we spoke with thought about an 'ideal' meal. We tried to get a fuller understanding of, not only their perceived gaps between what they were able to consume and what they wanted to, but also of what are acceptable and unacceptable food practices. Evident

from the accounts we collected was a strong sense of what constitutes good food, that encompassed not just the type of food consumed (both in terms of quality and diversity), but also in terms of hygiene, food safety and health. Participants expressed strong notions of 'light' and less oily food as being healthier, as well as the necessity of a balanced meal including fruits, green leafy vegetables and meat or as prescribed by health practitioners. Their access to resources determined when and how these stipulations were met.

Common themes that arose included ideas about how food is prepared and stored. Ram described his idea of good food as follows,

When there is less oil, however little the food, if it is well made, we should eat that only. Good food means that it's cooked well, it's not kept for many days. The longer we keep it, the more spoilt it gets.

His understanding highlighted an inclination towards consuming fresh food over quantity along with being conscious about what he considered good cooking practices: eating food that is not oily. Similarly Aradhana's ideal meal gravitated towards green vegetables cooked with less oil and spices. She said,

I feel that many people think that a good meal is to have fish and mutton every day. According to me, that's okay to have once a month or so for your health. For myself, I like mostly green vegetables with less oil and no dry chilli powder, jeera powder, nothing. I make a simple vegetable with garlic and onion. I think our bodies will be healthy with green vegetables, and with less oil and masala.

Ameena, a resident of RNA colony, also listed health benefits associated with certain food types as being dominant factors in describing an ideal meal.



4.16 A resident of Tata Nagar enjoying a home cooked meal, Photo Credit: Mangal

Mostly vegetables should be eaten because they have a lot of vitamins. Little bit fruits should also be eaten because they have calcium, vitamins. So we should eat that. Your body remains good and you won't get diseases. If you eat stale food then you might get gas problem. Eating more chicken also gives you loose

motions and that's why vegetables are the best.

Not all participants were disinclined towards eating meat and fish. Radhika, a resident of RNA colony, for example noted a need to eat chicken, fish and meat when possible, and eggs on a daily basis.

Some articulations of good food arose from perceived class-differences between how women cooked and ate versus how they saw their better-off employers' food practices. Shilpa who works as domestic help and eats a snack at one of the houses she works at was cognisant of the differences between the food she cooked at home and that at the house of the doctor, her employer.

They have a slightly fancier way of cooking the same things that we cook rather simplistically. They eat 'good' food. There is a difference in their food and mine.

When asked what she meant by good food, Shilpa pointed out that she added groundnut to the dishes she prepared to increase volume, unlike in her employer's household. She also noted adding more green chilli than they did. Shilpa differentiated between the food she cooked and what she consumed outside as being a question of simplicity. For her, the simple nature of the food cooked in the doctor's house indicated a class disparity between the foods they ate. Common to Shilpa's, Ram's and Aradhana's articulations of good food nonetheless are notions of light food.

While respondents often had a clear sense of what is considered healthy food, there still existed a gap between

knowledge and action that arose from factors such as economic constraints or continued behaviours. Savita believed that economic constraints led to compromises made while deciding food choices that enabled better health. She elaborated in the following manner,

Sometimes I think about buying milk or almonds. It's good for health. But then we think about how it's best to save money for the future. Who knows when we will need it? So we let go of buying these things.

Farheen broke down when acknowledging her inability to meet her family's requirements with her finances.

What can we say, we want to eat everything, but when there isn't anything then what can we do? In my mind, I want to eat apple also, orange also, grapes also, bananas also. But when I don't have only then what will I eat? We eat dal, vegetable, roti and manage. Now if Allah has not given what can we do? If Allah had given then you feel like eating everything. When we don't have money for medicine then where will we get money for food? What can I tell you? I am very helpless.

Sita, on the other hand, was candid about her inability to stick to dietary recommendations.



4.17 A kitchen space in RNA Colony, Photo Credit: Radhika

It's my habit to eat ice cream, I always want it after a meal, a piece of chocolate. All my teeth are rotten. This month, I got two removed. The doctor really scolded me. You've become so big, You shouldn't eat so much sweet'. Because of eating sugar you get so many diseases like diabetes and other things, so don't eat sugar.

Sita's insistence on eating food that is pleasurable despite its ill-effects in terms of health, marks what should be an obvious desire of the urban poor to consume food that meets their requirements of taste and flavour.

For many, consultations with health practitioners shape and guide new dietary habits in the case of illness. Farheen described her mother's changed dietary patterns as the result of a diagnosis of hypertension and diabetes with strict prescriptions about what can and cannot be eaten.

She doesn't eat rice, only roti and vegetable. Meat is also not allowed. In fruits, she doesn't eat bananas and chikoos. She eats pomegranate.

Sunita, who has undergone one knee operation and has been unable to get the other knee operated due to financial limitations, has been asked by her doctor to reduce her weight in order to relieve the pressure on her knees. She described the change in her eating habits in the following manner,

I eat only two chapatis. I don't eat much. Rice I don't eat at all, doctor has asked me not to eat. Sometimes, if I get bored then I might make khichdi. But it's not like I eat anything from outside.

Ideas of health are closely intertwined with ideas of food safety and hygiene as well. Aradhana was particular about the hygiene of the establishments she ate at.

Sometimes if we are in the mood, we get Vada Pav, Samosa from outside...But we are hesitant. Like here, there is a golawala who sells Manchurian, we don't let the children eat there because they have additives in the food and it's not safe...I judge the shop and then eat accordingly...I see the shop carefully first, even though the others get annoyed with me.

Other women also voiced food safety concerns, with Aradhana speaking of the poor practices of the golawala. Both Aradhana and Ankita raised concerns about the use of additives in food procured outside (including in Maggi, leading Ankita's family to switch to other forms of noodles).

4.8. FOOD, SELFHOOD AND DIGNITY

Our study highlights the need to adopt a multidimensional approach to delve into the urban poor's food practices. This approach involves an understanding that the urban poor's relationship with food goes beyond their experiences of food insecurity. With a view to achieve this type of a layered understanding, it is crucial to recognise that factors such as taste, habits, or a desire for quality foods influence food choices of the urban poor. There is a normalcy attributed to the need for variety, balance, and good taste in the articulations of their food practices and preferences, arising from their own strong beliefs about the health value of different foods. This normalcy stems from the value of life embedded in their self-image, and is also a form of assertion of their right to life and right to food. Their right to food is not understood in terms of access alone, but in terms of their ability to bridge the gap between 'what they eat' and 'what they want to eat'

Some of these 'wants' are determined by their knowledge and awareness about what types of food they require and desire to be able to work, stay healthy, participate in shared experiences at the family and community level and also increasingly to participate in public, upper-class consumption culture (Anjaria, 2008). For example Alpana's children visit K-Star mall to eat burgers and pizzas, though their financial situation only allows these visits every six months or so.

Food is an aspect of everyday life that majorly shapes the priorities of primary caregivers in urban poor households. Food practices contribute to the identities of many people who take an interest in eating or preparing foods that are healthy, diverse and a reflection of traditional and cosmopolitan practices. An understanding of the food-

related practices of the urban poor also provides a new lens to deconstruct the lived realities and identities of communities that are often viewed as mere 'recipients' of social protection schemes and denied the 'luxury' of agency in decision making, even within the realm of their basic needs. Thus, while many members of urban poor communities have a relationship with food that is primarily dictated by a need for survival, our data also emphasises that the relevance of food in their lived realities goes beyond a myopic understanding of food security. The realities of urban poverty, which include forced evictions and a lack of access to basic services impinge on people's access to food as well as their food consumption practices.

The prevalence of a unidimensional understanding of the role of food in the lives of the urban poor comes to the forefront through the inter-class relations between domestic workers and their middle and upper class employers. Giving leftovers to domestic workers is often viewed by middle and upper class employers as a sign of generosity or even as a waste management practice. However, Aradhana highlights how middle and upper classes often give their domestic help the 'stale food' that they consider poor quality or not worthy of consumption within their own household. She views this type of giving as an indication of the value of life attributed to the urban poor by the middle and upper classes. She views it as a form of self-congratulation, where the wealthy feel better about themselves through an act of compassionate giving even though their 'generous' act directly burdens the urban poor with the 'sinful' task of throwing away food. Aradhana elaborates on this view as follows:

We are earning hard work's money, I have my own respect and dignity. Once, one madam asked me if I would take leftover food from yesterday. I refused and said that no one has stale food at my house. I may be poor but we don't have leftovers. At my own house, food is made thrice. Since then, no one asks me to take leftovers. Sometimes they ask us to take sweets or fruits. Sometimes someone gives clothes and I take saris. In those things, I don't show greed or arrogance. But if I take stale food and feed it to someone, I will be facing karma. They give me food and get on the right

side of karma (virtue), but I will be on the wrong side of karma (sin) because I will be wasting that food by throwing it away. If something is fresh, then I take it and give it to someone living on the street.

This experience of inter-class relations not only highlights how food contributes to the urban poor's sense of dignity, but also points to a major knowledge gap regarding the urban poor's waste management practices and the priority given to fresh foods over leftovers. The practice of throwing away food is highly uncommon in urban poor communities, where food is not cooked in excessive quantities and waste generated during food preparation is often put to use through innovative waste management techniques. Further, the urban poor's emphasis on eating freshly cooked food and home-based waste management practices sharply contrasts class-based expectations and state support mechanisms that limit their quality of life and food-related aspirations.

The linkage between food and dignity also becomes clear through the urban poor's perception of borrowing as an act associated with shame. This correlation between lack of food and shame is explained by Ramabai from Tata Nagar,

I feel embarrassed to say this, but sometimes the kids had to ask for bhakri from people, and we would get to eat that way.

Those who have achieved their food-related aspirations without accepting food-related favours from extended family or from neighbours derive a sense of pride in that type of self-reliance. In some cases, as explained by Mamta from RNA Colony, even when circumstances require households to borrow for survival, some families give highest priority to their need to remain self-reliant and subsequently compromise on quantity or quality. When such trade-offs no longer fulfil food-related needs, the act of borrowing or asking for food becomes unavoidable. Thus, the ability to ask for food from community members varies based on the type of settlement one lives in and the nature of support structures available to different people. However, this scope to ask for food does not reduce the shame experienced while battling food-related vulnerabilities.

5 CASE STUDIES

This section includes case studies of three participants that were done in order to gauge a detailed understanding of the lived realities of people and their food practices. The case studies have allowed an in-depth and subjective investigation of the participant's lives and their contextual position while negotiating with food networks.

5.1. ARADHANA

More than 30 years ago, Aradhana moved from the village of Ghatshila near Jamshedpur in Jharkhand to Tata Nagar along with her husband and two small children in search of improved livelihood options and a better education for her children. In the early years following their migration, her husband worked as a cook while she stayed at home to look after the household responsibilities. As time went by, Aradhana also picked up work as a domestic cook, contributing to the family's income. Unfortunately, life took a turn for the worse when Aradhana's husband was diagnosed with brain tumour, a few years after they had moved. After repeated consultations with doctors from several private and public hospitals, costing the family thousands of rupees, his tumour was declared untreatable and Aradhana was advised to abandon him since he was deemed unlikely to recover.

Over the three years that his illness persisted, his body weight went down to a mere 15 kilograms. Apart from caregiving Aradhana was also pushed to make personal sacrifices such as starving herself in order to feed her son while at the same time working in four houses to meet their financial needs. However, Aradhana's resilience persevered and with the financial assistance from a local corporator, community members and employers, she continued to get her husband treated, at a cost of more than INR 2,50,000. Her husband has now recovered and does plumbing work that is not very physically strenuous. The family's financial condition has also improved and Aradhana feels relieved to have paid back all the debt she had collected during the time of her husband's health crisis.

Both of Aradhana's children are now married and continue to live in the same community along with their spouses

and children. They live in separate homes but visit each other often over dinners or during festivals when the family enjoys delicacies such as kheer, gulab jamun, puri, chole, and dhokla. Aradhana has continued her work as a domestic cook for the last 20 years and while the food cooked in her home is largely influenced by indigenous Bengali cuisine, she is now adept at several others such as Maharashtrian, Gujarati, Punjabi and South Indian. Aradhana enjoys cooking and experimenting with food by trying dishes she is introduced to in the different houses where she works.

At home she cooks fresh food thrice a day while ensuring a healthy diet with lots of green vegetables for herself and her husband including his dietary requirements of proteins and calcium. Fruits, however, are considered luxuries that they are rarely able to afford due to the high prices. She buys vegetables on a daily basis from markets in close proximity, focussing essentially on quality over quantity. Her emphasis on fresh food and sense of self-worth is also observed in her refusing to accept stale food from the houses she works in. The household's consumption of non-vegetarian food is limited to once a month or when guests come, as her husband prefers vegetables to non-vegetarian dishes. Aradhana does not generally eat cooked food from outside unlike her children but is conscious of assessing shops for hygiene and quality prior to purchasing when she does. She, however, thoroughly enjoys a Chinese meal when eating outside.

To buy vegetables and provisions, she has an allocated budget and remains mindful not to exceed it. The budgeting is also essential, as she is deprived of receiving her entitled ration from PDS due to erroneous ration cards that have stated her husband's income higher than what it actually is. Repeated efforts to resolve the

matter combined with being asked for exorbitant bribes to correct the information has resulted in Aradhana giving up in trying to claim her entitlement.

Though today Aradhana and her family are financially and personally in a much better position than before, living in informal settlements frequented by demolitions continue to have adverse effects on their lives. When forced evictions take place during the monsoons, they struggle to find ways to hold on to their possessions, including food supplies, while living on the open ground. Makeshift structures of bamboo and plastic have to be set up and their access to water is completely cut off. Food is cooked on open fires with whatever ingredients they are able to source, some of which may be lost during the eviction process. At these times, they are forced to make do with vada pav, and wait for things to settle.

5.2. SUNITA

Walking up the hilly road to Vashi Naka one can find the street dotted with shops and street vendors selling a variety of products ranging from food items to daily essentials, catering to the needs of its residents. Amongst the many vendors who set up shop there on a daily basis is Sunita, a 65-year-old single woman who has been living there for over fourteen years. Every evening by 5:30 pm she loads her cart with plastic commodities such as bottles, scrubs and clips and sets up business at a spot that has, over the years, become hers. She can be found there till 9 pm, after which she returns to her one-room home on the ground floor in a building right behind the stalls. She is seen struggling as she carries out physical activities of walking, standing or sitting down due to her knees that have been causing her problems for over seven years. She has gotten the recommended operation for one knee, but financial constraints have made her put the second operation on hold, forcing her to live in constant pain.

Sunita, whose family hails from Ratnagiri, grew up in the slums of Dharavi and is one amongst five sisters. She studied till the fifth standard and recalled dropping out due to the unsafe nature of the locality where girls were

abducted from outside the school. She grew up to marry for love and moved to Sion where she had two daughters of her own. Her husband taught her how to cook everyday food including specialties from his own hometown of Nashik such as bajra, bhakri and chutney. Unfortunately when her older daughter was just four years old and her younger one barely six months old, her husband met with an accident and passed away. As a young mother with no support from her own family and no work experience, Sunita was forced to start working in order to support herself and her children after the tragedy. For several years she cleaned utensils in people's homes till she developed her knee problem, forcing her to shift to vending.

Sunita recalled surviving on black tea and whatever little food she could afford in the years after her husband's untimely demise. Her daughters also grew up to study only till the ninth and eighth standards due to the lack of money. The landlord, however, seeing the plight of a mother with barely any food to feed her children, generously offered to let Sunita and her family live in the house rent-free. Years later, she continues to stay in that same room.

Today, both of Sunita's daughters are married and she is a grandmother of three. Living alone, she looks forward to the days when her family visits and she is able to make her grandson his favourite fish curry. She does not eat as much fish as earlier owing to its high cost; but, when the children come she does not compromise on quality or quantity. Birthdays and festivals are celebrated with cakes and ladoos though she is mindful not to exceed her expenditure.

When alone, Sunita travels once or twice a week to Kurla in order to stock up her supplies during the morning hours. She cooks for herself once a day and eats the same food at night. She buys vegetables on a daily basis and most of the groceries are from places in close proximity where she has developed close relationships with the shopkeepers. This allows her to buy provisions on credit during financially tough times.

Her daily diet mostly consists limited quantities of chapatis, vegetables, pulses or khichdi. Her doctor has advised her to lose weight in order to relieve the pressure

on her knees that has restricted her diet to two chapatis per meal and non-vegetarian food only on the weekend, if at all. However, after years of struggle, Sunita feels that she has fulfilled all her responsibilities and would rather live out her days being merry than worrying about health or losing weight. Laughing she says, 'This body is not ours, our life is on loan. We have to leave this body and go...so live.'

5.3. KANCHAN

Kanchan is a Dalit woman who has been living in Tata Nagar for 35 years. She moved there as a young girl along with her brother, sister and parents. For Kanchan and her family, Tata Nagar provided them with an opportunity to earn livelihoods and feed themselves. After getting married at a young age and having two children, Kanchan's husband got remarried and moved to Pune. Though her husband, children and brother moved away, her sister continued to live in the same community. Today, Kanchan is in her late fifties, living in Tata Nagar with her nephew who works as a manager at a restaurant. Kanchan's sister and nephew remain a vital part of her support system. Her nephew eats breakfast and dinner with her every day and her sister supports her vegetable vending business. Whether it was living in the Belapur station for 15 days in the aftermath of the 2005 floods or surviving on open grounds during forced evictions, Kanchan and her sister have collectively identified strategies to cope with the challenges of inadequate and insecure housing.

For most of the year, Kanchan lives in the open with all her belongings instead of her home. She cooks, eats, prepares for work, and sleeps out in the open. On most afternoons, she is seen laying on an old jute mattress, resting or working under a tree. Her decision to live out in the open is a means of asserting her land and habitat rights as well as an attempt to be prepared for the impact of forced evictions.

While migrating to Mumbai from Akalkot village in the Solapur district of Maharashtra and adjusting to life in the city's informal settlements, her family suffered from

starvation, insufficient food, loss of traditional food habits, and increased consumption of cheap and low-quality fast foods. In Tata Nagar, they did not have a water source for almost 30 years. During that time, they drank dirty water that was occasionally available to them through a water source under a bridge near the settlement. Before moving to Tata Nagar, Kanchan did not know that it was possible to keep falling sick with recurring symptoms of cough, cold and weakness. She never knew what it was like to experience adverse health effects of pollution and lack of access to quality water and food. When she moved to Tata Nagar as a young girl, her relationship with health changed completely. Kanchan became more prone to stomach problems and extreme weakness from the heat. Over the past six years, Kanchan has been experiencing severe digestive and blood pressure related issues. Based on medical advice, her diet has seen drastic changes: she has stopped drinking milk and consuming milk products. Her overall consumption of chicken and meat has reduced substantially whereas green leafy vegetables have become a major part of her diet.

The changes in Kanchan's diet, though majorly due to her health requirements, were also practical and achievable on account of the nature of her work that gives her easy access to a wide variety of vegetables. Though she has reduced her work as a vegetable vendor considerably, many of her days involve procuring food from the Agricultural Produce Market Committee (APMC) market in Sanpada, hiring a truck driver to transport the vegetables to Tata Nagar, sorting through the vegetables to clean and cut for better quality, and finally trying to sell these vegetables in the local market for six to seven hours every evening until about 11 pm. Kanchan also raises and feeds goats and chickens to eventually sell them for profits. Her access to vegetable waste from her work also led her to practice innovative waste management, such as feeding goats stems of cauliflowers. For Kanchan, the requirements of her health and the price of food are key determinants for what she chooses to buy and eat. In different seasons, Kanchan adjusts her food habits: during summers, she increases her intake of lemon water and cold water to battle the heat whereas during winters, she reduces her consumption of Fenugreek or '*methi*', to avoid spending too much on a vegetable that is not easily available at that time of the year.

Kanchan has consistently advocated for the habitat rights of her family and community. She has in the past, negotiated with a business-owner who owns land near the community to ensure that the homes were not destroyed for his profits; she has engaged with government and civil society leaders for access to food and other basic needs during times of crisis.

6. CONCLUSION AND RECOMMENDATIONS

What emerges most clearly from our study is the dynamic nature of food practices across different settlement formations in the city. Class, caste, gender, age and livelihood all shape how people access and consume food. Changing practices are evident across these categories, deriving from changing levels of income, desire, market structures and knowledge.

The diversity of practice is tempered by a persistence of inadequacy, even amongst those who are better off than generations before them. Women and girl children may be worse off than their male counterparts due to continued privileging of boys and men. In parallel however, older generations of parents and grandparents make efforts to meet the aspirations of youth and children to eat out, sacrificing hard earned income for the occasional plate of bhel puri. The increase in consumption of street food is not true for all ages; mothers tend to be the primary caregivers, and articulate a strong preference for home-cooked, healthy food. They make various efforts to cater to diversifying palates at home itself. Common to both sets of practices is a focus on the sensual elements of food, indicating unsurprisingly, the affective relationships that people have with food practices, made evident in multiple ways—whether in the way they fondly reminisce about their diets in villages; how they view their relationships with employers vis-a-vis what they eat when on duty; or as a shared resource and experience amongst family and community members.

The concept of food security must then account for these interpersonal, affective dimensions, while building on current understandings of food as a political subject, including questions of access, availability, distribution alongside parallel considerations of local preference, nutrition and health. The state's focus on the PDS and related schemes as its only imagination of food security, while concurrently violating the idea of food security by its violation of the people's right to housing is too limited to account for the varied practices that shape consumption of food by the urban poor.

Based on our analysis above, we offer some policy

recommendations, at different levels of intervention, sector and scale.

1. Recommendations for care givers of children and schools

There is a need to promote closer relationships with food and facilitate knowledge about good food and nutrition practices amongst children, who are some of the highest consumers of street and junk food. Community based groups, Anganwadis, Non-governmental Organisations (NGOs) and schools could be involved in the process of dissipating information through live demonstrations or including them in the school curriculum. Gardens could also be set up in school premises or within communities that could be maintained by children in order to understand the process of food production and the nutritional values of various food groups.

2. Recommendations for civil society and local governance bodies

- 2.1. There is a need to work with unions of groups such as domestic workers, construction workers, sanitation workers and other urban poor groups in order to understand their food practices and preferences to be able to support them in targeted ways.
- 2.2. Both training and incentivisation may be provided for street food vendors to facilitate food safety practices. Street vendor unions and Agricultural Market Produce Committees (APMCs) could also be involved in this process to ensure hygiene and other safety standards.

3. Recommendations for community based groups and state level policy makers

Community or state-run low-cost kitchens along the lines of those found in Tamil Nadu (Amma Unavagam), Karnataka (Indira Canteen), and Uttarakhand (Indira Amma Canteen) would help to

serve as sources of healthy, locally appropriate food for working and migrant labourers who may not have access to healthy, cooked food during work hours. Other models include those offered by the Hamal Panchayat group in Pune, which runs its own low-cost canteen 'Kashtachi Bhakar'.

4. Recommendations for central level policy makers

4.1. There is a need to account for changing tastes and preferences in policy planning and implementation. Too often the food needs of the poor are thought of in instrumental terms—calorie and micronutrient requirements—that reduce them to metabolic machines. This is especially applicable to state support mechanisms such as the Public Distribution System (PDS), Mid Day Meal (MDM) Scheme and Integrated Child Development Services (ICDS) that account for calorific values but disregard personal and regional preferences. Local staples should be included in the basket of commodities distributed to beneficiaries in order to keep the traditional food base intact. Furthermore the existing gaps in implementation coupled with a system riddled with corruption needs to be addressed. A local level policy catering to regional dietary and taste preferences could be introduced in order to resolve these issues.

4.2. Access to 'better' food may also be enhanced through strategic land-use policy interventions. These interventions could help challenges that emerge due to lack of access to both cooked and uncooked food, help local communities deal with food security concerns, and provide a potential source of livelihood.

The first recommendation would be to carve out dedicated spaces within low-income and marginalised communities for weekly markets that sell fresh uncooked food. While there is space allocated for such markets, it is often

not enforced. Part of the challenge will be to maintain a regular supply of vendors willing to participate in such markets.

This may be partially addressed through the second recommendation: to establish a dedicated space for community gardens or farms within these communities. Drawing on allotment-type models, we suggest allocating space within communities for local farming that is maintained and worked by community members across age, caste groups and gender. The main aim would be to grow fresh food that may be sold at local community markets, with the potential for surplus to be sold to consumers outside the community as well. This will not only enable a regular supply of seasonal, fresh food, but also possibly offer an alternate source of livelihood to some in the community. There are several examples, both within India and outside, that can help with structuring these systems.

4.3. The mandate of the National Food Security Act should be expanded to include other facilities and services like water, sanitation and healthcare that are intertwined with the idea of food security.

5. Scope for further research

5.1. PDS as a scheme acts as a buffer in the case of extreme food insecurity but suffers from large gaps in implementation and corruption. Furthermore, though PDS has been designed to ensure the inclusion of the neediest, it has resulted in several vulnerable categories of people being left out due to its exclusion criteria. Research is needed to identify these gaps and suggest methods of improvement, accountability and coverage.

5.2. Recent reforms like Direct Benefit Transfer (DBT) introduced to reduce corruption in the PDS have also proved to be ineffective owing to inadequate infrastructure and institutions

as well as lacking political will. Research is needed now to understand its functioning, effectiveness, growing concerns and proposed suggestions.

- 5.3. The multifaceted and interconnected nature of food networks, practices and preferences, requires the broadening of understanding food security from a purely utilitarian perspective that can be made possible through further research in the area. Furthermore, continually growing urban spaces with increasing food insecure households need to formulate the core of such research, shifting dialogues from rural areas to now include the urban poor as well.

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ANNEXURES

PARTICIPANT PROFILES

Name	Location	Gender	Religion	Native Region	Occupation
Sangeeta	RNA Colony	F	Hindu	Uttar Pradesh	Janitor
Mamta	RNA Colony	F	Hindu	Uttar Pradesh	Homemaker
Alpana	RNA Colony	F	Hindu	Uttar Pradesh and Bihar	Homemaker
Radhika	RNA Colony	F	Buddhist	Maharashtra	Janitor (currently unemployed)
Kanika	RNA Colony	F	Buddhist	Maharashtra	Hawker + Tailor
Sunita	RNA Colony	F	Buddhist	Maharashtra	Hawker
Farheen	RNA Colony	F	Muslim	Uttar Pradesh	Temporarily works as a broker for houses in the nearby Maharashtra Housing and Area Development Authority (MHADA) colony
Sita	RNA Colony	F	Buddhist	Maharashtra	Domestic cook
Shanti	RNA Colony	F	Hindu	Maharashtra,	Hawker
Neeta	RNA Colony	F	Buddhist	Maharashtra,	Retired
Jaswinder	RNA Colony	F	Sikh	Punjab	None, lives off relatives or rent on leased properties
Shazia	RNA Colony	F	Muslim	Uttar Pradesh	Homemaker, temporarily helping her husband run his cyber café
Kamini	RNA Colony	F	Hindu	Maharashtra	Homemaker
Sulekha	RNA Colony	F	Hindu	Maharashtra	Temporarily unemployed (vegetable vendor)
Ameena	RNA Colony	F	Muslim	Maharashtra	Unemployed
Ram	Tata Nagar	M	Hindu	Karnataka	Rickshaw driver
Savita	Tata Nagar	F	Hindu	Maharashtra	Hawker
Saraswati	Tata Nagar	F	Hindu	Karnataka	Unemployed
Geeta	Tata Nagar	F	Hindu	Maharashtra	Domestic cook

Rakhi	Tata Nagar	F	Buddhist	Maharashtra	Housekeeping staff, also provides tiffin service
Fiza	Tata Nagar	F	Muslim	Rajasthan	Homemaker
Aradhana	Tata Nagar	F	Hindu	Jharkhand	Domestic cook
Kanchan	Tata Nagar	F	Buddhist	Maharashtra	Hawker
Smita	Tata Nagar	F	Buddhist	Maharashtra	Hawker
Ankita	Tata Nagar	F	Buddhist	Maharashtra	Housekeeping staff
Renu	Tata Nagar	F	Hindu	Jharkhand	Homemaker
Vaijanti	Tata Nagar	F	Buddhist	Maharashtra	Unemployed
Ramabai	Tata Nagar	F	Buddhist	Karnataka	Light arrangements for weddings
Shilpa	Tata Nagar	F	Buddhist	Maharashtra	Domestic help in eight homes
Mangal	Tata Nagar	F	Buddhist	Maharashtra	Fruit vendor

Interview Schedule

Interviewer Name:

Date (DD/MM/YY):

Time:

1. Name:

2. Location:

3. Address:

Start interview with an invitation to tell you about their life. Then move on to the following questions. Probes for these questions include their place of residence since birth, what compelled them to move, what challenges they have faced with their housing. A parallel line of conversation should focus on the occupational history of all earning members of the family. Where all have they worked, why have they switched jobs, challenges of each job, constancy of employment, any health issues arising from them, long hours, etc.

4. Household Demographics

S.NO.	NAME	AGE	RELATIONSHIP TO INTERVIEWEE	MARITAL STATUS	HIGHEST EDUCATION	OCCUPATION(S)	HIGHEST EARNER IN THE HOUSEHOLD	PLACE OF ORIGIN (VILLAGE/ TOWN/CITY, STATE)	CASTE	HEALTH ISSUES IN THE LAST 6 MONTHS*
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										

*Probe: What kind of health issues? How did they come about? The idea is to get a sense of whether participants themselves see a linkage between food/water/sanitation issues and health.

5. Can you tell me what your average weekday is like? (Follow instructions for a time-use survey, using half-hour intervals. Record primary, secondary and tertiary activities. Also record the involvement of others.)

S. NO.	TIME INTERVAL	PRIMARY ACTIVITY	SECONDARY ACTIVITY	TERTIARY ACTIVITY	PAID/UNPAID	ALONE/ACCOMPANIED (IF ACCOMPANIED, BY WHOM)	FOR WHOM OR WHAT ACTIVITY IS PERFORMED	DISTANCE FROM HOME (IN KM)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								

6. Can you tell me about the daily schedules of the other members of the household living with you? (The time use survey along with family members daily schedules will inform whose caregiving activities to pay attention to.)
7. Who in the household decides what must be cooked?
8. What are your daily diets like? (Probe: Do certain members of the household eat different kinds of/extra foods? Is there rationing? What about snacks? Account for variation within the family, especially children eating snacks. Pay attention to people substituting some food products for others - different types of oils, grains, vegetables, etc. Also pay attention to special foods made/consumed on special occasions like birthdays, festivals etc.)
9. Who in your household is responsible for preparing food? (Probe: With responses to buying groceries, find out if there are barriers to mobility.)
 1. Buying groceries
 2. Cooking it (Probe: do people share cooking - even of a single item - with other households? Are particular individuals in charge of particular meal items?)
 3. Cleaning up after
10. Where all do you buy your groceries from? (Probes: Vegetables? Fish/Meat/Chicken? Staples? List, find out exact location. Find out why they prefer certain shops, and if they are buying similar items from multiple shops, pay attention to those nuances too. For example, are there discounts and deals at particular shops?)
11. Do you get rations from the PDS? Do you or your family members access MDM? Do you or your family members access ICDS? (Probe: regularity, amount, rate, any issues.)
12. At what time of the day do you buy food items? (Probe: why?)
13. How do you travel to these places? (Cross-check info you may have already collected about people buying food while on their daily commutes to work or other activities.)
14. What do you keep in mind when you have to buy food? (Quality? Price? Taste? Specific preferences of household members?)
15. How are the shops you buy from different than other shops you have seen in other parts of the city?
16. Do you or any of your family members eat at hotels or from street vendors selling cooked food? (Probe: who? where? How often? What? Also find out if restaurants or street vendors have come and gone, when they were set up/shut down.)
17. How long have you been living here?
18. How does preparing food here contrast with preparing food where you were before? (Record all movements, whether from village to city, or within the city?)
19. How have your diets changed over time? (Probes: Identify time/place markers in the responses. Identify ability/inability to access certain foods. Identify norms about eating/not eating certain kinds of foods. Identify changes in class status. You could also ask them to describe foods they ate in their childhood as a way to begin this topic, and contrast it with what they ate now. Ask for special recipes, or lists of food preparations)

20. To what do you attribute these changes? (Probe: does this vary depending on who is present at home for a meal?)
21. Are there particular times of the week where sourcing food becomes difficult? Why?
22. Are there particular times of the month where sourcing food becomes difficult? Why?
23. Are there particular times of the year where sourcing food becomes difficult? Why?
24. Does what you eat vary in different months/seasons?)
25. Do you have any sources of support at such times? (Probe: List. Is support selectively available for certain members of the household then? For example, sending children to relatives' homes.)
27. What is your idea of a good meal? (Probe: pay attention to what the respondent privileges - whether taste, healthy, variety etcetera. Do not define the good meal in advance.)
28. What would you change about the way your family currently eats?
 - In terms of food, access to space, water, utensils, labour, etcetera, availability of market/shops
29. What do you feel is making it difficult to make these changes?

ABOUT THE STUDY

This exploratory study aims to understand the food practices of the urban poor beyond conventional categorisations, expanding them to include the linkage between food and the everyday experiences of the urban poor in the Mumbai Metropolitan Region (MMR). It focuses on comprehending people's food-related knowledge, their challenges, aspirations, desires and trade-offs while trying to unpack people's food choices and food-related vulnerabilities.

