Heterogeneity of Nutritional Practices at the Household-level in Chitacaspi, Ecuador

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ABSTRACT

Given the current nutrition concerns in contexts of poverty and adversity, new insights on nutrition are needed. Most of conventional approaches for improving nutrition focus either on changing behaviors at the individual-level, or in large scale solutions, such as giving nutritional supplements, overlooking the heterogeneity of diverse socio-cultural settings. The nutritional status is shaped by the interplay of countless different factors; and even in conditions of adversity the people manage to be healthy and well nourished. In this research I approach nutrition as a set of social practices, embedded in the complex settings of household’s daily life and interactions. The focus on the household level and its unique configurations allows exploring the heterogeneity, within and between the households. The aim of this research is to explore the nuances of family-level nutritional practices, in Chitacaspi, a small rural village in the Ecuadorian Andes, with special attention to highly vulnerable women and children, as a means of identifying existing opportunities for improving family health.
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Glossary

- **Achiote**: Is a common spice used to add color and flavor to the food.
- **Ajinomoto**: Is the brand of a seasoning that contains monosodium glutamate.
- **“Being on the diet”**: Is an expression used for describing the postpartum period (since birth until two months after).
- **Berro**: Common name for an edible plant that grows in the region
- **Cayumba**: A type of edible mushroom that grows in the region
- **Chitos**: A corn snack.
- **Colada**: thick drink usually prepared with oats or with flour.
- **Empanadas**: preparation made by folding dough around stuffing.
- **Encurtido**: was a preparation of fined chopped onions, tomatoes and lemon.
- **Golosinas**: candies/sweets/junk food
- **Llapingacho**: Is a typical Ecuadorian dish that includes characteristic potato patties
- **Molo**: Mashed potatoes
- **Nabo**: Nabo is very common; it is similar to spinach. There are 2 kinds, one that grows without planting it, and one that has to be planted.
- **Panela/dulce**: whole cane sugar
- **Páramo**: alpine altitude ecosystem
- **Refrito**: aromatic and flavoring ingredients (such as onion) cut into small pieces and fried in cooking oil
- **Taxo**: banana passionfruit (*Passiflora tripartite*)
- **Tortillas**: fried dough made from wheat flour, butter, water and salt or sugar.
- **Tulpa**: Hearth
- **Uvillas**: *Physalis peruviana.*
CHAPTER 1: INTRODUCTION

1.1 Background

The broader project

My thesis topic emerged as a complementary part of a larger research project called “Positive Deviance as a Catalyst for Sustainable Food Production and Nutrition in the Andes” (hereafter referred as the WOTRO\(^1\) project) which has duration of 60 months, from January 2011 to December 2015. The project aims to question and rethink conventional development practices and interventions. Traditional ‘agricultural development practices’ that seek improvement through external technical aids usually carry along socio environmental problems. Furthermore, “public investment in agricultural research and development around the world has diminished substantially” (Popkin, 2009; Nestle, 2002 in (“WOTRO - Integrated Programme Full Application 2010,” 2010). In response, the WOTRO project explores a more locally-led development approach, by investigating how the promise latent in the heterogeneity of family-level practices can be used to open pathways for rural innovation.

Recent research in the northern Ecuadorian Andes (Paredes, 2010; Sherwood, 2009) show that in the context of aggressive and far-reaching agricultural modernization policies, rural families continue to generate heterogeneous practices, with certain “farming styles” proving more sustainable than others, “in particular through creative utilization of available knowledge and technology” (“WOTRO - Integrated Programme Full Application 2010,” 2010). These findings and rationale lead to an interest in exploring the Positive Deviance (PD) approach, which looks into the “positive deviant practices”, embedded in the heterogeneity of local life as un-tapped resources with great potential for endogenous development. The objective is to address: how Positive Deviance\(^2\) (PD) can be understood and strengthened in food production and family nutrition in contexts of adversity, and

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1 The WOTRO program “funds and monitors innovative research on global issues, with a focus on sustainable development and poverty reduction” 8/29/2013 3:09:00 PM
2 Positive Deviance is a concept based on the observation that some people manage to be more successful than others despite facing similar challenges. In nutrition in children, Positive deviance can describe well-nourished children in conditions were the majority of children are malnourished 8/29/2013 3:09:00 PM.
how PD can be strengthened through scientific backstopping in order to catalyze needed institutional change towards sustainability (“WOTRO - Integrated Programme Full Application 2010,” 2010).

The focus of the WOTRO Project is mainly in two areas directly related to rural hunger and poverty in conditions of scarcity and environmental uncertainty: household management of (1) “water for food production” and (2) “food for nutrition” (“WOTRO - Integrated Programme Full Application 2010,” 2010). The area of my thesis is related to the second one, the strategic food practices and food production for family nutrition, in particular for “assuring the well-being of vulnerable mothers and infants” (“WOTRO - Integrated Programme Full Application 2010,” 2010).

In a general sense this project seeks to examine the variety of family-level nutritional practices in three communities, in the north of Ecuador, in order to highlight those practices that lead to child health” (“Revised Proposal Project 3: ‘Catalyzing Food for Family Nutrition’,” 2012). The study is focused on the households with young children (0-5 years old) since malnutrition in small children can have severe consequences that last into adulthood (“Revised Proposal Project 3: ‘Catalyzing Food for Family Nutrition’,” 2012). My project’s objective is to contribute to the general objective of the project by an ethnographic research in one of the three communities: Chitacaspi. The research topics included food provision, meals descriptions, hygiene, water use, and gender differences, among others.

1.2 Context

Chitacaspi and general information about the province of Carchi

My research was carried out in Chitacaspi, a small village located in Carchi, the northernmost province in Ecuador. Chitacaspi belongs to the parish of San Isidro, canton Espejo. Carchi is a province of the highland region, with an altitude range of 3000 to 4000 meters a.s.l. The weather is mostly cold and the climate is consistent year round, having no distinct planting or harvesting seasons, resulting in “no
anticipated seasonalities in dietary intake” (Berti, Krasevec, & Cole, 2004). The main crop is potato, which is very important to the family economy and constitutes the main staple food, being the province with the highest production in the country (157,837 tons per year) (Rios, 2009). In 1994, a survey conducted by the INIAP reported over 400 different types of potatoes (INIAP-CIP, 2002), however, 2 varieties largely predominate: Gabriela and Superchola (Sherwood, 2009).

Chitacaspi has approximately 40 households. There is a communal house, a small church, and a primary school. The landscape of Chitacaspi and the surrounding area is mountainous, comprised of divided plots, with scattered houses. There are some haciendas and some greenhouses for flower plantations. San Isidro is the closest town; it takes around 25 minutes to walk down the hill to get from Chitacaspi to San Isidro. Buses in the direction to El Angel (north) and to Ibarra-Quito (south) depart every hour from San Isidro. El Angel, which is 15 minutes away by bus, is the closest bigger town. It has an open market every Monday and people from Chitacaspi often go there to buy food and other goods.

The majority of families in Chitacaspi are dedicated to the production of potatoes and to livestock rearing for milk production. Milk production has been a growing activity in the later years, while potato crop cultivation as a livelihood activity has become more difficult because of unstable prices, difficulties for credit and the increasing need to use toxic pesticides. People see more security in livestock for: having milk and/or cheese daily, a daily income by selling milk and the possibility of selling an animal in case of financial emergencies (Municipality of San Isidro, n.d.). However, livestock has environmental impacts causing deforestation. Thus, more than 645 ha of cultivated pastures have replaced natural forests between 1990 and 2010 at the canton (Municipality of San Isidro, n.d.). Most people that have livestock have to walk for around 40 minutes or more to get to the place where they milk the cows; some go by motorcycle or by horse. Other crops grown in Chitacaspi include fava beans, wheat and quinoa (Municipality of San Isidro, n.d.). Some people also work in the haciendas in the flower plantations, or in agro industrial artichoke crops (Razo, 2012) or in various jobs in the nearby cities like El Angel and Mira.
Some statistics related to nutrition:

According to data of 2006, in Ecuador 76% of the families that are food insecure, are in the rural areas, and from those, more than half belong to the region in the Andes (Sierra). Therefore, it is not surprising that this is the area in Ecuador with the highest rate of chronic malnutrition (Calero, 2011).

It has been amply demonstrated that malnutrition is related to poverty; when families have a very low income the procurement capacity is diminished and therefore their choices of food is mainly based on the price and not on necessarily on the quality/nutrient content (Ray 2002 in Calero, 2011).

In the province of Carchi, according to national surveys data from 2006, 54.6% of the population is poor, and the Gini coefficient is 0.47 (ECV 2005-2006 in SIISE-STMCDs, 2006). The percentage of chronic malnutrition (low height for age) in children under 5 years old is 25.80% in the parish of San Isidro; acute malnutrition (weight deficiency for height) is 1.70%; and global malnutrition (weight deficiency for age) is 8.60%. The percentage of children with low birth weight is 5.40% (Source: Baseline Objectives of the “Buen Vivir” in Municipality of San Isidro, n.d.).

Previously, the WOTRO research team carried out workshops, and general information about the village was gathered. In the initial diagnosis, according to
information from 37 families registered in the Health Sub-center in San Isidro, in Chitacaspi, 27% of the families face extreme poverty for unsatisfied basic needs, 27 out of 37 families were qualified as consuming unsafe water, which is a health risk; 24% of the families had inadequate sanitary services, and qualified as households with a bad excreta disposal. The elimination of waste varies between families: 45.5% used public garbage collection to eliminate waste, 13%, burned or buried trash and 5% threw the garbage into the creek or river (Proyecto Katalisis, n.d.).

In a workshop that took place in August of 2011, the participants made a map of the village and a map including the cultivation plots, sources of water. The participants were asked to identify the households with children from 0-5 years old and from 6-12 years old. They also identified the criteria for a good nutrition according to the participants. This previous information and work was very useful for starting my research and data collection since I had a better idea of the village characteristics and a map of the village where the houses of small children were identified.

1.3 Problem statement

Given the presence of malnutrition and associated risk factors in Chitacaspi such as extreme poverty, poor water sanitation, and inadequate sanitary services, as well as potential disparities between the sexes and unequal nutritional outcomes, the aim of my research is to explore the nuances of family-level nutritional practices, with special attention to highly vulnerable women and children, as a means of identifying existing opportunities for improving family health. For this, I will use the Salutogenic approach and nutrition as a social practice, as well as the Household as a category of analysis. These concepts will be further explored in the next part.

1.4 Theoretical and conceptual framework:

1.4.1 The Salutogenic Approach

Currently, nutrition discourse and interventions are dominated by an expert-based pathogenic approach, which focuses mainly on disease and in which the simplified
explanation is to see bad health as an outcome of material poverty (Schubert, 2008). This usual approach in nutrition has some limitations in the sense that it fails to acknowledge the existence of health in high-risks populations.

Salutogenesis, a term coined by Aaron Antonovsky, provides a complimentary insight to health promotion. Unlike Pathogenesis that focuses on the origin of disease, Salutogenesis is concerned with how health is generated, in spite of the natural tendency towards disease (Charlton and White, 1995 in Schubert, 2008). The Salutogenic approach perceives health as something that is not a natural state but as something that has to be created and sustained (Charlton and White, 1995 in Schubert, 2008). To quote the metaphor used by Antonovsky: “if we are all, always in the dangerous river of life. The question is: How dangerous is our river? How well can we swim?” (Antonovsky, 1996). Therefore, it focuses on factors that support human health and well-being, rather than on factors that cause illness (Antonovsky, 1996).

The salutogenic approach has many implications in the perception of health and disease. First of all, it does not see health and disease as antagonist states; rather, it sees health as a continuous spectrum, in which all the people are located. Thus, one of the implications of the salutogenic approach is that, as the basis of health promotion, it encourages research and action efforts to include all the spectrum of people and focus on salutary factors (Antonovsky 1996). Another characteristic is that, unlike pathogenesis, which focuses for example on treating only one particular disease, salutogenesis acknowledges the complexity and other aspects of the person’s life.

The salutogenic approach does not intend to dismiss treatment of disease, but rather is a complementary insight providing a health promotion awareness that can be very beneficial (Antonovsky, 1996).

1.4.2 Nutrition

Nutrition framework:
The nutritional status can be determined by the interplay between countless different factors (Sternin, Sternin, & Marsh, 1998). A commonly used framework for understanding the causes of malnutrition is the UNICEF Conceptual Framework of Malnutrition, developed in 1990 as part of the Unicef nutrition strategy. The framework (Figure 1) illustrates an explanatory model for the causes of malnutrition if children at different levels: the immediate causes, the underlying causes at the Household/family level, and the basic causes at societal level (UNICEF, 2013).

According to the UNICEF framework, at the household level, the underlying causes of malnutrition are food security, care practices and health services and
environment (Figure 2). This conceptual framework has limitations in the sense that it offers an oversimplified and causal explanation for the factors causing malnutrition. At the household level for example, it overlooks factors like intra-household social interactions. Nevertheless I will use part of this framework as means of organizing different practices that influence nutrition at the family level, dividing the practices into these 3 categories: Food, Care and Health practices.

![Nutritional Status Diagram](image)

**Figure 2: Underlying causes of the nutritional status at the household level**

**Nutrition as a social practice**

As part of my theoretical approach I take nutrition as a social practice. Practice is a concept that has been widely used within social theory and philosophy (Corradi, Gherardi, & Verzelloni, 2010). The concept of practice can have many interpretations. Schatzki (1996, 2001) argues that this a term that seeks to be descriptive of fundamental phenomena in society, as encountered, for example, in the writings of philosophers and sociologist like Bourdieu (1972), Lyotard (1979), Foucault (1980), Taylor (1995), as well as ethno-methodologists like Garfinkel, 1967 (Corradi et al., 2010).

Practice-based studies use *practice* as a lens for the reinterpretation of many organizational social phenomena. Practices can be seen as the sets of activities “by which individuals and groups strive to make a living, meet their consumption necessities, cope with adversities and uncertainties, engage with new opportunities, protect existing or pursue new lifestyles and cultural identifications, and fulfill their social obligations” (Long, 2001:241). In a way, practices as what people do, in a day-to-day basis is the demonstration of what is possible and what
is desirable. Theories of practice deemphasize ‘ideas’ and ‘values’, since ideas and values are not always coherent with actions (Swidler, 2001).

Nutrition, as a scientific discipline that studies nutrient requirements for the optimal functioning of the body, regards food and eating as the means by which nutrients are delivered to the biological system. This emphasis gives little attention to the social nature of food and eating.

Consequently, counseling and interventions that seek to improve nutrition tend to see the solution in for example, giving dietary supplements or aiming to modify the person’s eating behaviors as a means for improving nutrient intakes (Delormier, Frohlich, & Potvin, 2009).

In nutrition behavior research seems that the “most proximal determinant of behavior is a cognitive act – making a food choice decision and not the embodied negotiated act of food provisioning” (Schubert, 2008). The main limitation of seeing eating as an action under the control of an individual is that it exaggerates the individual agency and control over what they eat and underestimates the day-to-day life and surrounding social and environmental context.

“People’s eating patterns form in relation to other people, alongside everyday activities that take place in family groups, work and school. Eating does involve isolated choice, but it is choice conditioned by the context in which it occurs” (Delormier et al., 2009).

Delormier et al. (2009) propose to study eating as a social practice. By doing this, and using Giddens’ theory of structuration, they seek to overcome the duality between social structures and individual agency.

By examining nutrition as social practice, we have opportunity to get a more comprehensive understanding of the underlying social relations and context that take place in the daily lives of people, which influence people’s actions, and at the same time are constantly re-constructed by them, shaping their own reality in a continuous process of self-organization.
1.4.3 The Household as a category of analysis and the focus on women and children

For the purpose of my research I use the household as a category of analysis. It is important therefore to recognize a few characteristics. The household can be defined as a “co-residential unit, usually family-based in some way, which takes care of resource management and primary needs of its members” (Rudie 1995:228 cited in (Balatibat, 2004).

To think of the household as a unit of analysis we first need to analyze to what extent this definition is useful and allows revealing the internal structures of a home. First, the idea of a co-residential unit is not always the most appropriate, since, for example, nuclear families can live in different places but still support household subsistence. On the other hand, it is important to note that a household is not a homogeneous unit with a single goal but consists of several individuals interacting with each other, who have their own priorities and interests. It is also important to recognize the diversity of family structures, and that the structure of a family usually changes over time.

The home can be analyzed as a social organization, where there are different roles and power relations. Differences between individuals will depend on their age, sex, their place within a family, and unique family dynamics. For example, studies have demonstrated that food distribution within the household can result in different nutritional status of its members (Pinstrup-Andersen, 2009).

In spite of being somehow problematic conceptually, a number of anthropological and sociological studies have chosen to use the household as a unit of study. The role of the household is regarded as central to the consumption subsystems: it is within the households that the acquisition of food, preparation and feeding takes place (Schubert, 2008). The household approach allows highlighting the micro sociological processes that influence food use (Schubert, 2008). The “family is a key social environment, and material setting for child development, thus the family is recognized as a relevant setting for public health” (Delormier et al., 2009).
allows seeing individuals in their most proximal context, and to see the web of their social relationships, where food is used to reveal and shape the social ties within and between families and the community (Gallegos, 2011).

Within the household unit, my focus was on women (the mothers) and their children 5 or younger. Studies suggest that the most vulnerable populations to malnutrition are women and children (“WOTRO - Integrated Programme Full Application 2010,” 2010). Children in early ages are going through a critical period of their development, and an adequate nutrition is fundamental for an optimal growth, health and behavioral development. Mothers are uniquely vulnerable, especially during and following pregnancy and the period of lactation – The nutritional state of young children is also linked to the mother's nutritional state (Haddad, 1999). Food is heavily associated with women overtime and across cultures, since women are the primary caregivers (C. Counihan & Esterik, 1997), and they are the ones in charge of cooking and serving meals for the whole family. Moreover, women and children can be further affected by malnutrition because of unequal distribution of food within the household as a result of cultural practices (IFAD, 1999).

1.5 Research Questions

**General:** What heterogeneity exists in household nutritional practices, with special attention to women and children?

**Specific questions:**

- What are the nutritional practices of different households with young children?

- How are the social dynamics and how nutritional practices differ between different family members in each household?
• What are the health/nutritional implications of different inner-family practices and what opportunities exist for addressing pressing nutrition concerns in Chitacaspi?

1.6 Methodology and methods

This research is mainly based on household ethnographies. Ethnography, according to Hammersley & Atkinson is a term that has not standard well-defined meaning; however it refers to a particular method or set of methods. Ethnography can broadly be defined as an interpretative science focusing in the understanding of social phenomena, as the interpretation of meaning. It does not entail explanation but rather diagnosis or specification. It is a type of qualitative research within the social research methods. In data collection refers to engaging in more depth into the people’s daily lives and peoples actions and takes into account their reality contexts in an attempt to portray daily life in a holistic way (Hammersley & Atkinson, 2007).

In this case, the ethnographies will complement other quantitative data on the nutritional status of children like growth charts and 24-hour recall. In order to get an understanding of intra-family relations that give rise to the current nutritional status of children it is important to understand the social and individual dynamics that shape individual's behavior and affect their health. An ethnographic approach can help visibilize the existing opportunities and problems. Although unique, every family is not isolated but it is an expression of the current state of the larger societal body. Every individual and family is part of the processes of a society, and often the problems and the successes of the individuals are the same problems and successes of the society. Therefore by observing and analyzing in depth to particular cases can be extremely elucidating.
The research site, household selection and fieldwork

Prior to data collection and as part of my internship, I got involved in the Wotro project by assisting in trying out production surveys, as well as organizing previous data from the 3 different communities were the WOTRO project is taking place. During this time I became familiar with the villages and decided to conduct my research in Chitacaspi. I chose Chitacaspi for different reasons, first of all, I had always wanted to live in a rural Andean highland community, maybe because I am from Quito, which is also located in the Andes, I am interested in Andean cultures. The second reason for choosing Chitacaspi was that there was some previous data available, including a workshop with the community, and some reports of visits to different households that Michelle Soto, a student from FLACSO, had made. This information was very useful as background research, and also the women knew more or less what the project was about, and because of a good experience with Michelle, they were willing to receive me in their homes as well, making my access to the households easier.

Families’ selection

Originally, the methodology for selecting the families included a previous step carried on by the Wotro project, which consisted in the use of standardized growth charts and surveys about diet diversity. However, mainly because of time constrains, families were chosen based on other considerations. From previous reports, Chitacaspi presumably has 8 families with children under 5 years old, of which 1 was a “Positive Deviant” family, according to information gathered on a workshop carried out the on August 13, 2011. To choose the families I went to a meeting the women of the community hold every Wednesday and explained what my project was going to be about and asked which families we were willing to participate. I expected to have more families, but in the end, the approval of the Bioethics Committee took longer than I expected, so with little time left, it was only possible to stay with 4 households. I spent 6 days with Household 1 and Household 4, and because Household 2 and Household 3 were very closely related, I spent 1 week with both during February and the beginning of March 2013.
Data collection

The subjects of my study were the ordinary activities of daily life. The everyday food practices provided a scope by which is possible to perceive a particular reality. I paid attention to relationships, social networks, gender roles, interactions among siblings, and among family members, mothers and infants (e.g., in breastfeeding and complementary feeding), household food and hygiene practices, origin of food, as well as the documentation of food preparation and mealtime practices. My main “informants”, were the ‘women of the houses’, I spent most of the time with them and the children. My research is biased in the sense that I did not pay equal attention to the activities of all the members of the household, nevertheless I got to bring in a particular perspective often not explored.

Besides living with the families I visited the presidents of the village, visited schools, the markets of El Angel and Mira, the health center and the municipality in San Isidro, and I also did research on previous documentation.

For data collection I used several methods. I took pictures of the meals and recorded a few videos; I kept a small notebook with me at all times. I also recorded interviews: 1 or two with each mother and 1 with teachers from 3 different schools (1 in Chitacaspi and 2 in San Isidro). For obtaining the data I used several qualitative research methodologies, which included field notes, participant observation, semi-structured interviews, eliciting conversations and games, making kinship charts and analyzing previous documents.

Before collecting the data the project had to be approved by the Bioethics Committee of the University San Francisco de Quito. All the participant families signed an informed consent providing them with information about the project and what it implied. Since this thesis exposes the personal lives of people, confidentiality is important. Confidentiality was kept by the using pseudonyms instead of the real names, also, this thesis does not contain pictures that shows directly the faces of the participants, specific locations, as for where are the houses of the families is not shown either.
Even though my approach for data collection was very broad and included paying attention to anything related with food. I more or less had certain information that was the same for each house. The data collection was based on a "Research Protocol for ethnographers" in the NWO/WOTRO Project "Catalyzing Food for Family Nutrition, made by Joan Gross, one of the main researchers in the project and coordinator of the ethnographers.

**Compensation**

The way of compensation for food and lodging costs associated with my family stays was discussed together with the research team of the Wotro project. We agreed to reimburse families a total of five dollars per day for home stays, accounting for breakfast ($1), lunch ($1.50), dinner ($1.50) and lodging ($1). The money was paid at the end of my stay so as not to alter the quality of the food that was being examined.

**Reflexivity**

Each researcher’s experience is unique and can give a unique account in the specific time, place and situation. My role of a person, a young woman, coming from the same country, but with a different cultural background, influenced the research in all of its stages. Nevertheless this is not a negative thing. The encounter of different realities allowed me to get insights on their ideas and notions of my reality, for example, they thought that where I come from (the city), I eat meat every day, so they apologized for not having as much meat (which is funny because I ate more meat there that I would normally eat), and so on.

**Data analysis:**

To make sense of all my data was very challenging. I coded all my field notes, and interviews, using first a software program called Dedoose, and after, I tried to divide the data using the 3 categories provided by the UNICEF framework, which is also used for identifying Positive Deviant practices in the Hearth method. The result is shown in the following table:
<table>
<thead>
<tr>
<th>Food</th>
<th>Care</th>
<th>Health care</th>
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<tbody>
<tr>
<td>- Food access</td>
<td>- Care of young children</td>
<td>- Health seeking behaviors</td>
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<tr>
<td>- Food preferences</td>
<td>- Care of mothers</td>
<td></td>
</tr>
<tr>
<td>- Food procurement</td>
<td>- Home hygiene and sanitation behavior</td>
<td></td>
</tr>
<tr>
<td>- Diet</td>
<td>- Water access and treatment</td>
<td></td>
</tr>
<tr>
<td>- Children's food</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Organization of the thesis:**

In the following chapters I present the results of my research as well as the discussion and conclusions. In the next chapter I start with an overview of the nutritional practices in Chitacaspi, followed by a description of the main food sources, and a description of each household I visited. In the third chapter I focus on the heterogeneity of practices within and between the households, by addressing the food, care and health practices I encountered, including an analysis of the implications for nutrition. In the fourth chapter I deal with the social dynamics and their relation to nutrition. I will describe the roles of different household members, particularly of women and children, and the role and function of social networks. I finalize with a conclusion of the main findings and a reflection of the potential opportunities.
CHAPTER 2: Introducing the Households and food practices in Chitacaspi

2.1 An overview of food practices in Chitacaspi

Food overpasses all aspects of human life. Food practices can be regarded through various lenses, for example in different stages of food systems: in the production, acquisition and consumption. Within the households my focus was on the consumption subsystem, which deals with the acquisition, preparation and consumption of food (Sobal, Khan, & Bisogni, 1998). I will mainly address food procurement (what are the sources of food), since food access is a main factor for nutritional outcomes, and it is commonly mention as a primary factor for household food security.

2.1.1 Diet and cuisine

Food in Chitacaspi is associated with its altitude, and agricultural conditions. Since most of the men work in agriculture they wake up very early, before sunrise. In the household, the wife is mostly responsible for the food preparation and serving. For cooking, they use gas burners, and also the traditional tulpa (hearth). Small children, like the ones in the households I visited, usually slept longer and ate breakfast later.

The 3 main meals are breakfast, lunch and dinner. In-between breakfast and lunch and lunch and dinner it is common to have coffee or tea with bread or tortillas. Coffee and tortillas can also be part of the meal, especially for breakfast and dinner. Snacks and/or fruits are also part of Chitacaspi’s diet, and especially enjoyed by the children. The 3 meals; breakfast, lunch and dinner were more or less the same types of food, and the same quantity. The main difference that I noticed is that breakfast generally contained less ingredients and didn’t include meat.

3 Tortillas: fried dough made from wheat flour, butter, water and salt or sugar.
Potatoes are without a doubt the most important staple food in Chitacaspi. Potato is what Weismantel refers to as a *validator*; a validator is “an ingredient that is so central to the composition of a dish or a meal that its presence defines the meal or dish as such” (Weismantel, 1988:125). I heard many times people saying, “If there are no potatoes, there is no food” (“si no hay papas no hay comida”).

Because the people in Chitacaspi are potato producers, potatoes are always readily available. All the meals breakfast, lunch and dinner, include potatoes. The potatoes that they eat come from their own production or from the potato crops within their social network. They always save a small portion for consumption from every harvest, and they harvest, more or less every two months. Sandra told me they eat potatoes everyday but from different varieties, the 3 main varieties are the Capiro, Super Chola and White (*Blanca*) (from conversation with Sandra). Its most common way of preparation is peeled and cooked. French fries are also common.

Besides potatoes, other common starches are rice and noodles or spaghetti. A common dish contains rice, potatoes and meat or egg. Soups are also common for example noodles soup, chard soup, barley soup. Common drinks are fruit juices and *coladas*.

### 2.1.2 Food procurement

Food acquisition involves procurement at various outlets of foodstuffs and foods that may be raw, processed or prepared (Sobal et al., 1998). In Chitacaspi food comes to the households from different sources: the open markets in El Angel and Mira, pick-up trucks that pass through the village selling their products, home production and family gardens, small grocery stores, through interpersonal channels (from neighbors/family), or from non-cultivated foods. In the following part I will shortly describe each of these sources. These are not the only sources, other sources of food could be restaurants, for example, but these are the main ones that all the families I visited had in common.

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*Colada* is a thick drink usually prepared with oats or with flour.
The open markets:

People in Chitacaspi buy a good part of their food in the open markets. The biggest and most popular one is the market in El Ángel, which is held every Monday where the families shop for vegetables and other things. El Angel is about 15 minutes taking the bus from San Isidro. For going back with all the purchases, people usually pay a taxi ride from El Angel to Chitacaspi, which has a standard price of 5 dollars. This market has not only a wide variety of food, fruits and vegetables from different regions in the country, but other things like clothes, toys, cell phones, boots, bags, and all kinds of cookware items, all at good (cheap) prices. Another open market is held in Mira on Sundays. The market in Mira is smaller but it is the second option, when for some reason they cannot go to El Ángel.

Vendor pick-up trucks:

Diet is partly shaped by the access to certain products. In Chitacaspi one of the ways to get food is pick-up trucks. Some products are sold directly by the producers. These home-delivery cars are very convenient, since the mothers can get food without leaving the house, saving money and time. Plus, personal relationships are built; people already know who sells what and what is the day and time they come to sell it, and the sellers also know more or less who buys what. Sandra, the owner of the store told me that whenever the vegetable truck passes by everyone gets out to buy:

“People here love bananas so everyone runs to buy”; “it’s like a candy (golosina)”. 
These are the pickup trucks that I saw while I was there:

- 2 Pick-up trucks selling fish (Wednesday)
- Fruits from Mira: avocados, mandarins, lemons (Wednesdays and Sundays)
- Ice cream truck
- Vegetables & fruits (Thursday)

The Local Store

In Chitacaspi there is only one little store, owned by Sandra Ortega. What is most commonly sold according to Sandra are eggs, soda drinks, panela (whole cane sugar), sugar, rice, noodles and lemons\(^5\). A truck that comes from Ibarra brings her the stuff to sell in the store once per week, on Tuesdays. Sometimes she also buys stuff to sell in the market in El Ángel.

Even if San Isidro is fairly close, going there or to another town takes time, effort and sometimes money, so the store in the village makes easier to access basic foodstuffs and other things. Most of the people I asked agreed that having the store there is a positive thing.

The store is attended by Sandra herself or by her daughter Jacqueline (11 years old) when she comes back from school or when she is on vacation. Also, it is very common that the mothers send their children to buy things from the store.

\(^5\) This information was taken from Michelle Soto’s field notes on 18-08-2011.
Home production and Home Gardens

Most of the families are involved in agricultural activities; the main crop is potato and other common crops are barley, peas, fava beans and quinoa; a portion of the each crop is saved for family consumption. For animal husbandry they have cows, chicken, guinea pigs, and pigs. Some of the milk is kept for own consumption as well. Even if a household doesn’t have crops or milk, they would buy from a relative or friend within the village. The animals are raised and only killed for consumption in special occasions, or when the animal dies (I heard they also eat horses if they die).

Home gardens are also part of the families’ food provisioning. All the 3 families I visited had a small vegetable garden close to the house, but maybe not everybody in Chitacaspi has one. Although they varied, the most common plants in the garden where onions, leafy vegetables like cabbages and lettuce, and aromatic herbs.
Non-cultivated foods:

There are some wild foods that grow without planting them and that are part of Chitacaspi’s everyday life. These are the ones that I saw while I was there (but maybe there are more).

- **Mortiños (Blueberries):** Is a fruit that grows in the *paramo*. Sometimes people pick them up.

- **Taxo (banana passionfruit):** is another fruit that can be found. It can be eaten directly or used for juice or *batido* (fruit + milk).

- **Uvillas Physalis peruviana.** Is another fruit that can be found.

- **Cayumba:** it is an edible mushroom that grows in the forest.

- **Chulco:** The stem is for chewing and it is very acid, and it has analgesic effects, it is good for headaches.

- **Nabo:** Nabo is very common; it is similar to spinach. There are 2 kinds, one that grows without planting it, and another variety can be planted. A woman told me that it is better to harvest in morning before sunrise.

- **Berros:** I didn’t see the berros, but they told me that they are similar to Nabo.

- **Nettle:** Although I didn’t see the people eating it, nettle has medicinal and punishment purposes. A common punishment is to hit children with nettle and then showering them.

**Fishing and hunting:** Fishing and hunting are also common activities. Animals for hunting in the forest include rabbits and birds.
2.2 HOUSEHOLD DESCRIPTIONS

2.2.1 Household 1 (HH1)

The first household I visited has four family members: Maria (47 years old), the mother and wife, Luis, the husband and father (47 years old) and their two youngest children: Lenin (14 years old) and Kevin (5 years old). While I was visiting the family, one of Maria’s granddaughters, Alana (4 years old), was also staying there.

Maria is dedicated to housekeeping and taking care of the animals. They have guinea pigs, chicken, several cows, 3 pigs and 1 horse. They also have 1 cat and 3 dogs. To feed and milk the cows they have to go to a field which is about 45 minutes walking up the hill. They do this twice a day, in the morning after breakfast (around 6 am) and in the afternoon, after lunch (around 2-3 pm). For getting there, they mostly use the horse or the motorcycle. Most of the times Maria does it, but sometimes Luis or one of their children do it too. Maria also does all household tasks like cooking, washing the clothes, and cleaning. Besides that, she takes care of her young children and sometimes of her grandchildren. Luis works in agriculture as a day laborer, and also in their family crops. Maria keeps a small garden in the back of the house where they have lettuce, chard, and onions. In the garden they also have nabos. These are not planted but just grow, and Maria harvests them. Besides the garden, they get the potatoes and fava beans from their crops, and milk from their cows.

Maria has 7 children in total, the first child is from a different father and for the other 6, Luis is the father. Adrian, the oldest son is 30 years old, and he also lives in Chitacaspi with his wife and 2 daughters. Andrea (24 years old) is the second child, she lives in Ibarra and she works in a fast food restaurant. She is the mother of Alana, who often stays at Maria’s house; the third child, Jaime is 22 years old and he has two children, from 2 different women. Now he lives in San Isidro together with the mother of his youngest child. The fourth child is Daniela; she lives in El Ángel and has 2 children, 2-year-old Damian and a newborn baby. She recently separated from her partner and one month after my visit she and her 2 children
went to live with Maria and Luis. Then comes Cindy is the fifth child, she is 19 years old and she just had her first baby, she lives in Chitacaspi with her husband Byron. The last 2 children are Lenin and Kevin.

Lenin finished primary school last year and now he doesn’t want to continue with high school, he says that he doesn’t like it, so he works with his father or helps his mother instead. Kevin, their youngest son, goes to the school in San Isidro. The family gets their income from Luis’s day jobs, from selling potatoes and fava beans and from selling milk daily.

Often, especially in the weekends, their children come to visit and stay to eat and sleep over. When her children come, specially her older sons, Maria has to have some extra-food ready, since they eat very much. Kevin and Lenin also go sometimes to visit their sisters, for example, when I first arrived, Kevin wasn’t there because he was with his sister Daniela.

Another close relative is Maria’s older sister, the family goes to visit her sometimes, and sometimes she comes over. She is 75 years old and lives in a village close to Chitacaspi, called “El Mortiñal”. Maria tells me that she is as a mother to her.

**Daily life, meals and food preferences:**

Maria tells me that their house has been built over the years. First it only had the first floor, now the house has 2 floors; one bedroom is in the first floor and the rest are in the second floor, in total they have 6 beds, and 2 people can fit in each bed. There are 2 toilets, one on each floor, the toilets are dirty, and they didn’t flush well. In the nights, they used a bucket for peeing and throw it away the next morning. Sometimes they had water shortages, mostly in the mornings. The kitchen is big, the floor is on the ground, and sometimes it is dirty with things like peels, papers, and trash. The chickens and the cat are often inside the kitchen and when the dogs have a chance they also go inside to steal what they can and sniff
around, but they do it quickly, because if they get caught they are kicked out and beaten. Next to the kitchen is the room for the *tulpa* (hearth).

Before sunrise, around 4.30 to 5, Maria is already in the Kitchen, preparing the breakfast for her husband and sons. After breakfast, a little past 6, they all leave the house. Maria goes to milk the cows and Luis goes to work. Lenin goes with either one of his parents, depending. During school days Kevin goes to school. When he is in school, he receives the school lunch provided by the government, which is an oat drink (*colada*), and cookies or granola bars. When I was there, he was on vacations, so he stayed in bed longer, together with Alana, Maria’s granddaughter. Maria already comes back by the time the children wake up, or shortly after, around 9, so she serves them the breakfast. Breakfast varies. Usually it was some kind of re-heated and re-adapted food from the previous day. For example, if there was rice, Maria prepared some *refrito* with onions, oil and *achiote*, and mixed it together with the rice. As part of the breakfast we had tortillas with coffee. Sometimes the children would only have this alone. The coffee was instant coffee with water, a little bit of milk and sugar. Children in the house liked coffee a lot. It was often too sweet for my taste.

Luis and Lenin come back for lunch at 1 pm more or less, and the family eats together. Luis told me that everyone has his or her own place where to sit. Maria sits in a smaller and less comfortable chair that is closest to the kitchen, because she has to get up for serving. She serves first to Luis, then to Lenin, then me, then to the children and then to herself. Children have smaller plates and smaller portions than adults, and men get larger portions than women.

During the meal, they talk about their daily activities, their plans, finances, etc. After lunch, Luis goes to work again, and Maria to the cows and then comes back to prepare dinner and continue with house chores. They eat dinner around 7 pm and go to bed at 8, more or less.

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6 *Refrito*: Preparations vary, but typically consists of aromatic ingredients cut into small pieces and sautéed or braised in cooking oil (Source: Wikipedia)
Main food characteristics and preferences:

Like other homes in Chitacaspi, Potatoes are eaten every day, and nearly in every meal. In this family they mostly eat Capira (a kind of potato), Maria doesn’t like Super Chola (another kind of potato) because “it breaks apart as soon as it boils”. Maria usually keeps some peeled potatoes in a pail with water in the floor of the kitchen, close to the stove. In this way they are ready for cooking or frying; and Lenin and Maria’s other sons can quickly make themselves French fries when they want to.

For coffee time Maria’s specialty are tortillas. Maria makes salty or sweet tortillas, with whole cane sugar. The tortillas of Maria are very appreciated by her children and grandchildren; when Cindy (19), one of her daughters, came to visit she told me that now that she is married, she misses her mother’s tortillas. Alana prefers tortillas to bread; and she likes to add sugar on top. Tortillas are very informally eaten; they stay in a bowl on top of the table so anybody can take one at any moment during the day. Sometimes, instead of tortillas they eat bread they buy from San Isidro, alone or with cheese, but less frequently.

I asked Maria how often they eat meat. She told me that they don’t eat very much, only “meat from the countryside”, referring to the nabo she told me as a joke. Meat or chicken they eat 2 or 3 times per week. They also eat canned sardines, as a replacement of meat, but it is not considered as meat. Sometimes they also eat the chicken they raise, but mostly for special occasions.

When Maria had her last son, Kevin, she got very sick, this caused some changes in the diet, the doctor advised her to eat more vegetables.

“Since I had my son we eat more vegetables/ greens. Before we ate more grains: beans, peas, fava beans, morocho (hard maize)... but now we eat more greens” “vegetables like lettuce, chard, broccoli and cauliflower, that’s what we mostly eat”
She tells me that some of the vegetables she gets from the garden, and others she buys, because things like broccoli don’t grow in Chitacaspi because of the altitude.

They spend around 30 dollars weekly in food. They buy the food in the open market of El Angel, and pay a taxi on the way back, which costs 5 dollars.

Maria tells me that luckily they never had to face serious food shortages;

“In these matters my husband is very responsible, he goes to work, at least 3-4 days, as long as there is enough for food. He gets paid on Sundays, ‘here you go, for the food tomorrow’ he says”

Besides the open market, they also buy from the vendor vehicles that pass by. I was with Maria and the children when a car passed by announcing that they sell lemons and avocados by a speaker. It was Friday about 5:30 pm. Maria told me that generally this car comes on Wednesdays and Sundays but this week, because of the holiday (carnival) it came sooner. The children were very excited and they rushed me to come with them to buy. The Pick-up truck came from a farm (finca) in Mira. The children run to stop the truck. Maria bought avocados, lemons and, because the children insisted, mandarins.

Maria told me that once she went to buy avocados in Mira, but she didn’t find any there. It’s ironic to not find avocados in Mira, but she says it is because everyone in Mira has at least one little tree of avocado, but here, avocado does not grow. This family seems to like avocados very much.

Maria told me that before she never had particular preferences for food, but now that she is entering to the pre-menopause, she gets cravings for foods once in a while, as if she was pregnant. While I was there she told me she really likes to eat gelatin (Jell-O) with bread. Some time ago, she craved corn kernels with fried pork (mote con fritada7), “so every Saturday we had to do the fritada and the mote”, Maria told me.

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7 Typical Ecuadorian dish
Children have their own food preferences as well. Alana doesn’t like nabo. She does like blueberries (mortiños), especially the red ones. She also loves coffee with milk. Before she liked milk alone but one day it caused her pain in the stomach and since then she doesn’t like it anymore. Alana told me her favorite food is noodles soup. Maria told me Kevin likes soups very much, and vegetables, Maria tells me that this is because since he was born they eat more vegetables. He doesn’t like meat very much, although this seems to be changing. He recently had got dewormed, and since then his appetite has increased. While I was there, he ate meat and asked for more, his father was very surprised and also happy about it, and he gave him more meat from his plate.

When I asked Maria what healthy eating for her and her children is, she told me that she doesn’t give candies/industrialized junk food (“golosinas”) to her children. She sends them for lunch 2 yogurts and an apple but she doesn’t give them money for them to buy food elsewhere.

I noticed they don’t eat many uncooked vegetables like salads; only once we had lettuce for lunch, the lettuce was part of the dish with molo preparation (mashed potatoes). The lettuce was not very tasty, we only ate a little bit of lettuce, and most of it was left on the table. Maria and Luis went to take a nap, and they told me the lettuce makes people want to sleep. While I was in this house I felt very thirsty, I noticed they don’t drink much water or juices, just once we had lemonade, made with water from the tap, it was very refreshing.

**Examples of the meals eaten**

In the tables bellow, I present the food eaten in 3 different days, to give a further idea of the diet of this household. The food changes from day to day, and also the people that sit in the table to eat are different. Also, although the kitchen is the main place where the meals take place, this is not the only place. Once we went together to milk the cows and ate in the field. We were 7, Maria, Jaime, Jaime’s son, Lenin, Kevin, Alana, and me. We took some tortillas and lemonade with us, and the plan was to fish and cook some fish on the fire. Unfortunately, Lenin and Jaime
were not lucky with the fish, so we had to settle down with the tortillas and the warmth of the fire. While Maria was milking and taking care of the cows, the baby (Jaime’s son) was sleeping and the children were playing. Kevin was helping to cut wood for the fire using a big machete. I was amazed by his skills to use it, and a little bit scared that he could get hurt, but nobody else seemed to worry about that.

Wednesday 6 February

<table>
<thead>
<tr>
<th>Time</th>
<th>Meal</th>
<th>Food Description</th>
<th>Eaters</th>
</tr>
</thead>
<tbody>
<tr>
<td>6h00</td>
<td>Breakfast</td>
<td>Rice, potatoes, tortillas and coffee</td>
<td>Maria, Luis, Kevin, Lenin, Alana.</td>
</tr>
<tr>
<td>13h10</td>
<td>Snack before Lunch</td>
<td>Lemonade with corn with butter (manteca) and a seasoning cube.</td>
<td>Maria, Kevin, Lenin, Alana, Jaime.</td>
</tr>
<tr>
<td>14h</td>
<td>Lunch</td>
<td>Rice, cooked potatoes, Chicken with sauce made with carrots, tomato, red onion, long onion</td>
<td>Maria, Luis, Kevin, Lenin, Alana, Jaime.</td>
</tr>
<tr>
<td>20h</td>
<td>Dinner</td>
<td>Nabo with butter, cooked potatoes</td>
<td>Maria, Luis, Kevin, Lenin, Alana, Jaime.</td>
</tr>
</tbody>
</table>

Friday 8 February

<table>
<thead>
<tr>
<th>Time</th>
<th>Meal</th>
<th>Food Description</th>
<th>Eaters</th>
</tr>
</thead>
<tbody>
<tr>
<td>10h15</td>
<td>Breakfast</td>
<td>French fries, tortillas, coffee with milk and sugar</td>
<td>Maria, Kevin, Alana</td>
</tr>
<tr>
<td>12h30</td>
<td>Lunch</td>
<td>Ulluco (Mellocos) fried with onion and achiote, rice and potatoes.</td>
<td>Maria, Luis, Kevin, Lenin, Alana</td>
</tr>
<tr>
<td>15h38</td>
<td>Café</td>
<td>Coffee, bread and cheese</td>
<td>Maria, Luis, Kevin, Lenin, Alana</td>
</tr>
<tr>
<td>16h40</td>
<td>Café</td>
<td>Coffee, bread</td>
<td>Maria, Luis, Kevin, Lenin, Alana</td>
</tr>
<tr>
<td>17h50</td>
<td>Snack</td>
<td>Mandarins</td>
<td>Kevin, Alana</td>
</tr>
<tr>
<td>19h20</td>
<td>Dinner</td>
<td>Cooked potatoes, Soup with barley rice, and pork meat + grated carrot + onion</td>
<td>Maria, Luis, Kevin, Lenin, Alana</td>
</tr>
</tbody>
</table>

Saturday 9 February

<table>
<thead>
<tr>
<th>Time</th>
<th>Meal</th>
<th>Food Description</th>
<th>Eaters</th>
</tr>
</thead>
<tbody>
<tr>
<td>9h</td>
<td>Breakfast</td>
<td>Sweet tortillas from the day before and spaghetti with refrito (milk+ achiote, + Maggy seasoning cube)+ avocado + coffee with milk + bread</td>
<td>Maria, Luis, Kevin, Lenin, Alana</td>
</tr>
<tr>
<td>13h30</td>
<td>Lunch</td>
<td>Rice + mashed potatoes + egg + avocado + cheese + lettuce + lemonade</td>
<td>Maria, Luis, Kevin, Lenin, Alana</td>
</tr>
<tr>
<td>15h</td>
<td>Snack</td>
<td>Tortilla</td>
<td>Kevin</td>
</tr>
<tr>
<td>18h30</td>
<td>Café</td>
<td>Coffee, bread, French fries</td>
<td>Maria, Alana, Kevin, Jaime</td>
</tr>
<tr>
<td>19h</td>
<td>Dinner</td>
<td>Fried Pork+ rice+ potatoes</td>
<td>Maria, Luis, Jaime, Kevin and Alana</td>
</tr>
</tbody>
</table>

35
2.2.2 Household 2 (HH2)

Household 2 is a family of 3, Paulina (38 years old), her partner Esteban (44 years old) and their son Michael, who just turned 1 year old while I was doing my fieldwork. They moved to their new house in Chitacaspi only 3 months ago, before, they lived in San Isidro, with Esteban's family. The house where they live now was provided by a governmental Institution, called “Fundación Manuela Espejo”. It was built for Paulina because she has a disability; she is blind on one eye, and with the other eye she cannot see very well. The house is very little, but it looks very new.
and clean. It has 2 rooms, but only one room has a bed for now where they all sleep together; the house has a kitchen/dining room and a toilet with shower. The kitchen does not have a table or chairs yet, so when they eat there, they sit on the bed. Often they share meals with Paulina’s parents, who live just a few meters apart. Paulina does not want to add furniture yet, because the Fundación M.E. may provide some for her, and if they see that she already has it, then they might not give it to her. She needs furniture but for now she manages well without it. The floor, unlike other houses (usually the floor is compact ground/earth) is made out of white tile. This is not very practical because it gets dirty very quickly, when people step on the floor with dirt from outside, Paulina is always sweeping the floor.

Esteban works as a gatekeeper at a school in San Isidro, he leaves the house very early and comes back at night (7-8 pm), he has family in San Isidro so often he eats there. For the moment, Paulina is mainly engaged in taking care of her child. When he gets a bit older and walks and stops breastfeeding, Paulina wants to start working again as a laborer in the crops to earn some additional income. For now she stays at home and often shares house activities with her mother Isabel. They both keep a family garden, and they also knit wool coats for selling. Often Paulina eats at her mother’s house, when she cooks; she cooks only for her and her husband, and sometimes for Valeria (her first daughter who lives with her parents) as well. Her son does not eat a lot yet, he mostly breastfeeds. When Paulina cooks only for herself and Esteban she usually makes something that doesn’t require much effort, like noodle soup. When Paulina’s mother has to go out and cannot cook, Paulina helps her out, cooking for the whole family. In her house, Paulina keeps fruits; to eat as snacks during the day, especially for the baby but also for her and her guests, Michael’s favorite fruit is pear. Other fruits that I ate and saw in Paulina’s house were: Lima, mango, pineapple, apples, and mandarins.

Paulina is afraid that Esteban might leave her and their son, she heard some gossip about him seeing another woman, and so she does her best to be a good wife. She tells me that Michael is very attached to his dad. Esteban is kind, warm and attentive with the child, but because of his job, he only spends little time with him.
Paulina gets along well with her neighbor Yolanda. She lives with her husband and 2 children, a 13 year-old son and a 1 and a half year-old daughter. They go to each other's houses to knit together and chat. Besides Yolanda and her family, Paulina tells me she doesn't get along well with the other neighbors.

2.2.3 Household 3 (HH3)

Some distance below Household 2 is Household 3. Here 5 people live: Isabel (around 56 years old), her husband Victor, their son Mario (25 years old), their granddaughter Valeria (17 years old) who is Paulina’s daughter, and Valeria’s son, Julian (1 year old).

Some time ago, Victor worked as a professional bus and truck driver and has travelled quite a lot within Ecuador; therefore he is very knowledgeable of different places and cultures. He is also very interested in politics. Currently, he is working by contracts with the Provincial Government, as a worker to repair roads, irrigation canals, etc.

Mario is Victor's and Isabel’s youngest son. He is single; and he is currently studying and working. He studies at a university in Ibarra to get a degree as a nursery teacher. He has been working in this for the last 6 years and he really likes it. He also likes to dance. He gives dancing lessons and makes choreographies for the Queen candidates for San Isidro.

Valeria is Paulina’s first daughter and Isabel’s and Victor’s granddaughter. She goes to the last year in high school in San Isidro. When she is not in highschool she takes care of her son Julian, and helps Isabel with housekeeping. When she graduates in 4 months from now, she wants to work to better support her child and maybe she will get married with Paul, her boyfriend and child’s father, and live together as a family. Now Paul lives with his parents, a while ago he went to work in a city. He provides diapers for the baby, among other things.
Isabel does the household chores: cleaning, cooking, taking care of the animals (she has rabbits, a cat, a dog, and recently bought two pigs). She usually feeds them in the morning and in the afternoon. Isabel also has to take care of her great grandson Julian when Valeria is at school.

**Family life & Meals:**

Coming from the previous house to Paulina’s and Isabel’s houses has a big change for me: I felt more comfortable, everything was cleaner and better organized, the toilet was clean and the toilet flush worked fine, and even the dogs seemed healthier and less skinny. The food was also different, I got the impression it was more varied and we had some things that I didn't see in the previous house: cold salads, fruits and juices and coladas.

Isabel’s and Victor’s house has 4 bedrooms, a living room, a dining room, a kitchen; and a bathroom and a room for the Tulpa, which are outside, separated from the main house. It is a nice house, the floor in the living and rooms are with tile, the walls are painted, also different than the previous house.

On a normal day of work, everyone in HH3 -except for the baby- get up around 5, and Isabel prepares the breakfast. Victor and Mario go to work and return late, usually they eat lunch outside and come for dinner. Valeria leaves to school at 6h40 and returns at 13h30. For breakfast Isabel usually has cooked rice ready to reheat. Breakfast usually is rice, potatoes and *encurtidos*\(^8\), and when possible, she also includes fried egg and/or fried (ripe) plantain. Mario specially likes to have a big breakfast before he leaves.

Usually, Isabel takes care of Julian until Valeria comes from school. When she can’t, the baby can stay with Paulina (Valeria’s mother) or with his other grandmother Sandra. Sandra is the owner of the store and she spoils the child by giving him treats from the store, like cookies, *chitos*\(^9\), and *bolos*\(^10\).

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\(^8\) A preparation of onions, tomato and lemon  
\(^9\) A corn snack  
\(^10\) A sweet snack made with iced water and flavoring that comes in a tubed bag.
Both children, Julian and Michael are still breastfeeding. Julian is 1 month older, he eats more complementary food than Michael, and he can crawl, but Michael cannot. The children are given a little bit of what’s in the adults plates, I saw only women feeding them. They are also given fruits. Sometimes they make special food for them: coladas, and soups, but not very often. Both Valeria and Paulina breastfeed the children when they demand. Breastfeeding usually lasts for 5 to 10 minutes and for putting the baby to sleep it lasts longer. Since they are just 1 month apart, Paulina and Valeria have exchanged their babies for breastfeeding, but only when they were younger, because now the children don’t want to anymore. As far as hygiene, they bathe the children in Paulina’s house because her shower has warm water. They tell me they shower the babies every other day, ever since they were little.

In high school Valeria told me she usually buys something in the recess, a small portion of potatoes and rice cost only 25 cents. When she comes back from high school, she takes care of her baby, does her homework, and any household task that Isabel asks her to do. Often, Valeria goes to San Isidro to use the computers there for her homework, and takes the baby with her. Valeria also has the responsibility of washing her and her baby’s clothes, Isabel helped her to do this before, but now she wants her to do it so she feels “some responsibility” for the child. Paulina also helps her sometimes. Isabel is the authority of the house, she asks Vane what to do, sometimes when she goes out, and Vane stays, she has to cook and clean the house, sometimes Paulina also cooks. How many people eat together at lunch depends on the day. Paulina and Monica, Isabel’s daughters sometimes eat there, but not every day. When Isabel is not home, Vane eats lunch at Paulina’s house.

In the mid-afternoon sometimes they eat bread or homemade empanadas with herbal infusions/tisanes with or without sugar. The herbs are sometimes taken directly from the garden or bought. Herbal infusions are known to have medicinal and healing properties. Isabel and Victor like to drink oregano tea after dinner because it helps the digestion. They go to bed at around 9 pm. Before sleeping they watch TV.
Most of the weeks they go to the Feria in El Ángel on Mondays and when they can’t, they go to the open market in Mira on Sundays. They take around 20 dollars to buy mostly vegetables and fruits. Other things last longer like potatoes, grains flour and pasta. While I was there, Isabel and Victor went together to buy in the market. They also buy from Sandra’s store.

How much time the food lasts depends on how many people comes to eat. Her children and grandchildren usually come to visit.

They also buy fruits and vegetables from a truck that passes every week. On a Thursday, in the morning, at 11:45 the truck with fruit passed. It passes every week. The time that I was there Isabel bought bananas, peaches, tamarind, and grapes.

I asked Paulina if they ever experienced food shortages. She told me that there was a time when her father, Victor stopped farming and started working out as a construction worker. Before they were growing cabbages, ocas, and other things, and when he stopped sowing, they had to buy food, and for some time they had to be very careful in their expenses.

**Harvesting potatoes:**

One day we went with the family to harvest potatoes. When potatoes are ready for harvesting, friends and family, children, men and women gather and work intensively for more or less 3 days. The more people, the faster the harvest goes, but nevertheless the people that harvest are entitled remuneration. It is common to seed the potato “al partir”, this means that a person/family puts the land, and another person/family puts the seeds, and then they divide the harvest. Good social relations are important to make these deals work.

That day we were around 20 people in the field, all families related with each other. Isabel and Victor, with Valeria, the baby (Julian), the baby’s father, Paul, his parents, Sandra and Fernando, Monica (Isabel’s and Victor daughter) with her husband and her 2 children, and another family, of Alexandra, her husband and daughter.
Isabel and Sandra were in charge of the food provision to the people. Isabel prepared everything before going, she prepared Ají, and she took a big pot, blankets for sitting, and some spoons and plates. We passed by Sandra’s house and she took the rest; tomatoes, another pot, ladles, juice powder, and some sardine cans.

For making the Ají (Chili sauce), Isabel used the chilies from the garden, blended with water, cut onions and grated carrot. Valeria helped with the preparation of the Aji, and put it into a bowl.

When we got to the Plot, Victor asked Valeria to get wood he left for making the fire. We didn't find it, so we were walking around for quite a while. Valeria didn’t want to go down without the wood. In the end, Victor himself went up and brought the wood together with Valeria.

At around 11h40, Isabel and Sandra called everyone to eat. We ate cooked potatoes, directly harvested from the plot, together with the chili sauce and the sardines. Isabel distributed the juice, which was very refreshing. Julian also ate and placed first with Valeria and then with Yolanda.

At 12h20 everyone went back to continue working. They divide the potatoes by size and according to that they sell them or not. The biggest is called Gruesa (thick) and is mainly for selling. Then the Segunda that is also for selling and for using it as seed, and the last one is very small and they use it for feeding the pigs but also for selling. There is also the “culinegra”, which is not good. At 3 they were nearly finished with the day of work, and people started leaving.
Examples of the meals eaten

**Wednesday 13 February**

<table>
<thead>
<tr>
<th>Time</th>
<th>Meal Description</th>
<th>Served By</th>
</tr>
</thead>
<tbody>
<tr>
<td>15h</td>
<td>Empanadas filled with rice, onion and cheese and tea</td>
<td>Paulina (and me)</td>
</tr>
<tr>
<td>17h</td>
<td>Tea and bread</td>
<td>Monica, Monica’s husband, Paulina</td>
</tr>
<tr>
<td>19h</td>
<td>Noodles soup with potatoes and cheese + <em>Cayumba</em> + Oregano tea</td>
<td>Victor, Isabel, Paulina, Michael</td>
</tr>
</tbody>
</table>

**Thursday 14 February**

<table>
<thead>
<tr>
<th>Time</th>
<th>Meal Description</th>
<th>Served By</th>
</tr>
</thead>
<tbody>
<tr>
<td>8h40</td>
<td>Herbal tea with empanadas</td>
<td>Isabel, Paulina</td>
</tr>
<tr>
<td>9h40</td>
<td>Pineapple</td>
<td>Monica’s family, Paulina and Michael</td>
</tr>
<tr>
<td>10h</td>
<td>Pear</td>
<td>Michael</td>
</tr>
<tr>
<td>11h</td>
<td>Taxo juice</td>
<td>Isabel, Paulina, Michael</td>
</tr>
<tr>
<td>12h25</td>
<td>Chard soup with potatoes, and the second plate: potato tortillas (like <em>llapingacho</em>), rice, encurtido with tomatoes and red onion, lettuce and taxo juice</td>
<td>Isabel, Paulina, Michael</td>
</tr>
<tr>
<td>13h20</td>
<td>A bit of granola bar</td>
<td>Michael</td>
</tr>
<tr>
<td>13h45</td>
<td>Mandarins</td>
<td>Paulina, Michael</td>
</tr>
<tr>
<td>15h55</td>
<td>Apple</td>
<td>Paulina</td>
</tr>
<tr>
<td>16h45</td>
<td>Peeled pear</td>
<td>Michael</td>
</tr>
<tr>
<td>16h45</td>
<td>Cedrón tea with bread and cheese</td>
<td>Paulina (and me)</td>
</tr>
<tr>
<td>18h45</td>
<td>Potato and noodle soup</td>
<td>Paulina, Michael</td>
</tr>
</tbody>
</table>

**Sunday 24 February**

<table>
<thead>
<tr>
<th>Time</th>
<th>Meal Description</th>
<th>In the potato harvesting</th>
</tr>
</thead>
<tbody>
<tr>
<td>8h40</td>
<td>Rice with French fries and a fried egg.</td>
<td></td>
</tr>
<tr>
<td>11h40</td>
<td>Cooked potatoes with peel, Chili Sauce and sardines from cans + artificial juice.</td>
<td>In the potato harvesting</td>
</tr>
<tr>
<td>16h</td>
<td>Cookies Amor</td>
<td>Valeria, Paul, Jacqueline, Julian in the front yard of Sandra’s house</td>
</tr>
<tr>
<td>18h15</td>
<td>Soup made with meat, papas, cassava, carrot</td>
<td></td>
</tr>
</tbody>
</table>
2.2.4 Household 4 (HH4)

Few meters above Paulina’s house live a young couple; Johanna (22 years old), her husband Carlos (28 years old) and their two children: William (4 years old) and Marilyn (1 year and 5 months old).

Johanna grew up in Chitacaspi with her mother, her grandmother, her younger sister, and 2 cousins. Johanna’s mother sold fruits and vegetables in the market in San Isidro, for 20 years, but about a year ago she and Johanna’s sister moved to
Quito, so Johanna’s sister could go to the university. Johanna’s mother is now renting a store in Quito from a relative where she sells fruit and vegetables, and also potatoes with tripe, a popular dish. She has a second job in the mornings working as a maid. Johanna’s sister, Natalia, is very smart and she graduated from school with the highest marks of the class. When she went to Quito she began working as a cashier at a big supermarket chain called “Mi Comisariato”, she was quickly promoted, first as chief of the cashiers and now as the secretary, all that in only seven months of working there. Johanna is very proud of her sister. Johanna thanks god they are doing well.

Johanna’s grandmother also lives in Chitacaspi, together with Johanna’s cousin and his wife Anita. They have been married for two years but have no children yet. She is still very young (16 years old). The uncle and the Aunt Anita often pass by the house visiting and stay there to eat. Johanna is very kind in inviting them, and not only them but also other neighbors that were tired coming back from work and had nothing cooked yet. When Anita comes she also helps Johanna to look after the children, feeding them, or helping to bathe them for example.

Carlos is not from Chitacaspi, he is from a place called Gualchán, a town closer to the coast and with a much warmer climate. He and Johanna lived there for some years after getting married, but like a year ago they came to Chitacaspi to finish high school, and then Carlos found a job, so they stayed. Nevertheless they want to return to Gualchán, Carlos doesn’t like Chitacaspi’s cold weather and John also misses it a lot. They say it is a better place for children to grow.

Carlos works as a guard at the IESS (Ecuadorian Institute for Social Security) in El Angel. Sometimes he has nightshifts and sometimes dayshifts. When he is not at his job, he stays in Chitacaspi with Johanna and the children and works in agriculture.

A year ago, they didn’t have anything planted but now they have a small plot with potatoes, and some other things in a small garden close to the house. They also have 3 pigs and the smallest belongs to William.
Johanna used to work in the market of San Isidro, selling vegetables, but her baby got sick so she decided to stop working. Carlos made enough money for the family so it was better for Johanna to stay at home taking care of the house and the children.

William attends to preschool since he is 2 years old. First he was in the school in Chitacaspi, but now it does not have a preschool anymore so he goes to another school in San Isidro. In this school he has classes of computer, English and music.

**Daily life and meals:**
Their daily schedules depend on Carlos’s working hours. Sometimes he has to be at work very early, so they wake up around 5. Children stay a bit longer in bed, but then William also wakes up to go to school. They eat breakfast together and then depending on the day, Carlos or Johanna take William to school. In William’s school they give him colada with oatmeal at 10 am. Johanna gives him lunch to take, generally a bag of yogurt or flavored Tony milk, one fruit, and chips or cookies. Johanna told me that sometimes William wakes up hungry in the middle of the night and he eats what Johanna had prepared as lunch for the next day. So the next morning Johanna has to improvise something else.

In the morning Johanna does house chores. The children make the clothes very dirty, and Marilyn doesn't wear dippers anymore so when she is distracted she pees in her pants, therefore Johanna always has a lot of clothes to wash.

The house is very small, and looks very poor, but they are saving to make some repairsment. It has one room with two beds, a living room with a computer and 3 couches, and the kitchen, with an industrial stove, a drawer and a plastic table. They don't have a sink in the kitchen and no toilet or shower. Their only water source is a tap outside of the house, with a big bucket filled with water and a rock for washing the clothes. There is a small plastic container floating on the water or sitting on the stone to get the water. It is very easy for the children to access, so when they are thirsty they can always help themselves. When I asked her, Johanna told me they do boil the water. Indeed there was some boiled water in a pot in the
kitchen, but most of the times the children drink water from outside which is not boiled. Johanna told me the water they get is clean, because it comes from the *páramo* (alpine altitude ecosystem). I saw William drinking water sometimes when he got up, and almost every day when he arrived to the house from the school. For ‘going to the toilet’, they go to a forest that is next to the house, and the children also just pee outside of the house. Since Johanna does not have a sink in the kitchen, for washing the dishes she collects water in a big pot and puts the dishes in, and then put the pot in the stove, to make the water warm, so the dirt comes out more easily.

They have a small family garden in the back of the house. Although it is small now, it will probably grow in the future, if the family decides to stay in Chitacaspi for a longer time. Last year they didn’t have any garden because they just moved from Gualchán, but now they have some things: Coriander, onion, and beetroot. And at the time I was there they were planning to plant more things. In Gualchán they had a very diverse garden, and they miss this, also Carlos likes agriculture. They are also producing potato in a small plot.

They usually eat lunch at 1 after picking William up from school. Sometimes they eat before. When Carlos is at work sometimes Johanna brings him lunch, other times he takes it when he leaves in the morning. He wouldn’t like to eat outside because he likes homemade food. For cooking, she mainly uses the stove in the kitchen, which works with gas, but they also make the fire (*tulpa*) every day for frying tortillas and for cooking pigs’ food. They are enthusiastic about taking care of the pigs, Johanna feeds them 3 times a day and when Carlos is home he feeds them 4 times a day. The pigs are tethered outside, and they are released for eating and they let them free for a while.

Johanna visits her family in San Isidro almost every day after picking up William from school. Her aunt and cousin live in San Isidro, and her cousin’s twin daughters are in the same class than William. To go back home they either walk or take a lift from any car going up.

In the afternoon the children play, and Johanna does some house chores and
relaxes. William’s favorite game is soccer, he loves to play with balls; he has 6 balls and wants another one, a bigger one. He also likes to play volley. He plays mostly with his dad. Then in the evening Carlos often goes to play volleyball and takes William with him. Then they eat dinner together at around 7pm and go to bed around 8pm.

I got the impression that they spend a lot of time as a family enjoying, resting, playing with the children, they are a young couple and they are relaxed. Johanna does the household chores but she is not doing them all the time, sometimes she rests, just sits or spends some time with their children. She also stays in bed longer, like once on a Saturday that it was already 8:40 and we didn’t get up yet, then her cousin came and he was really surprised, I was surprised too, since most of people already get up before sun rise every day.

**Food, Meals and Food preferences:**

Johanna cooks for the family, but when Carlos is home he also helps in the kitchen, I saw him cleaning, and Johanna asks him to do things like to put on the fire for cooking. Carlos told me that he likes the way Johanna cooks; now he even likes things that he didn’t like before, like cauliflower, because of the way Johanna prepares it. I agree with Carlos, Johanna cooks very well.

When they lived in Gualchan, their eating habits were different because the food available was different. For example, in Gualchán it is more common to eat cassava and “verde” (green plantain), instead of potatoes. Here they buy these things when they can but it is not as easy to find and it is more expensive, since back in Gualchán they had cassava plants and plantain in their garden.

Johanna tells me that cassava is healthier than potatoes because it doesn’t contain pesticides, however in Chitacaspi, having access to potatoes is much easier. I noticed they had some green plantains stored in the kitchen, which is not common in Chitacaspi, and Johanna added green plantain to the sancocho\(^\text{11}\) soup. When they

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\(^{11}\) *Sancocho* is a traditional soup that contains plantain, cassava, meat and corn
lived in Gualchán they ate fish every Tuesdays and Fridays. Johanna told me that they prefer fish to chicken and pork, especially William, who, according to his mother is very skilled to take out the bones. The habit of eating fish for Johanna came long before Gualchan, since her mother also gave them fish at least once a week.

They get fresh and good fish from a man that comes to sell the fish in a pick-up truck to Chitacaspi every Wednesday. They buy 4 or 5 pounds of fish every week. The fish that the man had the day that I was there is a fish called Lisa, and it came from a place called Las Peñas in the coast of Ecuador. Johanna likes to buy it from him because she says his fish are very fresh, compared to other pickup truck that also sells fish in Chitacaspi. Johanna tells me “those fish were in the sea yesterday”. Plus, Johanna has a good relationship with the fish seller and very good negotiating skills. She got an extra fish for each pound she bought. She told the seller that it was for her family and a neighbor but in reality it was just for her house. She also told me that other people usually don’t buy fish, so she is the best client for him.

For Johanna it was important to use fresh ingredients for cooking. For example, she told me that she doesn’t like to use artificial spices; she says she rarely uses Ajinomoto (an artificial condiment), and only when she gets it as a gift. For most of the food she uses natural condiments, like coriander, pepper, onion, celery, and cumin for the meat. She didn’t like to use the Ajinomoto, but she would still use it when she receives it as a gift. Johanna and her family never eat sardines and rarely tuna from a can; they prefer to eat fresh fish, even if the preparation requires more time. I can tell that Johanna enjoys cooking.

In average they eat meat like 5 or even 6 times per week; chicken at least once per week, beef and pork twice a week, and fish once per week. The chicken that they eat is called “pollo campero”, it is not an industrial chicken, Johanna doesn’t like those, but it is also not a free ranged chicken (pollo de campo/ “los nacionales”), but it is a mix, with incubated Chicken. It seems to me that Johanna has a lot of knowledge in food and its effects, for example, when we were eating intestine, she
told me that the fat intestine is good for having a stronger gut and for motion sickness.

In this household we ate a lot of soups compared to the other houses, and soups were also richer in ingredients and contained grains most of the times. William’s favorite meal is toasted oatmeal soup. He also likes soups with grains and beans such as peas, corn or beans. Johanna told me they eat noodle soup 2 or 3 times per week. The children have a good appetite, they eat a lot, especially Marilyn, she is very young but she eats more than William. She likes meat a lot.

In this family the children get a lot of treats from their parents and relatives. Every day after school and before going home they pass by a store in San Isidro and Johanna buys the children some snack, William likes chitos, sweet or salty, because they have a small toy inside the bag. Also, since the store is right next to the bus stop, whenever they take the bus, William always ask for something. Johanna gives him money and he buys the snack himself. These snacks are usually very cheap, like 10 cents, and the portion is small. In Chitacaspi they get snacks like lollipops and Chitos in Sandra’s store, they also buy ice cream when the Ice-cream truck passes by.

Carlos gets paid the 6th of each month. By the time that I was there (the beginning of March) the fridge was almost empty. They were just waiting for Carlos’s payment to go to buy food from the open market in El Ángel. Johanna is in charge of buying the food in the market. They spend around 100 dollars per month in the market, but besides the market they spend more money in food for William’s school lunch, and other things they buy in the stores.

In HH4, the children were especially excited when the ice-cream truck came on Friday, at 2:30pm. Johanna gave money to William and he bought ice creams for him and his sister. They cost 25 cents each and the flavor was gum (“chicle”). Sometimes they also buy things from Sandra’s store, often some snacks for the children like lollipops and “k-chitos” (a corn snack).
Johanna’s aunt that lives in San Isidro is also William’s godmother. She owns a
meat shop (“Tercena”) in San Isidro, so sometimes she “sends with William a
pound of meat (for free), and she helps Johanna with good prices, and sells her on
credit (“le fia”).

**Children rising and learning, and care**

Already at 4 years old William is given responsibilities. Johanna always tells him to
buy the snacks that he wants. Also, one piglet belongs to William, and he is
responsible to take care of it. He takes his responsibility seriously, once, while we
were playing football he was always looking after the pigs to make sure they didn’t
go far. When they got out of our sight he run to get them back. As an older brother
he also takes care and helps his little sister, he is very sweet and patient with her.
Marilyn has a strong character, she cries very loudly. Most of the time she is with
Johanna observing what she does, and playing with what she finds. She “helps” her
mother with the broom or in the kitchen while she prepares the food.

William is very demanding with food, once he wanted chicken, so Johanna cooked
chicken the next day. Another day when William woke up, he asked Johanna to
bring him tortillas to the bed, and then Johanna told him to get up to have
breakfast at the table. William cried because he thought the breakfast was fried egg
and rice, and he doesn’t like fried egg, so he cried and cried. Sometimes, when he
cries Johanna doesn’t comfort him but just lets him cry. She has heard it is good
that they cry so they can let the anger out, instead of keeping it inside.

When children misbehave they are given punishments, sometimes Johanna
punishes William by hitting him with nettle and bathing him in cold water. He
seems very afraid of this punishment, once he was crying and Johanna told him
that men don’t cry and threatened him with nettle and cold shower if he didn’t eat,
so he obeyed and ate.

Johanna told me that some people tell her that William could go back from school
by himself, but she is afraid something might happen to him, when she was little she saw a girl get killed by a car, so she is afraid of that. She says she will wait until he is 5 years old.

**Examples of the meals eaten**

**Friday 1 March**

<table>
<thead>
<tr>
<th>Snack</th>
<th>14h33</th>
<th>Ice-creams bought from pick-up truck (Bubble gum flavour)</th>
<th>Marilyn, William</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lunch</td>
<td></td>
<td><em>Sancocho</em> soup: made with potatoes, meat cut in pieces, green plantain, carrot, onion, garlic, and pepper, everything cooked in a pressure cooker.</td>
<td>Carlos, Johanna, Marilyn, William</td>
</tr>
<tr>
<td>Coffee</td>
<td>17h40</td>
<td>Tortillas with coffee</td>
<td>Carlos, Johanna, Marilyn, William</td>
</tr>
<tr>
<td>Snack</td>
<td>18h</td>
<td>Oats colada</td>
<td>Marilyn</td>
</tr>
<tr>
<td>Dinner</td>
<td>19h</td>
<td>Soup with fried noodles, carrot, half of green pepper and potatoes</td>
<td>Carlos, Johanna, Marilyn, William</td>
</tr>
</tbody>
</table>

**Saturday 2 March**

<table>
<thead>
<tr>
<th>Snack</th>
<th>8h30</th>
<th>Lolypop</th>
<th>Marilyn</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast</td>
<td>8h50</td>
<td>Noodles soup, coffee, boiled eggs and tortillas</td>
<td>Johanna, Marilyn, William. Carlos ate earlier because he had to leave for work</td>
</tr>
<tr>
<td>Snack</td>
<td>9h30</td>
<td>granola bar (the one the government provides in schools)</td>
<td>Marilyn</td>
</tr>
<tr>
<td>Lunch</td>
<td>11h10</td>
<td>Rice, Lettuce salad, and Chicken with potatoes, cooked together with red onion, celery leave, a piece of green pepper, chopped carrot.</td>
<td>Anita, Carlos, Johanna, Marilyn, William. Later we took some food for Carlos at his work</td>
</tr>
<tr>
<td>Dinner</td>
<td>19h</td>
<td>Chicken soup and potatoes.</td>
<td></td>
</tr>
</tbody>
</table>

**Tuesday 5 March**

<table>
<thead>
<tr>
<th>Breakfast &amp; Lunch</th>
<th>6h &amp; Take away</th>
<th>Rice + potatoes + tomato salad + eggs.</th>
<th>Carlos</th>
</tr>
</thead>
<tbody>
<tr>
<td>Take away</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lunch</td>
<td>14h15</td>
<td>Soup: gut + potatoes+ pimiento+ carrots + fried oats in butter.</td>
<td>Johanna, Marilyn, William and Johanna's cousin Kevin</td>
</tr>
<tr>
<td>Snack</td>
<td></td>
<td><em>Chitos</em></td>
<td>Marilyn, William</td>
</tr>
</tbody>
</table>

**Wednesday 6 March**

| Breakfast        | 6h30 | French fries + egg+ coffee + rice | Carlos, Johanna, Marilyn, William, and Johanna's cousin, Kevin |
| Snack            | 10h30| *Uvillas* from outside            | Marilyn         |
| Lunch            | 12h  | Cauliflower with onion, garlic, coriander, *achiote* and milk + potatoes + fried fish. | Johanna, Marilyn. Carlos ate earlier and William ate later |
| Snack            | 13h  | Two small bags of *Chitos*        | Marilyn, William |
| Snack            | 13h20| 2 small bags of yogurt           | Marilyn, William |
| Water            | 13h30| Water from the tap                | William         |
Some examples of the meals in HH4
CHAPTER 3: Heterogeneity in nutrition practices

3.1 Households general characteristics

<table>
<thead>
<tr>
<th></th>
<th>HH1</th>
<th>HH2</th>
<th>HH3</th>
<th>HH4</th>
</tr>
</thead>
<tbody>
<tr>
<td># Persons in HH</td>
<td>4</td>
<td>3</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Age of mother</td>
<td>47</td>
<td>38</td>
<td>17</td>
<td>22</td>
</tr>
<tr>
<td>Education level of the mother</td>
<td>Primary school</td>
<td>Primary school</td>
<td>Currently finishing secondary school</td>
<td>Secondary school</td>
</tr>
<tr>
<td>Occupation of the father</td>
<td>Day laborer</td>
<td>Guard</td>
<td>Day laborer</td>
<td>Guard</td>
</tr>
<tr>
<td>Total # children</td>
<td>7</td>
<td>2</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td># of children living in the HH</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Age and gender of children living in the HH</td>
<td>Lenin (M) 14 Kevin (M) 5</td>
<td>Michael (M) 1</td>
<td>Julian (M) 1</td>
<td>William (M) 4 Marilyn (F) 1</td>
</tr>
</tbody>
</table>

In the last chapter I have attempted to give an overview of different lifewords and their embedded nutritional practices. Each household configuration is unique and, is constantly reproducing forms of organization, through their day-to-day activities. The notion of the Household as a heterogeneous unit, allowed me to acknowledge the particularities of different household members.

For my research I took the definition of the Household as the “co-residential unit, usually family-based in some way, which takes care of resource management and primary needs of its members” (Rudie 1995:228 in Balatibat, 2004:34), and focused primarily on the women and children in each household. In the introduction I already mentioned how the notion of the household as a unit of analysis could be problematic. Here I want to reflect on this issue in relation to my particular findings.

The family composition is different in each house, and within the same house it changes over time, for example when children leave or new people come to live in
the house. Between houses we can see that the ages of the mothers are heterogeneous, as well as their level of education. The age of the mother can be a factor on children’s rearing. An older mother with many children will have a different life experience than a young mother, to give an example.

Starting with the first house, the nuclear family would just be 4 people: Luis, Maria, and their two youngest children who live with them. Nevertheless in the time I was there, Alana, Maria’s granddaughter, who is 4 years old was also living there. She was not permanently living there, but alternated between staying with her mother, and with her grandmother. Therefore, I included her as part of the household. If I went to the same house 15 days later, I would find that the members of the household were not 5, but 8, because shortly after I left, one of Maria’s daughters got separated from her husband and went to live in her parent’s house together with her two children.

In Households 2 and 3 I also encountered a challenge for analyzing the households as separate units since Household 2 and 3 were closely related. They shared many activities such as eating together, taking care of the children, gardening, and sharing food. This is why for my thesis I merged them together for several things, even though theoretically, they are 2 different households. Even the concept of mother has to be readjusted; mother is the woman that gives birth, but it is also very important for the children’s nutrition who is the caregiver or caregivers, which is not always the mother. For example in HH3, Isabel, the grandmother plays an essential role in the care of her great grandson, equally (or more) important as the mother herself. She is an authority to her granddaughter (who she also raised), and a primary caregiver for her great-grandson.

Finally, the household is not an isolated unit, but is involved in social relations beyond the household members; therefore, it is also important to take this into account.
3.2 Heterogeneity in the diet and food procurement

In spite of the similarities, the heterogeneity of embedded practices is key for understanding the diversification of nutrition strategies and therefore for exploring opportunities. The food that is eaten depends on the preferences and habits of each family. Diet varies in different households, because of differences in economic situation, social networks, individual’s preferences, etc. The meal times are also adjusted to the activities and schedules of the members of the families. In the next part I outline the main differences in the nutritional practices of the families I visited.

As far as food procurement for example, even though all the families hypothetically have access to the food sources, there are differences between families. For example, families choose which vendor pick-up trucks to buy from. These decisions can be based on trust or on personal relations. For example, Johanna from HH4 trusted the quality of the fish in one truck, but not on the other, because the fish from the car she bought was fresh, but she didn’t trust the quality of the other fish. She told me not many people buy fish. The reasons for this could be multiple, it can be that there is not the habit of eating fish, or that people do not trust the product quality, or that they prefer get fish from other sources, like fishing.

Another difference in differences in food procurement is the example of Sandra store. Although it is apparently very convenient, not everybody buys there. The reason that Maria from HH1 gave me for not buying in Sandra’s store is that the store is dirty, but clearly she did not buy there because of personal issues. She did not get along well with the owner of the Store.

Diet heterogeneity:

Food choices and selections by consumers are shaped by life course, social influences and personal systems for making choices” (Sobal et al., 1998).
For example in HH1, the eating habits changed a little bit after Maria was sick after the birth of her last son:

“Since I had my son we eat more vegetables/greens. Before we ate more grains: beans, peas, fava beans, morocho (hard maize)... but now we eat more greens” vegetables like lettuce, chard, broccoli and cauliflower, that’s what we mostly eat”

I could notice some differences in the diet patterns in the different households I visited, in both the diet content as well as in the preparation techniques. For this thesis I will just mention the things that differences that I found more relevant in the diet and preparation, from my personal experience, as summarized in the table below.

<table>
<thead>
<tr>
<th>HH1</th>
<th>HH2 &amp; HH3</th>
<th>HH4</th>
</tr>
</thead>
<tbody>
<tr>
<td>- No salads</td>
<td>- Herbal teas and empanadas for coffee</td>
<td>- Ingredients from the coast: cassava, green plantain</td>
</tr>
<tr>
<td>- No packaged snacks for the children</td>
<td>- Chili sauce</td>
<td>- Meat 5-6 times/week, Fresh fish</td>
</tr>
<tr>
<td>- Meat: 2-3 times per week</td>
<td>- Encurtidos and salads</td>
<td>- More soups and more ingredients in the soups: grains and vegetables</td>
</tr>
<tr>
<td></td>
<td>- “Chicha de brujo”</td>
<td>- Snacks from the store for the children</td>
</tr>
<tr>
<td>HH2: Easy to make soups for dinner: noodle soup, fruits</td>
<td></td>
<td>- No artificial seasoning</td>
</tr>
</tbody>
</table>

Going to households 2 and 3, after staying with HH1 was a big change for me, I felt that the food they ate there was much more varied; I found some things I didn’t see in the previous house, like fresh salads, encurtidos\(^{12}\), chili sauce (ají), and a kefir beverage which they call “chicha\(^{13}\) de brujo”. This probiotic beverage was a rather unexpected finding. It is made out of water, panela (unrefined whole cane sugar), and water Kefir grains, a combination of bacteria and yeasts, which they call the “brujo” (=sorcerers). They told me this drink is good for the kidneys, I had also heard before it is good for the digestion. They gave me some to try, and I was really surprised and excited to see this because I haven’t seen it in a lot of places in

\(^{12}\) Encurtidos was a preparation of fined chopped onions, tomatoes and lemon.

\(^{13}\) Chicha is a term that stands for several varieties of fermented traditional beverages in South America.
Ecuador. Then Victor was telling us that it is possible to get drunk from it. He told a story that once with a friend they were drinking “chicha de brujo” and then they were feeling the alcohol effects so they became eager to drink more, so they went to buy stronger alcohol beverages. I asked them if I can take some, they gave me, since it reproduces very fast, it is not a problem to share it.

Another difference was that for coffee time they had aromatic teas, instead of coffee like in the other houses. Considering that they drink herbal teas, it makes a lot of sense that they have many different kinds of herbs in the garden, as well as the chili in the garden, which they use to make chili sauce.

In HH2 specially, I was happy because, unlike HH1, where we ate fruit only once or twice, Paulina had always fruit available for the baby and her other guests (including me).

In HH4 what I noticed the most was the presence of content-rich soups, more meat consumption than in the other houses and also the presence of ingredients from the coast. This shows how living somewhere else, in this case Gualchán, can shape their eating habits. Another remarkable thing from this last house was Johanna’s awareness and preferences for certain things, such as natural and fresh ingredients. Another characteristic was that the children received many snacks.

Although income and economic resources are important factors in nutrition, through these examples, I could see that there are many more factors involved. In HH4, they didn’t have a toilet, but the food was very nutritious and it seemed to me that the family was very happy.

**Heterogeneity in the garden, animal breeding and crop production:**

The families’ crops and animals vary from family to family, however today the peasant system mainly combines potato production with pastures for dairy cattle (Crissman et al. 1998, Herrera et al. 1999 in Paredes, 2010). Milk production has grown a lot in the last 20 years (Municipality of San Isidro, n.d.). Milk has the
advantage of a daily income by selling milk and the possibility of selling an animal in case of financial emergencies (Municipality of San Isidro, n.d.). But milk production, is also challenging for many reasons: the cows need a lot of space with the right level of grass to feed on. Maria and Luis for example, had to rent land for her cows and rotate them between their own land and the land they rented. From the 3 families I visited HH1 was the only household owning cows, but all the houses obtained their milk buying from their relatives or neighbors. Something that got my attention is that even though they are milk producers, the consumption of milk in the families I visited was not very high, they used the milk with coffee only, but adding a little bit of milk to the water. On the other hand, potato production, which has been the main characteristic crop of the region, is becoming more and more risky because of unstable prices, difficulties for credit and the increasing need to use toxic pesticides because of plagues (Municipality of San Isidro, n.d.), which has adverse effects on human health and the environment, and “undermines the overall contribution of this crop to the development of peasant agriculture” (Paredes, 2010).

Animal breeding is mainly destined to family consumption in the case of chicken, and also for selling animals when they are bigger like pigs. The animals are saved mostly for special occasions. For example in HH1 they were preparing for Lenin’s confirmation party, and for this occasion they were going to kill and prepare about 8 chickens and 1 big pig, for all the guests to eat.

The diversification of family production is important for increasing the resiliency of the family economy. However, because of the altitude and water scarcity it is difficult and not very profitable to grow many things a larger scale, for example, corn, a common crop in lower areas, takes a much longer time to grow, and other vegetables need continuous irrigation that is not dependent on the weather alone.

All the 3 families I visited had a small vegetable garden close to the house. This was something I was not expecting to find, since before going I heard that the people is fully busy with livestock and potato crops, and not many other things are grown in this region. The family garden was kept, managed and harvested mainly by the women, although other family members may also participate. Keeping a family
garden depends on the personal time and preferences, for example, Sandra does not like agriculture so much, and she prefers to just keep animals like her pigs and cows.

Two of the 3 family gardens were recent; In HH2&3 they have the garden for a bit more than a year. This was the largest and most diverse family garden from the households I stayed with. It was also the better-maintained garden, with not much weeds growing around. They told me they are interested in planting more things, so far they have different kinds of medicinal herbs, some leafed vegetables, and onions. Doña Isabel told me they got the seeds because of the women’s association. She was interesting in planting more things. Sometimes Doña Isabel sells the onions to the neighbors that come to ask for some. She told me that the garden has helped them a lot, “now we can just go out and take the onions from outside, before we had to buy” (from Fieldnotes). In HH4 they only had a very small garden but they are also interested in planting more things. On the other side, the garden in HH1 looked more neglected, with plenty of weeds growing around.

In the table and in the pictures below, we can see the different composition of family gardens, the production crops and the animals bred.

<table>
<thead>
<tr>
<th>HH1</th>
<th>HH2-3</th>
<th>HH4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Own production</strong></td>
<td>Fava beans, potatoes, milk</td>
<td>Potatoes</td>
</tr>
<tr>
<td><strong>Animal breeding</strong></td>
<td>Chicken, Pigs</td>
<td>Pigs, Rabbits</td>
</tr>
<tr>
<td><strong>Home Garden (Huerto)</strong></td>
<td>Lettuce, chard, onions and wild nabos</td>
<td>Onions (long onion), Cabbage, Lettuce, Lemon beebush (Cedron), Rose Mary, Ruda, Wormwood cilantro (Ajenjo culantro), Melissa (Toronjil), Malva smelly (Malva olorosa), Mint castile (Hierba buena de castilla), Coriander, Mint, Chili, Red cabbage, Chard, Nabo, hierba Buena</td>
</tr>
</tbody>
</table>
The family gardens are one of the practices with a potential to grow that can be promoted. Relating this practice to the Salutogenic approach, which seeks to elucidate the causes of health, family gardens can be considered as a resource for improving nutrition by increasing the access to food, to name one benefit.

### 3.3 Care practices

Care has been recognized as an important factor influencing nutrition. In the UNICEF nutritional framework, care for women and children appear as equally important as food security and health services. Care, can be defined as “the behaviors and practices of caregivers (mothers, siblings, fathers and childcare providers) that provide the food, health care, stimulation and emotional support necessary for children's healthy growth and development” (P Engle, Bentley, & Pelto, 2000).
Care practices include a wide spectrum of social behaviors, nevertheless those more directly related to nutrition and growth are care for woman; including care for pregnant and lactating women; breastfeeding and complementary feeding; psychosocial care; food preparation and food hygiene; hygiene practices; and home health practices (Patrice Engle, 1999). These are some of the issues I will address in this section.

3.3.1 Mother care during pregnancy and breastfeeding

Pregnancy, birth and breastfeeding, are especially vulnerable periods for both the mother and the child. Care for women includes antenatal care and birth spacing. The family’s support for the woman in each area is also crucial (Patrice Engle, 1999).

“During pregnancy and lactation, the family should support the women in obtaining extra and higher quality foods, reducing workloads, attending antenatal clinics and obtaining safe birthing, and receiving adequate post-partum rest” (Engle 1999).

In my visit to the families I found some examples of women’s care during these phases. The practices that I noticed for pregnancy included eating certain foods and avoiding others, eating what the expectant mother (and father) craves for, going to a midwife, exercising the right to give birth naturally. Another care practice of the mother is to wean the child if her health decays. On the other hand, a common concern about pregnancy is that many women get pregnant at a very early age, most of the times unintentionally.

During pregnancy, Maria told me, pregnant women should eat a lot of vegetables and should avoid eating chicken soup (caldo de gallina), because it is not good for pregnant women, and it gives them fever. I thought this last practice was curious, I wondered why this soup would cause fever in pregnant women, or what is this belief based on.
Johanna’s case was particularly interesting, during her pregnancy, she told me that me she didn’t get food cravings, but her husband did. With their last daughter, he had cravings for acid foods with salt, like lemon with salt. Once, they passed by the market and he saw lemons, but didn’t buy them, and some meters after Johanna started to have a headache. Johanna’s mother told them that it must be the lemons, so they went back and bought the same lemons Carlos saw earlier, and got some salt and ate them. After that, Johanna felt better. They even had to keep a bag with oranges close to the bed, in case Carlos woke up with orange cravings. Carlos also got nose bleeding during both pregnancies, the doctor told him it should be because of Johanna’s pregnancy.

During Johanna’s first pregnancy, Johanna stopped liking fried egg. And even now her son still doesn’t like it; “he didn’t like it since he was inside the belly”.

During her both pregnancies, Johanna went to a midwife every month. When she was pregnant with William she went to a midwife in Gualchán, and when she was pregnant with Marilyn she went to a midwife in San Isidro. The midwife gives special massages, so the baby can be in the right position to come out. She gave birth naturally without any trouble.

All of Maria’s children, except for Kevin where born at home. With Kevin, her last son, Maria had health problems so she went to a hospital in Ibarra to give birth. Doctors recommended her to do a C-section but she didn’t want to, she told me it was very hard birth, but she didn’t have the C-section.

Valeria gave birth without any trouble as well in the hospital when she was 16 years old. In Chitacaspi, it is common that women get pregnant at very early ages; Valeria told me there is another girl in the village that recently gave birth and she is 14 years old. Maria’s son was also worried that his 13 year-old daughter gets a boyfriend because she could get pregnant. He was horrified by a sexual scene we came across in a terror movie, and he told me that it (sex) is a terrible thing. I was surprised since for me, all the cruel killing and blood in the movie was much more impressive and terrible than the harmless sexual scene. This is an issue that could be further taken into account for the well-being of women and the prevention of
unwanted pregnancies. As it is listed as one of the six categories of care for women in The Care Initiative: “family support in reproductive health should include helping the adolescent girl delay bearing children, and supporting women in their use of family planning” (Engle, Lhotska, and Armstrong 1997 in Engle 1999).

In Chitacaspi, there are some curious terms used. When a mother is about to give birth, they say that she is going to “get sick” (se va a enfermar), and when a mother has given birth recently, they say she is “on the diet”14. During “the Diet”, which is the period from the birth of the child until two months later, the mother has to take special care, in relation to what she eats and what she can do. This is a very clear example of how the families take care of women during this vulnerable period after giving birth. The support of the family is also promoted during this time.

According to Johanna a woman in “the diet” should stop doing daily tasks like sweeping and cooking, and should not eat fat, and it is good that she takes chicken soup and meals with vegetables for 1 or 2 months after the baby is born. When William was born, Johanna was taken care by her mother during the first 15 days, and the next 15 days, her mother-in-law and Carlos’s sisters took care of her.

Maria agreed that the period of the diet should last 2 months. During this time she advised her daughter not to wash clothes or peel potatoes, and if she had to do it, she had to wear gloves. Maria’s daughter said that her husband helps her but he is not always able and available, and sometimes she prefers to do the things by herself. Maria also recommended to her daughter that she should eat well, so she has enough milk for the baby.

14 According to McKee (1986:12), “The period following birth, called the dieta del parto (the “birth diet”) is a syncretic combination of Hispanic practice and pre- Columbian belief. The dieta is a time of rest, seclusion and recuperation that frees new mothers from exhausting labours such as planting, weeding, carrying heavy burdens, and laundering clothes in icy mountain waters. It also affords them the opportunity to adjust to their infants’ rhythms for eating and sleeping and their modes of expressing needs”.
3.3.2 Breastfeeding, and children feeding

Feeding, including breast and complementary feeding are part of children's care practices. Appropriate feeding for children includes encouraging exclusive breastfeeding for about six months, initiating complementary feeding at about six months and sustaining breastfeeding to the second year (Patrice Engle, 1999). Other caring practices associated with children's feeding, can be, to name a few examples; the frequency of feeding, how caregivers deal with children that refuse food, and how they encourage them to eat (P. Engle et al., 2000). In this part I will describe the examples of child breastfeeding and feeding practices.

Almost all the mothers in the houses I visited were lucky enough to have breastfed their children, and breastfed exclusively for the first 6 months of age (this is the commonly recommended age to start complementary feeding). One thing that I like about breastfeeding in most rural areas (in Ecuador at least) is that breastfeeding is practiced anywhere, also in public (not like in other places where mothers are reluctant to breastfeed in public), and mothers usually keep their babies very close to them, carrying them wrapped around their bodies, while they do their daily activities. As natural as the practice of breastfeeding can be, some mothers and babies cannot do it, because of different things. Valeria’s baby, for example had to be given formula milk temporarily, because, Valeria had to go to school. She returned to school only 15 days after giving birth. She had to do it, otherwise she risked failing the year. First she took out her milk so Isabel could feed the baby, but the milk went bad (they don’t have a refrigerator in the house) and it made the child sick, so they had to start giving him formula milk, which the baby’s father bought. When she was on vacations, she gave him breast milk again, and when she went back to school, the baby didn’t want to drink milk from a baby bottle, so they used a cup. Now, since the baby is already eating complementary foods, he no longer drinks formula milk, and Valeria breastfeeds him when she comes back from school. With both Valeria and Paulina, Isabel was a big help for taking care of the mother and the children. When Paulina was breastfeeding Valeria, her vision got worse, so Isabel took care of the baby and Paulina had to
stop breastfeeding her. This time with her second baby, Michael, fortunately, Paulina’s vision didn’t get worse, so she had no problem breastfeeding him.

Both children, Julian and Michael are still breastfeeding. Both Valeria and Paulina breastfeed the children when they demand. Breastfeeding usually lasts for 5 to 10 minutes and for putting the baby to sleep it lasts longer. Since they are just 1 month apart, Paulina and Valeria have exchanged their babies for breastfeeding, but only when they were younger, because now the children don’t want to anymore. Paulina told me that she will breastfeed her son for more time, as long as he wants to, and only stop when he is able to walk and eats more, because now he eats very little.

Julian eats more complementary food than Michael. Julian can crawl, but Michael cannot. The children are given a little bit of what’s in the adults plates, this practice can make it more difficult for the caregiver to control the amount eaten by the child, but the person with whom the plate is shared makes a difference (Shankar et al 1998 in Engle et al. 2000). I saw only women feeding the children. Foods that the children eat are coladas, soups, oat drinks, rice, and fruits. Paulina, for example would commonly give her son different kinds of fruits.

Johanna (HH4) breastfed William until he was 1 year and 2 months old. To wean him, she sent him to her grandmother in Chitacaspi for 15 days, and when she saw him again, he forgot about the breast quickly (Michelle Soto’s notes). Johanna wanted to give him breast milk for longer but she felt weak and skinny. The same happened with Marilyn, she wanted to continue breastfeeding her but she was very skinny, so she stopped breastfeeding her, at 1 year old. Also, she told me that her doctor advised her not to continue breastfeeding, because the child could get a very strong personality, and become spoiled. She stopped breast-feeding Marilyn by putting nail polish in her nipple and it worked.

Maria breastfed her sons until they were a 2 years old and her daughters until 1.5 year old. She told me that boys should be breastfed for a longer time because they will have to work later so they need more strength. Johanna had heard a similar thing, boys should be breast fed for 1 year and a half and girls for 1 year. This differentiation in time could have implications for gendered nutritional outcomes.
In HH4 children had a very good appetite, so they mostly ate without their parents having to encourage them or force them. Sometimes when William didn’t want to eat lunch, his parents didn’t force him, since he already ate in school. He would eat later, when he became hungry again. Another day that William didn’t want to eat, because he wanted something else, Johanna threatened him with punishing him if he didn’t ate, her words were very effective, William stopped complaining and immediately started eating.

Children eat the same kinds of foods as adults but I also noticed that they are given preferences for some foods, specially snacks, or fruits. Snacks are mostly industrialized foods from the store, such as lollipops, cookies, chitos, and ice creams. Children like treats; however, this food is not so healthy.

In these care practices the child characteristics play a role too. Each child is different, therefore, nutritional outcomes will be influenced by this additional factor as well (Engle, 1999). Some children have stronger appetites whereas others need a lot of encouragement to eat. Individual differences in temperament and condition have major effects on care (Engle, 1999).

The care practices during pregnancy and the post-partum period are very important to ensure the well-being of the mother and optimal nutrition to both the mother and the child. The care practices related to breastfeeding and children’s feeding are also very important to take into account. These practices vary from family to family, it is difficult to describe all the caring practices, nevertheless the examples mentioned can give us a clearer idea of the existent practices and beliefs, and how they can affect nutrition.

3.3.3 Hygiene practices

Hygiene practices include practices like hand washing, bathing and cleaning, cleaning the house, and children’s play area, adequate disposal of waste, use of sanitary facilities, and making water safe and choosing safe water (Engle, 1999).
The households I visited had different hygiene practices. In HH1, the toilets were very dirty with mud and the toilet was not flushed. During the night the children, and also the adults would urinate in a bucket and through it out the next morning. Also, the waste disposal was just throwing the garbage outside, in a ditch, or just beside the fava crops. In HH2 and HH3, the toilets were very much neater than in the other houses, in HH3 it was always clean and had a toilet cover and matching decorations. The toilet in HH2 was also clean and worked well, also because it was new. The shower in HH2 was the only shower with warm water. In HH4 they didn’t have a toilet, to “use the toilet” they went to a forest beside the house; this place was dirty, full of trash and used toilet paper. The kitchen and house cleanliness was also much better in HH2 and 3 than in HH1.

In these hygiene examples it is possible to notice the relevance of exploring the heterogeneity of practices between the different households. While living in the same village, some houses can have much better practices, in this case, related to hygiene.

In HH4 the hygiene of the children was good, if the girl peed on her pants, or if her clothes were too dirty Johanna would change her. They specially dressed up nicely when they were going out to the city (to El Angel or to Quito for example). For bathing the children Johanna warmed some water, and washed the children in a pot in the kitchen. In HH2-3 Paulina told me they bathe the children every other day. Now that Paulina has a shower with hot water, they bathe the children there. HH2-3.

They let the small children move freely but they also avoid them getting too dirty. For example Julian was allowed to crawl inside the house or on clean grass, but not in the ground. When he was with Sandra for example, he could play in a clean spot in the grass but when he crawled to the where there is trash, somebody picked him up.

In HH1 I heard Maria asking the children to wash their hands, especially after working outside or playing. Nevertheless, they didn’t do it always, like after going to the toilet. In HH4, William washed his hands by himself often without his parents asking him to do so.
In HH4 I got the impression that the bucket filled with water was not so hygienic. Since there is only one tap in the house, this tap is multifunctional, this is the place where Johanna washes the laundry, cleans the food, brush their teeth, drink water and clean their hands. The water causes a lot of mud, with is mixed with food residues, and some trash. The pigs are also sniffing around. Once for example, Marilyn was drinking an oat drink with a spoon, while walking. When she went outside, the pig stole her plate and ate what was left. Another time I saw her picking a toothbrush from the floor and putting it in her mouth.

**Water**

One of the important factors that can determine the nutritional status is the water quality, since when water is not potable enough it can contain bacteria, toxic compounds or minerals like nitrates. In Chitacaspi, the water supply is scarce (Razo 2012). None of the households I stayed with strictly treated the water before drinking it. Water was mostly drunk and used directly from the tap; also it is common in Chitacaspi to store some water in collection tanks, buckets or in the cement-stone tank for washing clothes.

In HH1, they had water shortages in the mornings mostly. They didn't drink much water but sometimes we had lemonade, made with water from the tap. I felt thirsty many times when I was in this house.

In HH2-3 they drank more water with aromatic-medicinal herbs, and of course the water was boiled for this cases. But when making juice, they didn't boil it. When I...
asked Paulina if they boil the water, she told me they do, but I never saw it. Then she also told me that when the water is boiled it tastes different, implying that she prefers the taste of non-boiled water. In this house the water supply didn’t run out.

Sandra, Julian’s other grandmother always kept the tank of the washing stone ("piedra de lavar") full, she and her family use that water for washing the clothes, and for cleaning purposes in general, like cleaning the motorcycle, cleaning the pesticide tanks, the milk containers, and for washing the hands and face, etc. When Julian is there, he likes to play with the water very much. Jacqueline is often there to hold him and get him close to the water and play with him.

In HH4 they have only one tap water that is outside in the patio in front of the house, there is the tap and a big bucket that is always filled. There is a small plastic container floating on the water or sitting on the stone to get the water. It is very easy for the children to access, so when they are thirsty they can always help themselves. When I asked her, Johanna told me they do boil the water. Indeed there was some boiled water in a pot in the kitchen, but most of the times the children drink water from outside which is not boiled. Johanna told me the water they get is clean, because it comes from the páramo (alpine altitude ecosystem). I saw William drinking water sometimes when he got up, and almost every day when he arrived to the house from the school.

To wrap up the care practices presented, I want to highlight a few comments. As we can see from the descriptions, these practices are very heterogeneous between the different households, and between household members. While care practices are very important, and highly influence nutrition, and although some frameworks can provide us certain guidelines for defining care practices, these are still very broad and can cover a wide range of practices. Some practices, like encouraging breastfeeding, can be promoted, while others relate to a lack of resources, such as sanitary services, or unsafe water. Care practices cannot occur without resources to provide the care (Engle, 1999). Therefore it is necessary to give attention to these matters. Resources are not only material such as proper public services but "human resources at the family level include the caregivers’ knowledge, beliefs, and education, and the physical and mental health and confidence to put that knowledge into practice” (Engle, 1999).
3.4 Health care practices

According to Unicef ‘s framework of nutrition, the two immediate causes of malnutrition in Children are 1) inadequate dietary intake, and 2) Disease. The presence or absence of disease is an important factor determining nutrition. However health is a much larger concept with multiple determinants (Berman et al. 1994). Households have different mechanisms by which they produce and maintain health (Berman, Kendall, & Bhattacharyya, 1994). This idea is consistent with the Salutogenic approach used in this thesis, which studies the origins of health (Antonowsky, 1996).

The intra-household health-producing behaviors, as listed in the article of Berman et al. 1994, include child feeding practices, child care, antenatal and postpartum maternal care, home hygiene and sanitation behavior, as well as health seeking behaviors "such as home diagnosis and treatment and utilization of home-based services". Health practices often overlap with care practices. Breastfeeding, for example, is a practice that provides food, care, and health at the same time (Engle et al., 2000). In Engle et al. 2000, home health practices are grouped into one of the six categories of care practices and include “diagnosing illness in the home, use of preventative health care and protection from pests and accidents” (Engle et al., 2000:27)

Health care is surrounded by cultural perceptions of causality (Finerman, 1987). Below, I will describe some of the health seeking practices I found. These have to do with how the people treat and perceive diseases, how the disease is socialized, for example through giving or receiving advices, what are the causes of disease and what are the ways the families use to prevent them. Later I address some ideas on health such as what is considered to be healthy food and healthy people.

In Chitacaspi, there is no medical center. The closest medical center is the public Health Sub-Center in San Isidro, which is for free. Other options that families choose for, are: to go to particular doctors in the bigger towns and cities, to consult the school doctors or go directly to the pharmacy. Besides conventional western medicine, people also go to traditional healers or practice traditional healing techniques. In Chitacaspi there are no official traditional healers, but some older
women know healing techniques like how to take care of an espanto. Traditional practices like the use of medicinal herbs, is also present, although I don’t know to what extent.

One of the questions I had for the mothers was what kind of illnesses their children had and how did they treat them. The first thing I got from the mothers, as an answer, is that thanks god their children are healthy. Some common minor illnesses among young children are colds and diarrhea. Likewise, it is usual that the children get the “espanto” (literally translated as fright, is a common name for a disease with various symptoms that is caused by an impression or a fear), but this is a different type of disease, and it can only be treated using traditional healing techniques.

Maria explained to me the symptoms of her son when he had espanto:

“He gets temperature, and in the night he has deliria from the temperature, and he doesn’t want to sleep, and all the time he wakes up scared. He closes his eyes and they turn backwards. This is the espanto, so then I have to go to a woman who knows how to cure the espanto, she scrubs him, and then he is ok.”

Maria told me that she has faith in the “curandera” (the healer) from San Isidro, since her children have recovered from the espanto this way.

To cure from the espanto the traditional techniques are to rub the body of the sick child, and special plants are used for this. Also, Johanna explained that her mother puts oil (manteca) in the back of the joints: in the armpits, back of the knees and front of the elbows, and the healer splashes alcohol with the mouth.

In HH2&3, when the children get the espanto, it is Isabel who heals them, since she knows how to do it.

Although the doctor's advice is trusted, traditional healing techniques play an important role in health seeking practices. Traditional healing is more for the treatment of certain diseases, like the previously mentioned espanto. However,
sometimes it is hard to tell if the disease is *espanto* or something more serious, like in the case of Marilyn, who was thought to have espanto, but she had Rotavirus\(^\text{15}\).

Marilyn was almost one year old when she got Rotavirus. She was very sick, she was dehydrated, had vomit and diarrheal the whole night. First they thought she was *frightened* so Johanna’s mother healed her from the espanto for 3 consecutive days. When they realized that she was not getting any better, they took her to the doctor and she was diagnosed with Rotavirus. While it lasted she was very weak and she lost a lot of weight, as a result, Johanna decided to stop working in the market. When the baby recovered, according to Johanna, she got a lot of strength from it, because she immediately started walking. Johanna seems very proud of her girl, she compares her with the neighbor’s girl who is about the same age 1 year 6 months, but doesn’t walk and talk yet.

Getting a cold is a common thing considering Chitacaspi’s cold weather. Children commonly get this disease when they are taken from one place to another, for example, Maria is afraid her granddaughter Alana will get a cold, from going back and forth from Ibarra to Chitacaspi. Alana’s mother lives in Ibarra, but she prefers to be at her grandmother’s place, so every 4 or 5 days that she is back in Ibarra, she calls Maria and asks her to pick her up. Ibarra is much warmer than Chitacaspi, so the differences in temperature could make her sick, but luckily, she does not.

Paulina (HH2) had the same worry with his son from going back and forth from San Isidro to Chitacaspi.

In my first visit to HH2&3 I heard that both of the children, Julian and Michael were below the average in weight and size and the doctor had prescribed them vitamins. Paulina told me that Michael was all the time sick with a cold, but the doctor prescribed vitamins and a food supplement, and now he is better.

When Julian gets sick, they take him to the doctor in San Isidro or to a particular doctor, and they prescribe syrups. In San Isidro there are no particular doctors, so

\[^{15}\text{Rotavirus is the most common cause of severe diarrhoea among infants and young children.}\]
when they want to see a particular doctor they go to El Ángel or to Mira. Isabel told me that the pediatrician in the Health center is a good doctor.

Maria told me that as soon as their children are a little bit sick, they take them to the doctor. She told me they have had bad luck with doctors. Whenever they went to the Health Sub-center in San Isidro, the doctor was not there, so now they prefer to go to the doctor in the school. They don’t have to pay for the medical consultation; just for the prescribed medicines. Recently Kevin was sick, his belly was swollen, and he didn’t get better. When Maria took him to the school doctor, she said he had parasites. Now, after the treatment he is better and has a better appetite.

Advices and knowledge are shared within the family, mothers and grandmothers advice their daughters and granddaughters on how to treat illnesses. More and more, the people take into account the doctors recommendations also.

In HH1, Cindy asked her mom for advice about the baby, she asked her what is good for coughs, Maria did not answer immediately, and then she told her to go to the doctor. Cindy said she already went and he prescribed syrup and a few drops for the nose.

Diseases can bring changes in the practices and activities of people, for example in a change a diet more rich in vegetables, or in more care for the children, like in the case of Johanna, who quit her job in the market when her baby was sick.

A common cause people mentioned for sickness, also related to food was eating the leftovers, re-heated food, or food from the day before, because, as they call it becomes acid “se aceda”. When Michael was younger, he had colic’s to the point that Paulina was scared and she avoided eating re-heated foods. While I was there he also got sick with diarrheal and vomit. This was because the night before his father took him to eat at a restaurant they usually eat, and it seems that the food was ´re-heated. And because children have a more delicate digestive system, he got sick. Since it was weekend when the baby got sick and the Health sub-center in San Isidro only opens from Monday to Friday, Paulina went to Mira to see the doctor. Later she clarified she didn’t went to see a doctor in Mira but just to a pharmacy in San Isidro and the pharmacist diagnosed an intestine infection and
prescribed 2 medicines: *Bactoprim* for the infection and *Oralyte* for hydration. Paulina also gave him soup specially made for him and oregano infusion but didn’t want to drink or eat any, just milk from her breast. Paulina didn’t insist too much on him eating.

An interest practice is the use of medicinal herbs. I saw this practice in HH2 & 3 where they had planted several herbs in the garden and Isabel told me some of their medicinal properties. Some examples are *Ruda* infusion is for stomachaches; *Malva olorosa* is for when the children have a cough. Although not growing in the garden yet, other 2 very common plants in this family were Oregano, good for digestion, (they usually drank this after meals), and Camomile (manzanilla), which has anti-inflammatory properties. Another plant that could fit in this category was Chulco, which is a non-cultivated plant and it is good for headaches.

Another interesting traditional practice for preventing disease I saw in HH3, when we were going home after harvesting the potatoes. Before leaving, Valeria hit the *chalina* (the blanket used to carry the babies in the back) against the floor. This is done so that the mountain does not take the spirit of the child away, that would cause him to cry and not be able to sleep.

Health practices can also be shaped by governmental policies, one example is that once we were listening to president Correa in the radio, in Johanna’s house. He was talking about the requirements to get the bond (bono), and one was to take the children to general checkups at least every 6 months, and then Johanna said that then she would have no problem because she takes the children to monthly check-ups, and she even took Marilyn twice one month as a mistake.

**Local perceptions of healthy food**

What is healthy, who is healthy and what leads to health or not is also defined by the cultural context, and beliefs. In this part I will outline general patterns on what is considered as healthy food. In the next chapter I will address other perceptions on what is good food and also what having a ‘good life’ means.
Home-cooked & traditional food vs. processed food & food from outside

When I asked Maria what healthy eating for her and her children is, she told me that she doesn’t give candies/junk food (“golosinas”) to her children. Homemade food is appreciated and considered as healthy, also, traditional and local food is considered healthier than food from outside. This was a shared opinion. When I had the interview with a man who worked in the health Sub-center in San Isidro he emphasized on the importance on keeping and promoting the traditional food. Also, the Director of the School in San Isidro shared his thoughts about the food that children eat. He told me that it is bad that they have a store right across the school because the children go to the store to buy junk food before and after the classes.

“Here in the school bar we sell mainly local products: potatoes with cheese, “chochos con tostado” (Lupini Beans and roasted maze), sometimes corn, also depending in the season. We don’t sell elaborated products, only things that remove their hunger (que les quite el hambre), that is good. The bad thing is that they buy... before arriving, in the store across, they only buy things that are useless (compran solo cosas que no sirven)” (Interview with the director of the school in San Isidro)

In the houses, mothers spend much of their time cooking. In the rural areas, like Chitacaspi, almost everything is prepared from scratch and the flavors and styles are unique for each family. For Johanna it was important to use fresh ingredients for cooking.

Nevertheless more processed food is appealing in many ways. It is practical, fast and delicious. For example, I noticed that tuna and sardine cans were very common. The price is low and it is ready to consume. Similarly, children love all kinds of treats they see in the store, and the parents also like to spoil them and buy them treats. In HH4 specially, Johanna, Carlos and their close relatives got the children several things. Every day after school and before going home they pass by a store in San Isidro and Johanna buys the children some snack, William likes chitos, sweet or salty, because they have a small toy inside the bag. Also, since the
store is right next to the bus stop, whenever they take the bus, William always ask for something. Johanna gives him money and he buys the snack himself.

Final remarks on the chapter

Nutrition is created through different social practices, which I divided into 3 categories: food, care and health practices. Different families have different practices regarding food provisioning and consumption, care and health. Those practices are complex since they are part of the everyday knitting of reality, and they are in a process of continuous transformation. Some of the nutritional practices and their possible implications are summarized in the Table 3. The practices mentioned in the table are some practices that I considered to be relevant for nutritional outcomes, and that were present in the households, although not equally.

Food, care and healthcare practices give us an idea of the different factors that influence nutrition. These practices take place in a social context, so it is important to address who in the family is responsible for what, who is providing the care, and who provides the economic support. The roles of various family members and the decision-making processes should be examined. The exploration of the social dynamics in the next chapter will tackle these issues.
<table>
<thead>
<tr>
<th>FOOD</th>
<th>CARE</th>
<th>HEALTH</th>
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<tbody>
<tr>
<td>Production of food</td>
<td>Home gardens with the potential to grow</td>
<td>Go to both doctors and healers</td>
</tr>
<tr>
<td>Home gardens with the potential to grow</td>
<td>Already exist and have the potential to grow, contributing to nutrition and the household economy</td>
<td>People have different choices for treating illnesses</td>
</tr>
<tr>
<td>Non-cultivated foods</td>
<td>Knowledge about non-cultivated foods</td>
<td>Knowledge of traditional healing techniques</td>
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<tr>
<td>Knowledge about non-cultivated foods</td>
<td>There is a lot of knowledge of nutritious non-cultivated food that can be transmitted</td>
<td>Traditional healing techniques are kept, with good results</td>
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<tr>
<td>Diet</td>
<td>Avoid industrialized junk food for the children</td>
<td></td>
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<tr>
<td>Avoid industrialized junk food for the children</td>
<td>Junk and industrial food can have negative effects in the health of children. This practice could be promoted.</td>
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<tr>
<td>Fresh salads, fruits and more variety of vegetables</td>
<td>This practice could be further enhanced since it can have positive implications for nutrition</td>
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<tr>
<td>Herbal teas</td>
<td>Herbal teas have medicinal properties and grow in the region</td>
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<tr>
<td>CARE</td>
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<tr>
<td>Care during pregnancy</td>
<td>Eat more vegetables and avoiding certain foods, not ignoring cravings, also of the father-to-be</td>
<td></td>
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<tr>
<td>Eat more vegetables and avoiding certain foods, not ignoring cravings, also of the father-to-be</td>
<td>It is healthy for the mother and the child to procure a good diet during pregnancy, however some practices could be further explored, like why pregnant women cannot have chicken soup</td>
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<tr>
<td>Attending a Midwife/ medical care</td>
<td>Women can choose to attend midwives and/or medical care.</td>
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<tr>
<td>During lactation</td>
<td>‘The period of “the diet”’</td>
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<td></td>
<td>This period lasts approximately 2 months after giving birth, during this period the mother takes special care.</td>
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<tr>
<td>Breastfeeding</td>
<td>Exclusive breastfeeding until 6 months</td>
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<tr>
<td>Exclusive breastfeeding until 6 months</td>
<td>Breast milk is the first recommended option, some mothers use formula as breast milk replacement</td>
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<td>Breastfeeding on child’s demand</td>
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<tr>
<td>Weaning</td>
<td>Differences between boys and girls for weaning age</td>
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<tr>
<td>Differences between boys and girls for weaning age</td>
<td>This practice may be negative for girls nutrition</td>
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<tr>
<td>Home hygiene and sanitation behavior</td>
<td>Good house and hygiene practices</td>
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<tr>
<td>Good house and hygiene practices</td>
<td>Good hygiene has benefits, hygiene could be improved in some cases</td>
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<tr>
<td>HEALTH</td>
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<td>Health seeking practices</td>
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**Table 4:** Summary of some of the Food, Care and Health practices found
CHAPTER 4: Social Dynamics

Nutrition is a very ample concept, and its definition depends on the approach. A common division made is that nutrition is divided by ‘the act of swallowing’. Post-swallowing is taken by the “domains of biology, physiology, biochemistry and pathology” (Schubert, Gallegos, Foley, & Harrison, 2011), while pre-swallowing includes “the domains of behavior, experience culture and society” (Schubert et al., 2011). Because of this fragmentation, and the predominance of reductionist approaches, several authors agree on the importance of understanding the social dynamics and context as a complement for the study of Nutrition (Delormier et al., 2009; Rocha, Gerhardt, & Santos, 2007; Schubert et al., 2011).

“The claims of science are, traditionally, presented as abstract, timeless, replicable and universal. The social activities of producing, distributing, and using food, on the other hand, are more obviously relational, contextualized, politicized and embodied activities”

(DeVault 1999: 131 in Shubert et al., 2011)

Shubert et al. 2011 propose what they call Socially Engaged Nutritional Sciences, as means of being inclusive with different actors in the society, and not just the academic community.

“...there is the need of recognizing the centrality of the ‘social’ and that matters concerned with nutritional health and well-being of individuals, households, communities and populations in a life course perspective are mediated via the social roles and relationships, meanings, activities and organizations that tie food and people together” (Schubert et al., 2011).

The dynamics of family food and nutrition research that takes place in the lives of real people living in society can highlight and offer particular insights on social issues such as inner-family social dynamics and social networks and how they relate to nutritional outcomes. These are the issues I further explore in this chapter.
4.1 Intra-house dynamics and Gender roles

As stated in the conceptual framework, the household is not a homogeneous unit but it is composed of different individuals interacting with each other. The different roles of individuals and the particular dynamics of family relationships can have a great impact on individual’s food nutrition (Coveney, 2002).

According to the IFAD, there is ample recognition that in poor households women play a key role in household food strategies. Since women are mostly responsible for the provisioning the food, they have the greatest potential to make decisions that positively affect child survival (Haddad, 1999). Nevertheless, this is not always the case, since women’s ability to make decisions can be affected by their position and status (Haddad, 1999).

Furthermore, public health data from Asia and Latin America suggest an “anti-female bias in Primary Health Care utilization and nutrient intake” (Messer, 1997). These biases can be unintentional, and practices can be associated with cultural beliefs, like the serving order, which can result in gender or age-based nutritional deprivation (Messer, 1997). Inequalities in nutrition can have great impact on the wellbeing of women and girls. These inequalities do not depend only on personal decisions but rely on a larger social structure, gender relations and systems of beliefs. For these reasons, and because I spent more time with women than with men, I take a gender perspective to address inner-household dynamics.

In order to get a deeper understanding of the social processes at the household level, it is useful to explore the roles of different household members (Schubert, 2008) and the power relations involved (Oniang’o & Mukudi, 2002). In the Ecuadorian Andes usually the women are responsible for preparing and providing food for the family and for childcare. The men’s role is more related to the production and with bringing money to the household.

In Chitacaspi, all the women I visited and met were responsible for housekeeping and taking care of the children, while men worked outside the home and their main responsibility was to provide the money to the household. In the households I visited all the women told me that their husbands are responsible because when
they get paid, they give them the money to buy the food. Thus, men have a central responsibility in food provisioning.

On the other hand, the work in the house that women do involves cleaning the house, washing the clothes, cooking, washing the dishes, among other activities; taking care of the children includes feeding them, cleaning them, ensuring their health, etc. Besides housekeeping and taking care of the children, women were generally in charge of taking care of the animals and feeding them, when they owned cattle, mainly women milked them. Women also undertake productive activities like in the woman’s association of Chitacaspi, where they sell chicken and pigs, or knitting sweaters for selling. Some women also go out to work as laborers for the day in large plantations of potatoes, quinoa, wheat or surrounding floriculture. The result can be a female population overloaded with productive, reproductive and social responsibilities. Because of this triple burden, women also tend to have less time to attend to their own personal interests and needs, leisure related or otherwise (Oniang’o and Mukudi, 2002).

The women I visited had different stories about marriage, and about their thoughts and worries. The story of Maria is an example that can illustrate women’s role and struggles.

Maria’s mother died when she was only 10 years old, so a woman took her to work as a maid in Quito, the capital city. The woman taught her, as if she was her daughter, about women’s role, how to cook, and how to be a good wife. In Maria’s words:

“She used to say: some day you will be married my daughter (‘mijita’), you have to serve to your husband like this, wait him with the food ready... She taught me how to be responsible in the home, to respect the husband, the children”

Maria told me that the beginning of her marriage was difficult, her husband hit her, but thanks to the advice of her sister, she put up with this and after 6 years she and her husband changed and became more tolerant, now they get along well, “after the storm comes the calm”, she told me. Nevertheless, all the difficulties in life stay with her: “before I wasn’t a boring person like I am now”, she told me. Before she
would put up with anything “he hit me, and I didn’t say anything”, but now, she wouldn’t let him, and she doesn’t want her daughters to go through the same thing, for she knows what it means, and she has suffered enough.

Maria told me how she taught her daughters to behave as good wives. They should always keep clean clothes, and sew them if it they have holes. Also the house should be clean and they should always have warm food ready for when their husband comes from work.

But in the case of Andrea (Maria’s oldest daughter) the marriage didn’t work out “her husband was irresponsible with the home, they already had the girl and didn’t have what to eat, like that, suffering” “All of my daughter’s clothes were old and tearing apart”. Only once, Andrea’s husband hit her, and Maria sued him. This happened because he went to drink spending money that was meant to be used in something else. As revenge, Andrea didn’t prepare lunch and he got mad. His parents were home and they got involved in the fight and they supported him in hitting his wife. This is what Maria hated the most, she thinks that married couples should solve their own problems between them, without others intervening.

Maria told me that she would have rather for their daughters to be single mothers, but not get married. Then they would still have to work, but they could do whatever they want with the money and they wouldn’t owe anybody anything or be dependent on their husband, they would get ahead with God’s help.

Control over food and income

In the case of Andrea’s story, it is possible to see how gender roles and responsibilities are related to food. For example, Andrea’s husband controlled the money, so he decided how to expend it (in this case he bought alcohol), on the other hand, Andrea, “punished” his behavior by not preparing him lunch.

Many studies highlight the women’s role in deciding about food purchase, storing, and preparation. Nevertheless, this does not mean that women have the entire control of the flow of food in the family; responsibility is not equal to having the control (McIntosh & Zey in (Charles & Kerr, 1988; C. M. Counihan & Kaplan, 1998).
The analogy that McIntosh & Zey (in Counihan & Kaplan, 1998:126), point out is the job of a secretary who although performs her very important job, she is not who decide about her every day activities.

To understand who has the control over the food we must examine power relations within the household; "inequities in access to and control of assets have severe consequences for women’s ability to provide food, care, and health and sanitation services to themselves, their husbands, and their children, especially their female children" (Oniang’o and Mukudi, 2002).

In Chitacaspi, some men seem to have some control on weather their wives work or not. In the case of Johanna, for example, she stopped working because her baby was sick, but also because her husband didn’t want her to work. In some cases, like in the case of Johanna, this can be a positive thing, since she is happy with this decision, now she has less workload and can spend more time relaxing and with her children. Nevertheless, when the husband controls all the income, this can be very disempowering for the women, who depend on him, like in the case of Maria’s daughter.

Another example is Maria’s son, Adrian, who lives in Chitacaspi with his wife and 2 daughters of 13 and 6 years old respectively. He and his wife work in Flower plantation. He told me he is very jealous with his wife and daughters. He doesn’t want her daughter to have a boyfriend because he is afraid she will get pregnant, he says it is hard because her friends from school already have boyfriends and will tease her. He also told me that he didn’t want to send his wife to work but he had no other option because she was getting sick, she had many problems and she needed something to distract herself. Even though his wife was working against his will, he sounded like he was the one in power to decide what his wife is allowed to do.

Sometimes men can also be “in control” of food, for example, by demanding that the food is ready on time or that there are certain kinds of food available. For example, Sandra told me that if for some reason there are no potatoes, her husband complains. As another example, when I went to the meeting of the women’s association, they were making comments about how their husbands don’t
like them knitting inside the house because the lint gets into the food, so they have to go outside to knit.

Men are more independent since they can choose what to do with the money they earn. The responsible thing to do is to give the money to the wife so she can buy the food for the family and cover the family needs. Like a good wife takes care of the house, a good husband would make sure that there is enough money to provide food for his family and cover other needs. A good husband cares for his family and does not get drunk very much. I got the impression that drinking is a way for men to escape their responsibilities at home and prove their freedom and independence.

These gender roles that I described seem somehow very stereotypical and a bit feminist, I want to highlight that every family is unique and therefore gender dynamics will also be different. Nevertheless, this is a reality that is based on cultural values and seems to be present in at least some of Chitacaspi’s families. It is worth recognizing that some of these issues can affect nutrition and hinder well-being. Traditional roles are often seen as a widespread reality in rural areas. However, these roles and practices are not fixed, but vary by personal situations.

Although is not their primary responsibility, men also help in the house or with cooking. In HH1, I saw Luis helping to cut some onions. He did this under Maria’s instruction. Maria’s sons also cooked some basic things, for example French fries for themselves. Lenin would also cook sometimes when Maria had to go outside. In HH2 I never saw Esteban involved in house activities, but he didn’t spent much time at home, leaving very early for work and returned very late. In HH3, Mario, Valeria’s uncle, was a case that escaped the men role. He was single, and living with his parents, although most men at his age (25) are already married and have children. He didn’t work in agriculture like the other men; in fact he didn’t like it. Even when all of his family went to harvest potatoes, he stayed at home, saying that if he goes, people will make fun of him. His jobs as a nursery teacher and as a choreographer are not so common for men either. He liked children very much, and was always playing with them and making them laugh, even Johanna liked him a lot because of this, and he is very kind.
Carlos brings food to the house; sometimes Johanna calls him and asks him to bring something specific from el Angel or San Isidro. He also brings things without Johanna asking, for example, one night he brought 2 giant cauliflowers from a friend in el Angel, and he got a great price for it, only 50 cents.

HH4 is an example of a happy marriage, Johanna was very content with her life and she felt lucky to have married Carlos. Her cousins tell her that she won the lottery with him, because he is a good husband. He doesn’t drink and he gives the money to Johanna when he gets paid. Only once they had a 1-month separation because he got drunk, but since they are back together he changed for good. He is also not male chauvinist (machista), he doesn’t mind to help in the house. Johanna tells me that he is a good man; he is better than his brothers.

**Children rearing and roles**

Adults and caregivers raise children teaching them about their future roles in the world, the behavioral codes of their society, and its particular belief systems through the process of socialization (McKee, 2003). However children are not passive receivers of their parents’ efforts to educate them, “so socialization becomes negotiation, as children assert their own views and preferences” (McKee 2003)."

Children’s learning and relationship with food and environment is determinant for nutrition and food practices. Children are close to their parents during many activities that relate to food like harvesting, cooking, feeding the animals, and participate in many of this activities too. When I asked the mothers how they learned to cook they always answered: by watching, seems like they always knew how to cook, no one ever said it was something they had to learn, but something they just knew how to do. Children have a lot of knowledge on food from an early age, they know what they eat, how to prepare it, where it comes from, what they do and shouldn’t do. Children knowledge is not limited to the preparation of food
but to the wide variety of wild plants. In fact, I learned from most of the wild plants because of children. Children have a great deal of knowledge of their surrounding environment and moreover they are eager and open to learn they like to get to know people from outside, they are really curious. I got several examples: Carina, a very friendly 11-year-old girl wanted me to stay at her home. She took me to walk around the community while the women had their meeting. She showed me her school and the school garden. She told me they like planting, weeding and harvesting. She knew a lot of plants and their use; she said the name of each plant in the school garden (cilantro, radish, lettuce...). She showed me the wild Nabo that told me she really likes Nabo soup. She explained me how they harvest, take the plants to kitchen and cook. Then we saw a Taxo tree. She explained to me how the taxo grows out of the flower. William from HH4 showed me the chulco, a plant that we chewed with a sour taste. Lenin also took me to a walk in the mountain, he told me about how people in Chitacaspi's area eat ‘everything’ wild rabbits, condors and if a horse dies, they also eat its meat. He also showed me the Cayumba, an edible mushroom. He knows a lot about the forest ecosystem; the animals and plants.

Children are also given responsibilities and help their parents from an early age. In HH4 William is 4 years old but he takes house responsibilities seriously. While we were playing football he was always looking after the pigs to make sure they didn’t go far. One piglet belongs to William, and he feels responsible to good take care of him. When they got out of our sight he run to get them back.

Often children are asked to do follow orders ‘mandados’, which signify a big help for the parents. For example, it is really common that they send children to go to the store to buy things. Jacqueline, Sandra’s daughter, who is 11 years old, is in charge of selling things in the store when her mother is busy.

Children are generally very obedient with their adults and their older siblings; if they misbehave they are given punishments, like beating them or/and bathing them in cold water.
Children are thought and learn gender roles from an early age. “Many cultural standards and rules for behavior, and even for the perception of development, vary with gender” (McKee 1986). Parents with their behavior and roles play shape children’s eating habits (Hart 2010); “children learn to eat within a specific social context. They do not only learn what is appropriate for them to eat and what is not, and the order and combination in which food is eaten, but also learn about social divisions of gender and age” (Charles and Kerr 1988:8). When they are very young, both boys and girls stay with their mothers, but as they grow older, they start assuming responsibilities, like feeding the animals, buying things from the store and taking care of their younger siblings. When boys get older, like from 6 or 7 years old, they often go to work with the father. Some boys, after finishing primary school, like Lenin, don’t want to continue studying and instead work with his parents, mainly with the father. On the other hand, girls stay in the house, and help their mothers and grandmothers with the house tasks.

One time while we were having lunch in HH1, Jaime made the comment that Kevin does not grow fast enough (“no se cría rápido”) so he can help his father and brothers working. Kevin energetically replied that he has grown, and that he now is able to work. This is an example of how children are expected to help their parents from an early age.

Another comment about gender roles was once, also in the table, while eating Luis (HH1) said that he is very proud of his youngest son (Kevin) that he keeps him company and that he helps him working. He said, ‘he is my dear boy’. Alana, jealous, reacted to this by asking what about her, and Luis said something like “oh you are also my girl, my little cook”. Making it clear that men work outside, and women’s role is to cook.

While I was there, the people from Ingueza, a village near by, were having their village celebrations. Alana and Kevin fought all the time, in one occasion, Alana told Kevin that he can’t go to the party in Ingueza, to which Kevin replied that he can go, and he will go and get very drunk. I was very surprised to hear that he wants to get drunk since he was only 5 years old.
Allocation of food and food perceptions

“In many cultural settings, girls are expected to be less active, to eat less, and to grow smaller. Consequently they are fed less, consume less, are less active, and at greater risk for nutritional deficiencies” (Messer, 1997). Intra-household nutritional allocations are important factors to take into account as part of household studies.

In the houses I visited, I did not observe great differences in food allocation, other than expected differences, the only noticeable difference was that that girls breastfeed for shorter time than boys. The explanation is that boys should be breastfed for a longer time because they will have to work later so they need more strength, on the other hand, if girls are breastfed for too long, they might end up with a very strong personality that is difficult to handle. Although this practice in itself does not seem too threatening to girls’ nutritional status, it does give an idea of culture-specific beliefs and practices in relation to gender and food.

In Chitacaspi, work in agriculture consumes a lot of energy. Therefore, food quantity is very important. Women strive to give their husbands and children (especially male children that go to work) a good amount or rice with potatoes, to give them energy to start the day. Young men were very proud because they eat a lot, Maria’s sons told me very proudly about how much they eat when they go to the cities where “there is food everywhere”, so they get easily get hungry, and how they enjoy all the variety of foods offered. When Maria’s son Jaime came to visit his mother, he was always looking for food, and asking his mother what is there to eat. Maria laughed saying every time he comes; she needs to have extra food ready. Jaime told her mother that he needed to gain more weight, to which Maria laughed and replied: “don’t you know that fat people are sick?” (Although for the tone of the conversation they were just joking).

In Chitacaspi I could see a different way of the desired body. Of course over weight is not desired, but a really very slim body is also something exogenous. Women in general ate less than men, but I got the impression that a very thin woman is not very desirable, Johanna told me she is very slim now, but for me she looked ok.
Also, in a visit to the school the children told me that I looked like a broom and that I should eat more (I laughed, but kept thinking about this, since I think I have a normal body mass). A lot of older women are a bit, and sometimes a lot obese, and this can represent a health problem. For example, Johanna’s grandmother has to travel to Quito to clean her blood because she is too fat.

More perceptions on life and health

People consider themselves as poor, and always when I first met them, or I first was invited to join them for a meal, they would excuse themselves for the poverty, and excuse themselves for having only potatoes and rice, and not meat, for example.

Some people told me that life in the countryside is tough. They have to work every day, even on weekends “there is no rest”. For some people, especially for young men and boys the city was very appealing and they wanted to leave the countryside and live in big cities like Quito or Ibarra. Maria’s sons told me when they lived in the city, they didn’t even buy clothes, all the money they spent in parties, and alcohol. They were also very interested in technologies like computers and modern cell-phones.

However, other people like to live in the countryside and would not trade it for the city. Maria for example, prefers to stay in her house. Her daughter wants her and Luis to go and live in Ibarra with her, but Maria doesn’t want to. She likes her animals and the peace of the countryside. For her to live well means to live peacefully.

For Johanna it is the same, the most important thing is to have peace. She told me it seems for her that the health, and the food are better in the countryside than in the cities, because she compares her son with a nephew who lives in the city and she says her son is stronger and can do more things, for example he is better at playing soccer. She also compares herself with her cousin from the city, and she thinks women in the city are not even able to walk (in nature) and are not as strong. She
can lift a hundredweight of potatoes, which her cousin could not do. On the other hand, she says, people in the city are better for expressing themselves and talking. She also told me that money is not the most important thing. She has an aunt that lives in Quito, she has money but she is not happy, she is suffering a lot and getting a divorce.

When she compares her children with others Johanna is very proud of her children, she tells me they are very smart and healthy, and that even the doctor says that.

Another event in particular gave me insights on the perception of health. Jaime’s son, Brian (Jaime is one of Maria’s son), who is 1 year and 6 months old Brian is a very skinny and little child. Jaime told me his health is very fragile, that he is always getting sick. But this didn’t worry Jaime too much since he was the same and now he is a strong and healthy man. He thinks his son will grow stronger as he grows up.

4.2 Social relations and social networks

By examining nutrition as social practice, we have the opportunity to get a more comprehensive understanding of the underlying social relations and context that take place in the daily lives of people, which influence people’s actions, and at the same time are constantly re constructed by them, shaping their own reality in a continuous process of self-organization. The households as such, are not isolated entities but are part of a larger body of interacting social networks. As Delomier (2009) notes, “The ways in which people feed their families occur in a network of social relationships that involve and go beyond, the individual and the household”.

Households can be seen as internally diverse organizations, embedded within and shaped by wider structures (Friedman 1999 in Maxwell & Smith, n.d.). While the members of the households I visited were 16 people altogether, during my fieldwork, I met around 80 people, all related to the households (relatives, and neighbors mostly).
Several authors emphasize that social capital significantly contributes to household food security (Martin, Rogers, Cook, & Joseph, 2004; Tarasuk, 2001; Grootaert, 1999). The concept of social capital refers to the networks and norms that govern the interactions among individuals, households and communities. These networks can take place in local associations or local institutions but also in more informal settings, such as in kinship relations and reciprocity among neighbors (Grootaert, 1999; Martin et al., 2004).

Social capital and community connectedness are important assets in the production and maintenance of health "to what extent individuals experience trust, support, integration and security within larger societal and community groups have shown great significance for human health and well-being" (Putnam, 2000; Baumeister and Leary, 1995; Whitlock, 2007 in von Heimburg, 2010).

Social relations influence what is eaten and how, therefore it is very important to take social networks into account for nutritional outcomes. Families with better and more social relationships are more likely to have a better access to food and care and therefore are more resilient in times of scarcity. People that are excluded from social circles have less access to food and to any communal projects. Having a good social network is essential to build a sense of belonging, and also useful to get food, to buy or to ask from the neighbors, to have someone to look after the children, and to have more access to participate in organizations within the community, and also external organizations.

In Chitacaspi I noticed that there are conflicts, hostilities and gossip between the neighbors. Maria for example didn't get along with Sandra, the owner of the store, and her sisters. Before she was part of the women’s association but then she had a misunderstanding, someone gossiped about her so she keeps distance from the neighbors. Because of this, she doesn’t buy anything from Sandra’s store; saying the store is dirty. This had negative implications for her son as well. Once he saw his son getting beaten up by other children, so she had to change his son to another school in San Isidro, which is further away (Maria lives right next to the school).
When I asked Johanna about her relationship with the neighbors, she told me she greets everybody, and she is kind, as her mother taught her, but she also doesn’t have close friends. She says people here like to talk about each other and gossip very much. Since it is a small village, 2 families predominate. People can be harsh on each other if the relationship is not good, or if you “hang out with the enemies”.

On the other hand, HH3 seemed to have better relationships with more people in the village. Victor seemed like a respected man in Chitacaspi, when I walked with him and Isabel to San Isidro to take the bus, he run into a lot of people that greeted him kindly. Also, the kinship relation with Sandra, meant that sometimes Sandra gave Julian or the family things from the store “for free”.

Good social relationships where mostly held between relatives. The social networks also count when it comes to work, for example, for harvesting potatoes, or for borrowing tools. When it comes to food, milk is one of the most common things to buy from neighbors, since not everybody owns cows. For example, Adrian, Maria’s son often buys milk from his parents’ house. Johanna buys the milk from her neighbor Lupe, but the others don’t because they don’t get along. Lupe doesn’t have good relationships with one of the dominant families. Besides milk, Isabel sold onions to the neighbors.

Another case where the kinship relation directly had an impact on the access to food was Johanna’s aunt, she owns a meat shop (Tercena) in San Isidro, so sometimes she “sends with William a pound of meat (for free), and she helps Johanna with good prices, also, Johanna's aunt sells on credit ("le fia").

Having family around is important for socializing and taking care of the children as well. For example, In HH4 Anita and Kevin (cousin) were frequent visitors. Anita helped Johanna with the children. Sometimes they stay with them when Johanna has to go out. Anita also helped Johanna bathing and dressing the children, and brings the children treats.
As another example, Valeria from HH3 has a good social network. When she goes to school, her baby stays with her grandmother, but if her grandmother can’t, he can stay with her mother, or with her mother-in-law. On the contrary, a family that is not well integrated was Fatima’s family. I didn’t get a chance to visit Fatima, but because she lived close to Paulina I could see that she went to work and her 4 children stayed home alone. Not having a good relationship with the neighbors meant that nobody was watching after their children.

One of the local organizations is the women’s association that is been going on for around 8 years. It works on the basis of a savings box, from which the women’s association get credits to make small business projects. The women that are members benefit from being part of this organization. The members make maintain this organization by making small payments to a common savings box. By the time I was there, they recently built a greenhouse; they also rear chickens and sell them. Also they have local stores. Also seeds were given, for example Isabel and Paulina have their family garden since a bit more than one year ago. Although this is a very positive initiative in many aspects, in the sense that it empowers women, and brings an additional source of income to the households, only 10 women participate, and all of the women are over 40 years old (Razo, 2012). When external organizations come, they often talk with this group of women only, and the rest of the women are left out. Another supporting network of women is knitting. Some women knit sweaters together and help each other and sell them for 4 dollars, to people that buy them to re-sell them in Otavalo at a much higher price. The village could benefit from organizations that are more inclusive and heterogeneous. In heterogeneous associations (heterogeneity along dimensions such as education, occupation and economic status) the knowledge is more diverse so the potential benefit to members is higher (Grootaert, 1999).

As with everything else, there is much more complexity to social networks; having a larger social network doesn’t automatically mean a better nutrition. For example, when Julian stayed at Sandra’s place, he was given a lot of sweets, which might not be very nutritious food.
Jessie told me that a group of women in the village gossip a lot that is why she doesn’t hang out with them. if she hangs out with their enemies and also with them, then she will have problems. She prefers to stay out; she is kind and has casual conversations with them but nothing further than that. When I asked Johanna about her relationship with the neighbors, she told me she greets everybody, and she is kind, as her mother taught her, but she is also doesn’t have close friends. She says people here like to talk about each other and gossip very much.

Interpersonal relations and social networks are influential for nutrition, and can also be explored through the Salutogenic approach. Antonowsky describes "ego identity and close interpersonal relationships as the most crucial factors for positive health development" (Antonovsky, 1979; Langeland, 2007 in von Heimburg, 2010). Social capital is also included in the Salutogenic Umbrella, proposed by Lindström and Eriksson (2010), as part of different concepts that can contribute to a good health and well-being.

**Final remarks on this chapter:**

Nutritional practices are not isolated activities, but integrated with social and ecological factors. Following the idea of eating and nutritional practices as social practices highlights the reciprocal nature of agency and structure, in which both are interdependent (Delormier et al., 2009). Unlike behavioral approaches, which focus on the individual, sociological approaches study the eating patterns of social groups, emphasizing “cultural and symbolic expressions of food use” (Delomier et al., 2009). Delomier and Schubert argue that “the social context can be understood by investigating the conformation of social relations” (Delomier et al., 2009).

In this chapter I have addressed some of the social dynamics that take place in the lives of the families I visited. I explored the intra-house dynamics with an emphasis on gender, and also mentioned some of the implications of social networks and relations, and how they can impact on nutrition. As the practices described in the previous chapter, social dynamics are heterogeneous, and can result in different nutritional outcomes. Further attention these issues could be paid in future communal projects.
CHAPTER 5: Final remarks and conclusions

5.1 Final remarks and implications of nutritional practices

Although in the previous chapters I already presented the nutritional practices and the social dynamics involved as well as some discussion points, I want to use this last section to reflect a little bit further on the health and nutrition implications of different practices and relate them to the theoretical approach of this research.

Through this exploration and using the Salutogenic approach it is assumed that the people themselves know already how to produce and maintain health. This a different approach from Pathogenesis that starts by considering disease and infirmity and then works retrospectively to determine how individuals can avoid, manage, and/or eliminate that disease or infirmity. It is also a different perspective from conventional development programs within health promotion, in which the approach is to have experts imposing their agendas, with a pressure to demonstrate outcomes and successes.

Salutogenesis, focuses on the study of health origins and causes and at how to create, enhance, and improve physical, mental and social well-being (Antonowsky 1996). This theoretical approach applied to my research allowed me to include in my sample diverse families without the need of categorizing them into opposing types such as “healthy” vs. “unhealthy” or “well nourished” vs. “malnourished” children, as it is commonly done in the Positive Deviance/Hearth methodology. In reality, the health status of children (and adults) and the practices related are far more complex.

Even though health promotion through the Salutogenic paradigm offers a valid alternative approach to the conventional pathogenic approach, by focusing on a holistic perspective of health and strengthening people’s own resources and capacities for health, its applicability is still yet to be explored (von Heimburg, 2010). The origins of health are complex, and multiple (von Heimburg, 2010).
While the Salutogenic theory is an approach concerned more with health than with nutrition, good nutrition is directly linked to good health, and good health to well-being. I did not go in depth into the theory, but it is worth summarizing further implications of this approach, and how they can relate to my findings. Salutogenesis has evolved since Antonowski’s first proposition of the concept. Eriksson and Lindström propose the salutogenic umbrella, which encompasses some of the concepts and theories contributing to the explanations of health and quality of life (Fig 4) (Lindström and Eriksson, 2010).

Figure 4. The salutogenic umbrella (Lindström and Eriksson, 2010b:55).

The production of health rather than disease alone, allows for a wider perspective in which health and well-being are intimately linked to social, cultural and emotional factors, and involves the individuals but also the community and the environment (von Heimburg, 2010). Thus, both social and natural environment are important factors for health. Psychosocial factors such as are social capital, social support, self-esteem, education, job satisfaction play an important role in health and well-being (von Heimburg, 2010). Some of these assets could me further explored in future researches.
In this research approaching nutrition as a social practice allowed me to explore nutritional practices as embedded in the cultural and social context. The qualitative character of this thesis allows getting a glimpse of how countless factors interplay in the production of health, all of them being inseparable from the particular context in which they take place. With this exploration of the family-level nutritional practices my attempt is to bring to the picture how these families, mothers with their children take care of one another. Even though the sample is very small, the differences within and between the families can give us an idea of the existing opportunities – as well as of the problems they face in their day-to-day life.

The nutritional practices are linked to each household’s uniqueness. It is very relevant to acknowledge the heterogeneity for addressing nutritional problems. Approaching the household as a category of analysis and looking into its inner-practices allowed me to explore the heterogeneity within and between households. In the inner space of the home I could have access to the social dynamics taking place, which have a very big impact in nutrition. It can be very fruitful to explore the needs and potential from the people themselves, who have the experiential knowledge. Women, in their position as caregivers can offer unique contributions to understanding and developing knowledge. The nuances of each family allows for a deeper understanding of the families day to day life and the factors shaping their reality.

Public health promotion could aim to empower people to gain greater control over the factors influencing their health. Hence, the population could be co-producers of health, rather than passive.

In life, everything is connected. The family-level internal dynamics and their relation with the social and ecological environment influence the food, care and health practices, and therefore nutrition and health.
5.2 Conclusions

In this thesis I have explored the nutritional practices in different households in Chitacaspi. I have done this with 3 main theoretical and conceptual approaches in mind: Nutrition as a social practice, the Salutogenic approach as a window into an alternative development trajectory and the household as the site of construction and unit of analysis.

Though the exploration of different household-level nutritional practices I encountered a new world full of complexities and interconnections. This has been a great learning opportunity for me, during which I gained a new appreciation and understanding of seemingly ordinary activities. Nutritional practices are not fixed, but in constant change, being shaped by different events (actualities, eventualities, and casualities). The food that people consume depends on who is in the house, on whether it is an ordinary day or a special occasion. Changes in the diet occur due to a crisis, such as an illness, and the changes in the wider food systems. Caring and healthcare practices are equally relevant as dietary practices for nutrition.

Practices, can be seen as the materialization of what is possible and desirable within a given moment and place. The practices are the expression of the outcome of combined factors: the contextual setting, and the individuals’ agency. To illustrate this, we can take food provisioning as an example from my findings. In Chitacaspi, foods available and food sources are given by the context: the open markets in El Angel and Mira, pick-up trucks that pass through the village selling their products, home production and family gardens, small grocery stores, through interpersonal channels (from neighbors/family), or from non-cultivated foods. Nevertheless, which food they buy, how much money they expend, whether or not a family decides to buy from one place or another depends on the families’ and individual agency, and preferences.

The Households use different strategies to uphold their health and well-being. There is an intrinsic knowledge in each practice that has the power of the experience and adaptation of a particular environmental and socio-cultural context; therefore we can learn from them. In the words of Anderson,
“One of the best ways to improve world nutrition is to pick up the best ideas from the thousands of cultures that humanity has developed. Each culture encodes a vast amount of knowledge of local foods: how to identify them, prepare them, grow them, and so on. Each culture has its ways of enjoying food and of constructing foodways as social entities... we need to appreciate this ways far more fully” (Anderson 2005).

Knowledge on non-cultivated and cultivated edible plants and their properties, when to harvest and how to prepare them, are one example of this kind of embedded knowledge. Other examples are the knowledge for women’s care during pregnancy and lactation, which is passed on from generation to generation. Or the health seeking practices by going to the doctors as well as using traditional healing techniques. A wide variety of practices are shared by the different households I visited, whereas others where unique.

By looking and learning from the family environment I could see the context in which the nutritional practices take place. The study of food is a window from which it is possible to see further social issues, such as the inner-family social dynamics and social networks. These are closely linked to nutrition. Although my original intention was to see differences in the diet between different family members, my small sample and methodology used did not allow me to do this, nevertheless I encountered some social dynamics that are very relevant to nutritional outcomes.

Gender roles have important implications for the nutrition and the life of different family members. Women’s role in the home as the main food and care providers and their lack of control (on the income, among other things) can affect nutrition and their wellbeing. Children learn from these roles from an early age. Nevertheless, gender roles do not affect all the families equally, it depends.

Social networks are crucial to food security. In Chitacaspi, having good relationships with the neighbors and having a wide family network around means more access to food and care.

The Salutogenic approach acknowledges the existence of health in contexts of adversity, and encourages research and action efforts to include all the spectrum of
people, the heterogeneity of manners that people find to meet their needs and aspirations. This approach is useful to explore proactive alternatives that can enhance a good nutrition and wellbeing, instead of just focusing on alleviating malnutrition and disease.

In this thesis I have addressed the heterogeneity of inner-family nutritional practices which can give us a glimpse of the tangible examples of practices embedded in the community that lead to the production of health. I was happy to see many interesting practices, which are mentioned thought-out the results (and in the summary table), as well as some practices that I found that could be improved, such as hygiene, waste disposal, sanitary services, and poor diets. Nevertheless my intention goes beyond judging the different practices as positive or negative, to exploring the opportunities that exist for addressing pressing nutrition concerns in Chitacaspi that can be enhanced by the community but also in collaboration with other actors, such as NGOs, government institutions, as well as providing insights for the continuation of the Wotro project.

Chitacaspi is a place with plenty of opportunities. One of the things that I think that has a lot of potential is to promote family gardens. Family gardens have several advantages; one of them being the increasing the access and provision of healthy food, which would benefit nutrition. Besides the families in the households there is the garden in the school. The initiative is very interesting, however it is necessary to give continuation to this and other projects going on.

Another idea is the promotion and creation of spaces to build knowledge. The women’s association is one example of communal organization, however many women are now excluded from this organization. New initiatives and strengthening the village organization could open other possibilities for participation, hopefully beyond personal conflicts.

Through this thesis I hope to have contributed to a better understanding of family-level nutritional practices in Chitacaspi, and supported broader nutrition concepts and policies that are more socially engaged.
5.3 Final reflections and recommendations

My research interest in food and nutrition started perhaps because of my own life experiences. I have to choose what I eat everyday between a world of possibilities. From traveling and living in different places, I have learned about new ways of eating and multiple perceptions on people’s most basic and essential source of energy: food. Food is more than just a substance that nurtures our body. It’s meaning and value depends on the locality in which I find myself as well as the people that surround me. Having food every day is a constant need but also a moment of learning and potential transformation. Food practices are in constant movement. Through our activity in each meal, we (re)create our daily experience – our lives and actualities. As humans, we have to nourish ourselves to survive and transform, and nourishment, does not only come from food, but also from the surroundings we bring forth in obtaining and sharing it.

My original idea was to do the thesis about emerging food movements in Quito. Nevertheless, since I am from Quito and had spent much of my life there, Steve proposed that I get involved in this project about family nutrition in Carchi as a means of discovering a new reality in Ecuador. The project interested me mainly because it proposes that solutions can be identified from ‘within’ people’s daily activity. I had grown dubious over the promise of externally led development and the notion of professional agents who imposed solutions on others. In my opinion, this is a development model that no longer works, if it ever did. A close example of an external-based aid in nutrition in the same area of this study, is the distribution of nutritional supplements, even though theoretically they can be a big help for undernourished children, in practice, they are underutilized or not used at all. Processes of development should be in constant interaction between the different actors, in this case, the local context. This project aspires to distance itself from the idea that the solutions and the way forward are right there, in the creative practices of people in their every-day lives. It also focuses on the “positive” experiences and common understanding, rather than judging local activity as necessarily wrong or bad.
The experience of living in Chitacaspi was very enriching to me. I got to see and understand a reality that was different than mine. My general impression is that families of Chitacaspi manage to obtain sufficient and nutritious foods to their members. They are, however, also struggling with other issues in their daily lives such as poverty and what it implies. Therefore, I think it could be very positive to further explore what are the opportunities to encourage a better nutrition and health.

I also want to highlight that my research time in households was very short and brief, and therefore it became difficult to make more profound analysis and identify solid conclusions. Nevertheless, despite its limitations, I hope my study will contribute to the broader WOTRO research programme.

The data presented is limited to the time that I was there and shaped by my own perspective of things. Furthermore, I realized the topic in my relatively brief time in the field was ambitious. This data is useful in the context of the larger research project, however, for this thesis, the topic became too broad in comparison to the sample and time I had. My recommendation for other students is to choose a much concise topic. If I could choose again I would choose for example to explore the use of different plants in traditional healing techniques, or to further explore family gardens, among many other potentially interesting topics for revealing insights into family nutritional practices and social dynamics that can lead to nutritional outcomes.

Perhaps because of the time limitations, I realize that this thesis has certain shortcomings, mainly in the theoretical approach. Approaches such as Positive Deviance and the Salutogenic approached could be further explored and applied. In the beginning I had planned to use the Positive Deviance approach to identify the Positive Deviant practices that lead to child health. However, it is very difficult, and not desirable to judge some practices as positive, since they it depend on each particular situation. I decided to choose the Salutogenic approach instead, since it gave me more room for including the different practices as part of the wide spectrum of different health status of children (and adults). Nutrition is a very complex topic and therefore basically every aspect of life can affect nutritional
outcomes. Therefore my best recommendation for future is to start by narrowing the topic down.
REFERENCES


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