Food transition and Bengaluru’s organic movement – A pathway to sustainable consumption practices?

Mirka Erler

Food transition, India, organic, rural-urban interface, practice theory, food anxieties

Introduction

The food transition in India is a matter of both, hope and concern. Regarding the whole country, diets are globalising and the double burden of malnutrition, referring to the concomitant existence of under- and overnutrition, keeps a tight hold of India. In Bengaluru, consumers carry out food practices under increasing uncertainty, which is caused by concurrent discourses on food scandals, malnutrition, diet-related diseases, etc. Furthermore, offers and consumers’ propensity to eat out result in different practices depending on the consumers’ place of living and financial possibilities.

At the same time, an organic food movement accelerates in Bengaluru. Beside the promotion of organic production and consumption for charitable reasons, such as farmer welfare and environmental interests, there are also financial interests involved. With an ostensibly ever-increasing demand for organic produce, more and more entrepreneurs become interested to profit from the organic movement. In the last four years the number of organic shops in Bengaluru increased from around 50 shops in 2013 to over 100 in 2017. Additionally, offers to purchase organic food online enter the market and even small independent super-markets stock organic products.

The concept of food transition focuses on the socio-cultural embedding of changing food practices. Food transition can be regarded as a qualitative extension to models of nutrition transition, which focus on macroeconomic changes in nutrition.

In this Extended Abstract the relation of Bengaluru’s organic movement to food transition in the area is discussed, thereby, focusing on the consumer side. Furthermore, it is explored whether this organic movement can contribute to make food consumption practices in Bengaluru more sustainable.

Theoretical Framework

Models of nutrition transition describe aggregate shifts of nutrient combinations and increased consumption of animal products, induced mainly by socio-economic changes (Landy 2009, Pingali & Khwaja 2004, Popkin 1994). These models were critiqued for underestimating socio-cultural aspects of changing diets and for assuming unrealistic path dependencies, for example, regarding an inevitable increase of meat consumption worldwide. Subsequently, these shortcomings make nutrition transition inapplicable on the individual or the household level (Hansen 2018, Fourat & Lepiller 2017).

Fourat and Lepiller (2017) suggest the concept of food transition, which refers to exploring the relation of changing diets to socio-cultural changes in their specific (social) environment. According to Spargaanen and Oosterveer (2012), a food transition takes 10-50 years and results in new modes of consumption as well as modes of production. Within this transition one can observe changing practices of all stakeholders of the food system. Thus, practice theory is a meaningful approach to study food transition.

A practice is a set of bodily doings and sayings determined by rules, understandings, and engagements (Schatzki 2000, Warde 2005). In practice theory, consumption is regarded as a routinized praxis rather than being based on decisions made after rational deliberation. Routinized practices heavily depend on the (social) environment of people. Thus, the (social) environment has a strong impact on consumption practices including food consumption.

Methods

From August 2016 to December 2017 I conducted eight month of field research in and around Bengaluru. With the support of student- and field-assistants, fluent in the local language Kannada, I interviewed households in Bengaluru’s rural-urban interface about food practices in transition (Fig. 1). Furthermore, we interviewed consumers of organic shops in Bengaluru regarding their food practices.

Collecting data in Bengaluru’s rural-urban interface was complex, for example, due to the high socio-economic heterogeneity of interviewees different interview methods had to be chosen in the city and in the villages. I conducted 20 semi-structured household interviews in three different villages in the north of Bengaluru, and three group interviews, with 2-3 participants per group, in a city quarter of Northern Bengaluru.

Furthermore, I carried out observations in five different organic shops in Bengaluru. The term ‘organic’ was not legally protected in India at the time of research. I defined “organic shop” as a shop claiming to sell organic products and who stocked almost exclusively products claiming to be organic. I then contacted a range of shops which differed structurally as
much as possible, resulting in a sample of five different shops. In each of the five chosen shops, we spent two days observing and interacting with a total of 104 consumers.

![Image](https://via.placeholder.com/150)

**Fig. 1: Conducting a household interview in a village (photo: S. Raman 2016)**

**Results from the rural-urban interface**

Analyzing the household interviews, I found that the respondents used dichotomous understandings to categorize different food items to assess food safety as well as to decide whether a food item would be conducive to health or not. Table 1 provides an overview over the understandings.

<table>
<thead>
<tr>
<th>Healthy food</th>
<th>Unhealthy food</th>
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<td>Village food</td>
<td>City food</td>
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<tr>
<td>Homemade food</td>
<td>Eating out</td>
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<td>Indian food</td>
<td>Western food</td>
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Village, homemade, and Indian food were regarded to be safe and healthy, while city food, eating out, and Western food were regarded to be unhealthy and sometimes unsafe. Furthermore, eating out and eating Western food were practices which respondents in the villages as well as in the city considered to be usually carried out in the city.

I found that food practices differ remarkably between village and city residents. One example of this was eating out, which was already mentioned above to be more common in the city and thus practiced more often by respondents in the city. They regarded eating out as a free time activity, shared by all members of the family. On these occasions, families also used eating out to explore different Indian or even foreign cuisines, such as Chinese or Italian. Respondents in the village mostly regarded eating out as a necessity when there was no time for preparing food at home or while travelling. Because of the bad reputation of eating out as well as to save money they often try to limit eating out as much as possible.

The retail environment also differed remarkably between villages and the city. While respondents in the city reported to have all necessary food retailers at walking distance, most of the villages did not have regular opportunities to purchase fresh produce within their village. Some of the village residents reported that they had to drive to the market in the next town or to Bengaluru to buy fresh produce. The only way to buy fresh food in the village was either to buy it from neighbors or in some two of the villages from street vendors. Street vendors had, however, different meanings in the village and in the city. While respondents in the city reported the street vendors to be the best source for vegetables, respondents in the village reported to avoid them because their vegetables would not be fresh. Despite the difficult retail situation in the villages, respondents complained surprisingly little about it.

The respondents also shared certain food practices. Village as well as city residents mentioned the popularity of wholesale markets as a source for cheap and high quality fruits and vegetables. They also reported to boycott brands when they heard about food scandals connected to certain brands. If the scandal affected unprocessed food, which could not be cut out of the family’s diet, such as rice or salt, they reported to check the products more thoroughly before buying them.

**Results from the organic shops**

Respondents in the organic shops (Fig. 2) mentioned two main reasons why they would buy their groceries there: Health and responsibility.

Vijay an interior designer in her early 40ies said:

“Health health, absolutely health, nothing beyond that. Because, I don’t know, you are working hard, you work to be yourself and if you are not getting the right products, in fact you are getting something which is not good for your health. So it’s not a good preposition for living a good life, a healthy life and a happy life.”

Vijay also mentioned that she would buy organic because she wanted to improve the health of her husband, who was a diabetes patient. Other respondents reported to buy in an organic shop for health reasons, however, without medical indication.

Another reason to buy in an organic shop was put forward by Ashok, a freelancer in his late 50ies, who said:

“So not many people want to pay the extra that needs to be paid to buy organic products but it’s an investment in your health I think. If you don’t want cancer a few years down the line, you might as well invest something now.”

Respondents like Ashok regarded their purchase in the organic shop as a long term investment in health.

Both reasons put forward by the consumers, health and responsibility, were also reflected in commercials displayed in the organic shop. The promotion of organic products was apparently also supported by
medical professionals such as doctors and nutritionists, as many of the respondents mentioned that their advice was the starting point for them to start buying in an organic shop.

Fig. 2: An organic shop in Bengaluru (photo: M. Erler 2017)

Discussion

Comparing the findings from the rural-urban interface with findings from the organic shops is difficult especially because of the socio-economic difference of the respondents. However, anxieties about the food system seem to play a role in both case studies.

In the rural-urban interface respondents apply their dichotomous understandings about food, inter alia, to overcome anxieties about the food system. Anxieties occur because of concomitant incidents of under and over nutrition within the same village or even within the same family. Additionally, food scandals are reported in a sensational way in the media (Dixon & Banwell 2004). The retreat to dichotomous understandings as well as placing the responsibility for the problems in the food system with an alleged other party has previously been described as a reaction to food anxieties (Jackson 2010, Poulain 2019).

Buying in an organic shop can be assessed as a reaction to food anxieties. Certainly, aspects of social differentiation play a role regarding the consumption practices of the customers of the organic shops (Bourdieu 1987). However, I argue that there is no reason to assume that the respondents’ legitimation to buy in organic shops should be taken less seriously than the underlying symbolic meaning of social differentiation (Warde et al. 1999). This is supported by Solomon’s (2016) assessment that the condition of the food system is perceived as an existing thread by middle class consumers in India.

The big difference between the anxieties of our respondents in the rural-urban interface and those of respondents in the organic shops are their possibilities to overcome these anxieties. While the former can apparently only apply rules of thumb to avoid unsafe food, the latter can continue to consume more or less the same foods, however of a (presumed) higher quality. This high quality food is accessible to them because they can afford to pay premium prices for their food and reside in areas where organic shops are within a distance, which they can easily take on in their everyday life.

Conclusion

Bengaluru’s organic movement is connected to food transition through anxieties about the food system. These anxieties are typical for food transitions in Asian societies today, where discourses about food quality/safety exist parallel to discourses about food security (Poulain 2019). These anxieties are widespread in India, especially, among the middle class (Solomon 2016). However, the urban middle class has access to better means to oppose these anxieties, for instance, by switching to buy in organic shops. By the emergence of such shops in India’s unsafe food-environment, the responsibility of consequences of the consumption of unsafe food is partly individualized. This was also reflected by the statements of the organic shops’ customers.

This individualization of responsibility, combined with the social differentiation practiced by the organic shops’ customers poses serious threats to the transformative potential towards social sustainability of Bengaluru’s organic movement. It basically means that individuals feel the obligation to make responsible food choices to stay healthy, while at the same time the majority of them are being denied the possibilities to take the necessary measures such as buying organic food.

“If individuals without the necessary resources persist in their willingness to perform activities which cannot be carried out without these resources, open conflicts may arise. The discussion about power relations and command over natural resources and artifacts is thereby crucial” (Ellegård 1999: 168). Thus, rather than providing people with the pretended voluntary option to make safe and healthy food choices the organic movement should increase its focus on challenging those “power relations and command” in order to prevent (legitimate) open conflicts and thus increase the social sustainability of India’s food system.

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2 Food which does not cause food-borne illnesses.
3 Accessibility of enough calories.
Literaturverzeichnis


Kontakt
Mirka Erler (M.Sc.)
Geographisches Institut
Georg-August-Universität
Goldschmidtstraße 5, 37077 Göttingen
mirka.erler@uni-goettingen.de