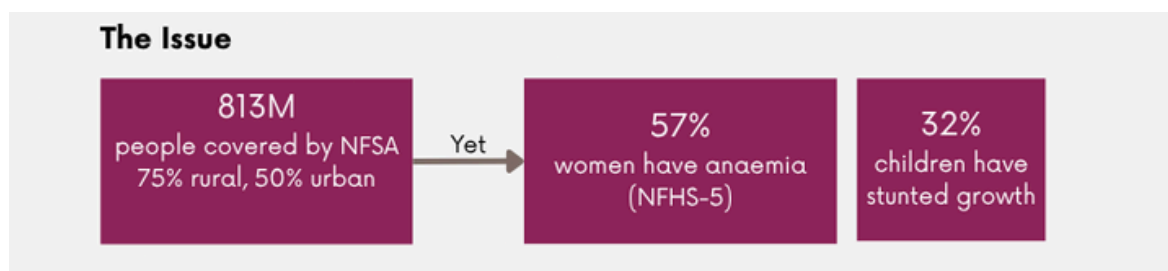


The Invisible Labour behind Food Security: Unpaid Care Work, Gender Disparity, and the Nutrition Gap in India's National Food Security Act

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Executive Summary

India's National Food Security Act, 2013, is one of the world's largest food entitlement programmes, yet more than a decade after its passage, maternal anaemia affects 57% of women aged 15–49 (NFHS-5, 2019–21), and one in three children under five remains stunted. Using data drawn from National Statistical Office Time Use Survey and literature focused on the care economy, it is evident that women bear a disproportionate burden of cooking, caregiving and managing household nutrition intake, performing eight times more of unpaid care work than men. This brief focuses on the lack in the structural framework of the NFSA and argues that the Act neglects the nuances involved in the process of benefits translating into actual nutritional outcomes.

1. Background and Problem Statement

Women perform the major part of unpaid domestic work, from feeding children and cooking to managing the entire household's nutrition intake. The NFSA depends on this labour and thus nutrition outcomes also are a result of this unpaid work. However, there is no compensation or remuneration for this time and care burden.



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Women in households tend to eat last and leftovers, have little to no say in finances and purchasing decisions, and have limited access to mobility. All of these factors determine whether an NFSA entitlement actually reaches the individual woman.

The NFHS-5 (2019–21) records 57% anaemia among women of reproductive age, 32.1% stunting among children under five, and 18.7% wasting, place India as one among the most nutritionally burdened nations.

1.1. Problem Description

The NFSA's implementation rests on the Public Distribution System (PDS) for subsidised cereals, and the Integrated Child Development Services (ICDS)/PMMVY for maternal and child nutrition benefits. These mechanisms depend on accessibility requiring individuals to travel and allocate their time.

India's first national Time Use Survey (TUS, 2019), covered 2.2 lakh households and found that women aged 15–59 spend 43% (rural) to 47% (urban) of their time on unpaid care work, in comparison to a measly 5% for men. This time poverty is not distributed uniformly. Married women spend 52% of waking hours on unpaid care, against 12% for never-

married women; rural women bear a heavier burden than urban counterparts; and Scheduled Caste and Scheduled Tribe women also face limited mobility.

1.2. Why Existing Frameworks Fall Short

The NFSA is progressive but largely focuses on food access, instead of food utilisation. It assumes that women will manage cooking, feeding and caring, thus ignoring issues of time poverty and intra-household gender inequality, for instance, the act names the eldest woman of the household as the head for ration cards but this step does not necessarily translate into individual nutritional agency.

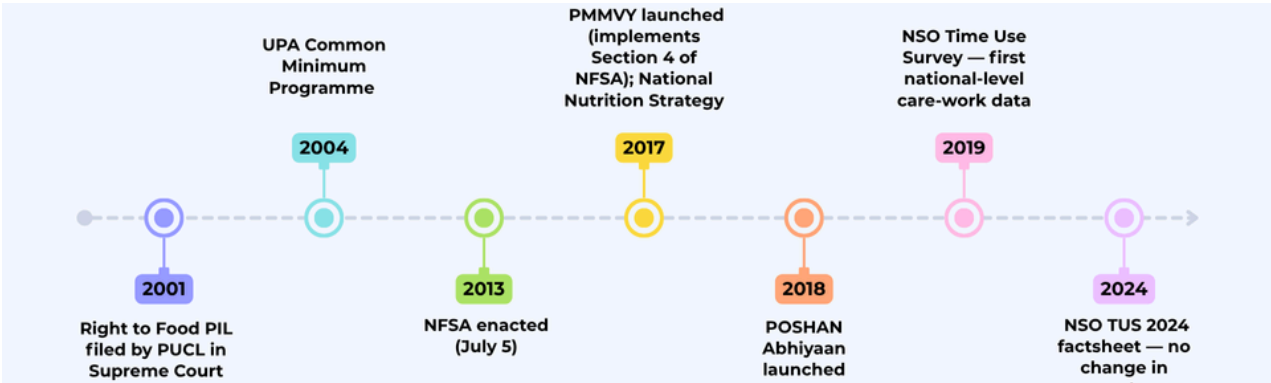
Neither PDS nor ICDS adequately target the determinants of undernutrition, which go beyond caloric insufficiency. Under Section 4 of the NFSA, every pregnant and lactating woman is guaranteed free meals for six months and cash benefits of ₹6,000, but PMMVY covers only the first birth, consequently, excluding the majority of women who need it most.

2. Regulatory and Analytical Framework

2.1. Key Definitions and Classifications

Term	Definition
Care Economy	Encompasses care work; paid and unpaid; delivered through the public and private sectors.
Unpaid domestic work	Non-remunerated, non-market labor performed within households to maintain daily life, like cooking, cleaning, child care, and caring for the elderly or ill.
Food Security	When all people, at all times, have physical, social, and economic access to sufficient, safe, and nutritious food that meets their dietary needs and preferences for a healthy life.
Time Poverty	Lack of discretionary time due to unpaid work
Life Cycle Approach	NFSA's stated intent to provide nutritional support from pregnancy through adolescence and adulthood.

2.2. Relevant Legislation and Rules



3. Policy Options Analysis

The policy options may be evaluated on the basis of certain criteria including gender equity, monetary and implementative feasibility, nutrition impact, and scalability.

3.1. Option 1: Amend PMMVY to remove the first-birth restriction and extend cash transfer to all births.

Denying benefits beyond the first birth may violate the rights women should have towards food and nutrition, and

may possibly exclude the women who realistically need these benefits the most.

Rationale: Women working in the unorganised sector form over 90% of India's female workforce yet have no employer-provided maternity benefits. For them, PMMVY is the only mechanism for wage loss during pregnancy. Restricting it only to first births forces them to face a nutritional trade-off for any subsequent pregnancy.

Advantages	Limitations
No legislative amendment required, only a scheme guideline revision by MoWCD.	The expanded coverage requires increased proportionate budget allocation. PMMVY's budget was cut by 50% in 2020–21.
Increases food access for pregnant women most at risk of malnutrition.	Without efforts to reduce care-time, women may still lack time to access such benefits.

3.2. Option 2: Mandate a Care Infrastructure Component in NFSA State Implementation Plans

Under the NFSA, state governments are required to submit implementation plans and establish State Food Commissions. An amendment to the guidelines could require that these plans also formulate a care

infrastructure map which identifies gaps in community childcare centres, elder care facilities, clean cooking fuel access, and water access. Rationale: Time poverty is a significant medium through which care burden suppresses proper nutritional intake. Research consistently shows that women's

inability to access PDS, Anganwadi, and health services is often constrained by time.

or gender at the grassroot or household level. This would require State Food Commissions to conduct annual

Advantages	Limitations
Generates female employment as an additional benefit.	Requires inter-ministerial coordination between multiple ministries and state governments thus potentially, an institutionally complex process
Buildable on existing Anganwadi and POSHAN Abhiyaan delivery infrastructure.	Longer implementation timeline than a PMMVY guideline amendment. Nutritional benefits may be indirect and delayed.

Investment in care infrastructure would reduce this barrier, while also generating employment.

3.3. Option 3: Mandate Gender-Disaggregated Nutrition Audits Using Time Use Survey Data

NFSA's grievance redressal mechanism (Section 28) and the POSHAN Tracker platform collect nutrition outcome data, but not disaggregated by care-time burden

gender-disaggregated nutritional audits and to publish findings as part of their annual reports to state legislatures.

Rationale: The TUS 2024 factsheet reveals that despite five years of the POSHAN Abhiyaan, women's unpaid care burden has not declined. Without mandating that NFSA implementation machinery track gendered nutritional outcomes, the care economy gap remains invisible to policymakers.

Advantages	Limitations
Low-cost	Without substantial structural reform, may result in this exercise becoming compliant.

Creates more accountability	Data is currently being collected at State level not district level thus higher granularity is required.
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4. Recommendations

The following recommendations are addressed to specific government bodies with the authority to act:

4.1. Ministry of Women & Child Development

Amend PMMVY guidelines to extend the maternity cash transfer of ₹6,000 to all births, not just the first birth. This requires no legislative amendment, only a revision of scheme guidelines under the Ministry's executive authority, consistent with the language of NFSA Section 4. The ministry should also increase PMMVY's budgetary allocation, reversing the 50% budget cut of 2020–21, and introduce a monitoring mechanism to track benefit uptake disaggregated by birth order, caste, and state.

4.2. Ministry of Statistics and Programme Implementation

Mandate biennial Time Use Surveys — building on the 2019 and 2024 rounds — as a permanent statistical instrument, with expanded district-level granularity to enable NFSA implementation planning. Require that NFSA state nutrition reports published annually under Section 37 of the Act disaggregate

outcomes by gender, care-time burden quartile, and caste, using TUS district estimates as the baseline denominator.

4.3. State Governments through National Food Security Rules

Amend the National Food Security Rules to require State Food Commissions (established under NFSA Section 28) to conduct annual gendered grievance audits. These audits would review patterns in PDS exclusions, PMMVY non-uptake, and Anganwadi absenteeism through a care-time lens. States should cross-reference POSHAN Tracker outcome data with district TUS estimates and publish findings in their annual reports to state legislatures. This creates a mechanism which increases democratic accountability and makes the nutrition gap visible and consequently, actionable upon.

5. Conclusion

The National Food Security Act represents a serious commitment to food and proper nutrition as a right, yet more than a decade of implementation has proved to show inefficiencies. India operates one of the world's largest food distribution systems while recording among the world's highest rates of

maternal anaemia and stunted growth in children. This brief has argued that this nutrition gap lies not in the NFSA's ambition but in its design which is systematically blind to the care economy that determines whether such provisions become nutritional outcomes.

The options and recommendations in this brief include extending PMMVY to all births, integrating care infrastructure into state implementation plans, which operationalises the Act's life-cycle approach and mandating gendered nutrition audits, which would provide more accountability on part of the system. Combined, they redirect the NFSA towards becoming a more genuinely nutritional act.

The cost of inaction is intergenerational. Undernourished women become undernourished mothers and will bear low-birthweight children with increased susceptibility to disease, cognitive impairment, disorders, and lifelong economic disadvantages. Addressing gender disparities in unpaid work could, by one estimate, boost India's GDP by 27%. The legal authority and provisions to carry out such improvements exist and are feasible, if an efficient trajectory is mapped out. What is required is acting on this issue from a genuinely concerned and intentional place.

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