





“We are made of flour”: Food practices and meanings in Villa 21-24, City of Buenos Aires, in the context of COVID-19

“Nosotros somos de harina”: Prácticas y significados alimentarios en la Villa 21-24 de la Ciudad Autónoma de Buenos Aires, en contextos de COVID-19

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ABSTRACT This article analyzes factors affecting food access and consumption on the part of domestic groups during COVID-19 lockdown in Villa 21-24 of the City of Buenos Aires during April and June 2020. In a context marked by high rates of poverty and malnutrition due to excess, it was possible to observe the influence of food environments with abundant ultra-processed and industrialized products, especially flour, through different access channels. The relationship between the role of women and intra-household food management shows that those who bear the burden of hunger are women. Food availability is assured without questioning its quality, but access to food depends on individual management, rendering them invisible as rights-bearing subjects, with a particular impact on children and adolescents.

KEY WORDS Malnutrition; Social Inequality; COVID-19; Right to Food; Gender; Argentina.

RESUMEN Se analizan los aspectos que inciden en el acceso y consumo de alimentos, con especial énfasis en aquellos obesogénicos, por parte de grupos domésticos, durante el aislamiento social a causa del COVID-19, en la Villa 21-24 de la Ciudad de Buenos Aires, en los meses de abril y junio de 2020. En un contexto atravesado por graves índices de malnutrición por exceso y por pobreza emerge el peso que poseen los entornos en los que abundan los productos industrializados, sobre todo harinas, y ultraprocesados a través de los distintos canales de acceso. La relación entre el rol de la mujer y la gestión alimentaria intrahogar muestra que quien asume la carga del hambre son las mujeres. La disponibilidad alimentaria está asegurada sin cuestionar su calidad, pero el acceso a los alimentos depende de la gestión individual, invisibilizándose como sujetos de derechos, con especial impacto en niñas, niños y adolescentes.

PALABRAS CLAVES Malnutrición; Desigualdad Social; COVID-19; Derecho a la Alimentación; Género; Argentina.

INTRODUCTION

The overlapping of hunger, food insecurity, overweight, and obesity are the main health public health problems, violating the human right to health and to nutrition.⁽¹⁾ There are serious malnutrition problems⁽²⁾ associated with climate change like “global syndemic,” a synergy of epidemics sharing common causes *resulting from present-day unhealthy and minimally regulated food systems*^(3,4) that are represented in obesogenic environments,^(5,6,7,8) adversely affecting the protection of the right to adequate nutrition.^(9,10) It is under this scenario where global syndemic and COVID-19 pandemic are developed, accentuating inequality and vulnerability situations.⁽¹¹⁾ ECLAC’s Special Report COVID-19 No. 3 warns about the increase in income-based poverty and vulnerability in people having informal jobs under conditions of scarcity, who reside in peripheral areas, suffer from some form of disability or are migrants, living in the streets, micro and small-sized enterprises, and women having precarious employment.⁽¹²⁾

This study was conducted at a time when poverty in Argentina accounted for 40.9% of the people, of whom 10.5% were classified as indigent, and among children aged 15 or younger, 56.3% were living in total poverty, whereas 15.6% were considered indigent.⁽¹³⁾ These data worsened by the second semester of 2020, with 57.7% of people aged 0 to 14 living in poverty.⁽¹⁴⁾ The year-on-year variation of the monthly valorization of the basic food basket and of the total basic basket for a four-member household based in Greater Buenos Aires, between May 2019 and May 2020, had increased 47.9% and 42% respectively.⁽¹⁵⁾ During the conduct of this study, the pronounced rise in prices of foods and other basic items was aggravated by the epidemiologic, social and health situation affecting the population in general and, especially, the child population.⁽¹⁶⁾

The food and nutritional situation affecting the population was complex already, the prevalence of overweight, albeit affecting all

age groups and income quintiles, the lower-income social groups evidenced higher rates of excess weight, with a 21% higher in the lower-income quintile against the highest quintile,⁽¹⁷⁾ which aggravated due to the impact of COVID-19, violating human rights even more.^(18,19,20) This study was accomplished applying a qualitative approach that assumes food processes from a holistic perspective,^(21,22) marked by power relations that have an effect on the meanings that people attribute to foods.⁽²³⁾ Attention was paid to the relationships between malnutrition due to excess and the role of women. It should be noted that, although in Argentina the largest prevalence of overweight is found in men (37.5%), as for women (31.1%),⁽²⁴⁾ the trend in the increase of obesity has had a disproportionate impact on women across Latin America and the Caribbean: in more than 20 countries in the region the rate of female obesity is almost ten percentage points higher than that of men.⁽²⁵⁾ Similarly, the prevalence of food insecurity is higher in women than in men, which places Argentina among the countries that maintain wider gaps between men and women.⁽¹⁹⁾ These statistics reinforce the importance of considering a gender perspective, which helps to visibilize the fact that women assume the greater part of the burden of social reproductive work, including “responsibilities” concerning nutrition, which reproduce inequality and power structures.^(26,27) Women are found among the most vulnerable groups in terms of gender-based discrimination; of social, legal, and cultural constraints; they have a more limited access than men to employment opportunities, productive, and financial resources, education, decision making and labor markets.⁽²⁷⁾ In this context, the cross-sectoral approach is crucial to describe how groups of people are at a disadvantage due to multiple sources of prejudices and discrimination, based on their overlapped identities and experiences, such as, *inter alia*, race, class, gender identity.⁽²⁸⁾ The notion of race refers to the existence of historically excluded groups amid a colonial structure and matrix of racialized and hierarchized power, with white and “whitened”

people at the top but the other peoples (indigenous, peasants, afro-descendants, among others) in the lower strata.⁽²⁹⁾ This structure is linked to stigmatization processes relative to "the poor" and "their culture,"⁽³⁰⁾ which reinforce preexisting prejudices toward those who belong to most disadvantaged sectors,⁽³¹⁾ and are shown in racist and xenophobic discourses, within which residents of bordering countries are included.⁽³²⁾

Account was taken of the care needs as something that affects all human beings in stages of the human lifecycle and as an essential part of social reproduction, which help to visualize how care is distributed among genders, generations, family, government, and market. This argument makes it possible to delve into relations and tensions among inequalities between men and women in the field of nutrition and malnutrition due to excess, in particular.⁽²⁴⁾

This article describes aspects and significances that have an effect on food access and consumption, with a focus on ultra-processed products, on the part of domestic groups in the context of COVID-19 pandemic, in Villa 21-24 (hereinafter, neighborhood 21/24) of the Autonomous City of Buenos Aires (CABA) [*Ciudad Autónoma de Buenos Aires*], during the months of April and June 2020. The aspects analyzed here include, inter alia, channels of access to food and meals, identification of individuals in charge of nutrition inside the household, criteria for food purchasing, consideration of the most important foods, and possible obstacles that have an effect on their purchase, preparation, and consumption.

METHODOLOGICAL ASPECTS

This work results from a larger participant-observation, descriptive, and cross-sectional study, with a quantitative and qualitative approach, which describes aspects of environments, domestic units within the Metropolitan Area of Buenos Aires, and the relationship with the nutritional state of their members. Said

study falls within the project "*Alimentación y entornos obesogénicos: Estudio desde una mirada multidisciplinaria en contextos urbanos y periurbanos de Buenos Aires*" [*Food and obesogenic environments: A study from a multidisciplinary perspective in urban and peri-urban contexts in Buenos Aires*] (UBA-CyT 2018-2020 and research financial aid *Beca Salud Investiga Dr. Abraam Sonis* for multi-centric research studies 2018). The study, conducted between 2018 and 2019, included a population living in unfavorable socioeconomic conditions, residing in the Metropolitan Area of Buenos Aires, such as, neighborhood 21/24, located in Commune 4 of the Autonomous City of Buenos Aires. Some of their characteristics include, inter alia, high crowding levels, lack of gas, sewage and drinking water supply networks in a lot of households, and, in the case of gas, the population used bottled gas mainly. Most of the adult people had non-registered employment.^(33,34,35) Another characteristic was the overwhelming presence of migrants coming from Paraguay. Although there are no official data, the existence of multiple institutions could be observed as well as of food posts and regional products.

We worked with households made up of adult people and at least one child or adolescent, aged 5 to 19 years that attended one of the self-managed tea community centers, whose figurehead we had previously met. We included domestic units in which the information was provided by the person responsible for purchasing foods and lived at least with one child and/or adolescent aged 5 and 19 years. We discarded from the study adult people that had a disease that prevented them from responding and/or completing the study phases. The domestic units were selected by a convenience, non-probability sampling. In-depth interviews were performed, alternating such techniques as informal interviews and participant observation.⁽³⁶⁾

The study complies with all ethical requirements of autonomy, beneficence, and justice.⁽³⁷⁾ It was evaluated and accepted by the committee of ethics at the Hospital "Prof. Dr. John P. Garrahan". Each individual that

took part in the study signed the relevant informed consent. The original names were changed to protect confidentiality of the respondents and the data obtained.

At the start of the pandemic, another study was proposed, accomplished with the support of UNICEF Argentina, applying an exclusively qualitative approach and phenomenological interpretation, titled "*Prácticas alimentarias, obesidad y COVID-19 en contextos de pobreza urbana: Villa 21-24, Ciudad de Buenos Aires, Argentina, 2020*" ["Food practices, obesity and COVID-19 in contexts of urban poverty: Villa 21-24, City of Buenos Aires, Argentina, 2020".] For this study, we once again contacted the figurehead in charge of tea community center located in the neighborhood as well as 17 women that participated in the domestic groups of neighborhood 21/24, with whom we had worked before and with whom we were still in contact. All of these women lived with at least one child and/or adolescent, who attended the abovementioned tea community center. In-depth interviews were conducted, which lasted about one hour, between April and June 2020 through calls made to the women's personal cellular phone. Although the qualitative methodology is traditionally based on face-to-face relationships,⁽³⁸⁾ due to the mandatory lockdown, it was the only possible solution. Interviews were audio-recorded. After their transcription and reading, we elaborated qualitative matrixes with the analysis of the fragments included in the categories to establish conceptual topics and text construction.

RESULTS

Food environment and access to foods in neighborhood 21/24

Based on the analysis of the interviews, it was revealed that the ages ranged from 18 to 55 years. None of the participants, at the time of the interviews, had been diagnosed with COVID-19; however, one of the women, with whom an interview had been

scheduled, died to COVID-19. Almost all of the interviewees were in charge of the domestic and care tasks, some in an exclusive way because they were the only adult responsible for those tasks, while others, to different degrees, shared them with their partners. Their economic situations presented different degrees of vulnerability. Unemployment, suspension of non-registered work activities, rise in prices, fear to contagion, low-quality Internet services (which proved to be an obstacle for children and adolescents who took online lessons) were gradually worsening in line with stricter confinement measures. As regards access to foods and produce, three channels were identified:

I) *Stores*: hypermarkets, supermarkets as well as grocer's, greengrocer's, butcher's, and baker's located in the neighborhood.

II) *Government Emergency Food Assistance*: programs involving direct monetary transfer such as Universal Aid per Child (AUH) [*Asignación Universal for Hijo*],⁽³⁹⁾ Emergency Family Income by the National Administration of Social Security (IFE) [*Ingreso Familiar de Emergencia de la Administración Nacional de la Seguridad*] amounting to ARS 10,000,⁽⁴⁰⁾ and the Card for Buenos Aires Citizens [*Tarjeta Ciudadanía Porteña*]⁽⁴¹⁾; community kitchens receiving foods to prepare viands to take away, and state-owned schools giving away food modules coming from the School Education Program⁽⁴²⁾ every fifteen days and per pupil. As to the Food Card [*Tarjeta Alimentar*], it is not included in this list due to the fact that, in the City Autonomous of Buenos Aires, people were not receiving it at the time we carried out the field work.

III) *Social organizations*: including, inter alia, neighborhood, churches, universities, self-convened neighbors, responsible for channeling actions of reception, preparation, and distribution of donated food. Regarding the content of the school module, it included: long-life whole milk, noodles, rice, lentils, green peas or other legumes, oil, tomato puree, canned fish, grated cheese, custard or milk desserts, sugar, carrots, onions, pumpkins, and fruits. The combination of the

different access channels on the part of the families is clear as shown in the testimonies:

... I receive a bag per each one [of the four children going to school], that is, four bags, four milk sachets and also vegetables, potatoes, onions, carrots, except bell peppers, pumpkin, squash; with all that we can get by, plus the goods that I buy. The only thing I need to get is meat or tomato pureé, which is what I use the most. (Inés, 38 years old, mother of 5 children)

The main purchase criterion in this social and health context reported by the interviewees is the optimization of available economic resources, in combination with the search of foods that are considered basic and that "cannot be missing." The main food is meat (mainly chicken – drumstick and thigh, and wings –, also beef – stewing beef, osso-buco, mince, honeycomb tripe –), which are bought every fifteen days and on a monthly basis, in some households they are stored in pieces in freezers – but not all the households had one – and bought at supermarkets and hypermarkets. Said method was mentioned by almost all the interviewees, but not all the domestic groups could be applied due to lack of resources. Also bread, flour, some vegetables, and fruits, milk, and drinkable yoghurt, cookies, snack products, sweets and sugared beverages. Some interviewees reported that they did emergency shopping in local stores, highlighting the practical aspect related to proximity at the risk of paying high prices as opposed to the prices found in hypermarket and supermarket chains located one and two kilometers away from the neighborhood. The main foods reported by the interviewees were bread, some vegetables or fruits, which they had not received through the food modules at schools or community kitchens, sugared beverages, snack products and sweets.

We've got to go out and get good prices, a lot difference in prices [she is comparing prices at a local butcher's] at Coto [a popular hypermarket chain], for

instance, the prices are extremely high, and they don't put cheap stuff like rib sets, they put what a rich person can buy, but many years ago we decided to go to Día [another popular supermarket chain], we're always looking for cheap prices and mainly with this situation, we have to walk that far. (Teresa, 45 years old, 3 children)

The following testimonies evidence the economic barrier as the main obstacle to have access to foods that are considered basic on the part of some interviewees, daily cleaning women, household breadwinners, who, when being unable to go to work outside of their neighborhoods, they stopped collecting a fundamental part of their income:

Now I rarely buy meat, I usually buy chicken, for example, wings or chunks; We eat little meat now, we only eat meat when we get it from the community kitchen or perhaps fried cutlets, if any... I used to make lots of fried cutlets. (Marta, 39 years old, 2 children)

It's become harder to buy, I'm one of those women who always has the everyday bread, there are no vegetables, the prices have gone sky-high, and vegetables are what you need for the stew, it's the most basic ingredient, carrots, bell peppers and onions. (Nélida, 50 years old, 3 children)

Both in the previous testimony as in the one that follows, we can observe the peripheral place that likes and preferences of the younger members of the family occupy, and the concern for cleaning products related to hygiene measures related to the pandemic:

Flour, oil, and chicken if I can buy it; otherwise I buy bleach. Sometimes I buy the boys whatever they want, bananas, sometimes. Yoghurt is what they like, at Día [a popular supermarket chain], the price is not that cheap..., Pitasas [sweet cookies], and the assortment of biscuits

is what I often take home so that everyone can eat some. (María, 33 years, 4 children)

The persons responsible for buying foods and collecting bags and/or viands were, without exception, women in charge of the domestic groups, while the role of their partners involved “helping” them. With respect to the role of social organizations, what should be highlighted is the response given by the persons who had undergone a more serious vulnerability situation. The emergence of common pots, tea community centers and community kitchens, as well as the substantial increase in the number of people attending these channels by the end of our field work, was in line with the rise in COVID-19 positive cases and the extension of lockdown. Among the least valued foods were legumes and pumpkins, alleging the great amount received through food assistance programs and lack of preference according to their eating habits and cooking abilities, which leads them to give away, exchange, and/or sell these items. In this sense, one of the interviewees commented that with her mother-in-law she exchanged chickpeas included in the school food module, for flour, sugar, or milk, explaining that she did not know how to cook them and that her children did not like them either.

We are made of flour

In relation to preparations and food consumptions during lockdown, the most common elaborations, prior to the pandemic, reappear with a greater proportion of refined flours and products high in sugar, salt, and fats at the expense of natural and fresh food like fruits, vegetables, meat, cheese, eggs, among others. The elaborations that were mostly mentioned by the interviewees are the same as the ones reported in the previous study (2018-2019), such as stews in their multiple variants (with chicken, with meat, with rice, with noodles, with polenta), braises, soups, among others. Also noodles or rice with

butter and/or cheese; fried cutlets, although at times they are regarded as exceptional and “expensive” options. In all cases, the association of said elaborations with previous economic limitations are central and recurrent, as shown in the following extract from one of the interviews:

... we have no choice, we have to save whatever we can, they don't like having stew every day, but they have to eat it if they're hungry; in the past I used to stuff the refrigerator, we had ravioli, I made 'empanadas' [hand pies stuffed with fillings] for them, anything; now I can't, only cheap food. (Nelida, 50 years old, 3 children)

In line with lockdown, there is a clear reference to the elaboration of breads, cakes, and cookies. Another special mention includes fried dough and grilled tortillas, which are usually eaten in the afternoon or in the evening, as well as at the end of the day as the last meal. They were also mentioned by some women as the only food option available during weeks. Unlike other more privileged sectors, to which lockdown could possibly mean having more time and having a wide range of ingredients, it was evident that unfavorable structural conditions (lack of gas, ovens, utensils, ingredients, among others) were notably an obstacle affecting preparations in terms of quality and variety. Among the cooking options mentioned, also reported in the previous study stated above, regional foods were identified, whose ingredients were also available in local stores, like *bori bori*, a Paraguayan soup, fried cassava, *chipá iguazú*, chopped fish, elaborations with black beans, among others:

... bori bori, I don't know if you know it, I cook the meat, I bleed dry it to mix in cornmeal, you make a dough, you add cheese, and then you make a little ball. (Gladys, 40 years old, 1 son)

Boiled or you can make braises [...] Fried cassava, you have to boil the cassava,

when it's soft, you have to put it again in oil until it's brownish, then, and you also have to fry the egg. But that's quite heavy. (Martina, 30 years old, 4 children)

Although these foods were associated to what appears to be nice to eat, women also use such adjectives as "heavy" and "greasy." As to the preparations at the community kitchens and common pots, the descriptions are often similar to the words used above, without reporting regional preparations. At tea community centers, elaborations of home-made pastry and bakery products (rolls and croissants, bread, cakes, fritter sticks), also any type of cookies and muffins, milk and *mate cocido* [a tea-like drink]. The most common beverages mentioned by the interviewees that are consumed at homes and that they receive in tea community centers and community kitchens are often sugared and industrialized beverages (powdered juice, concentrated juice, and soft drinks). Milk is also mentioned as a primary drink, mainly for breakfasts and tea time, with *mate cocido*.

Economic constraints play a central role, as noted by one of the interviewees, "*because I find it hard to make end meets, I made stew with rice, and today I'm going to make stew with noodles.*" This is related to the possibilities of buying food, which are limited to certain fresh products, mainly meat and a reduced variety of vegetables. Restriction is also found on the quantities of meat for food saving, the range of possibilities comes down to different elaborations with the same ingredients. Along with the usual reference to stew, similar status is given to the consumption of flours to make tortillas and fried dough, noodles, polenta or *reviro* (another Paraguayan elaboration whose ingredients include flour and fat).

... it is flour, rice, noodles, I make fried dough, I make what we call 'reviro,' what we consume more is flour, it's the cheapest, because it's too expensive to buy another food. (Pamela, 32 years old, 4 children)

In this testimony, emphasis is placed on the need that foods have to be cheap, abundant, and satisfying,⁽⁴³⁾ which is combined in flours. For this reason, one of the interviewees commented "*we are made of flour.*" When there are no resources, preparations come down to a reduced range of foods, where flours and products containing flour are the easiest to obtain, being also accepted by all the members in the household. Another dimension has to do with likes, mainly those of the younger children. There is a marked preference for fried cutlets, noodles and "white" rice, that is to say, without sauce, with butter or oil and/or cheese. Another food that occupies a preferred place among children choices are cookies for tea time as well as fruits and yoghurt. Less accepted foods included legumes, as shown in following extracts from the testimonies:

I make it, but children don't like beans. Once I made them with noodles, and added farmer cheese, but they don't like it, it's a waste of time, they don't eat it. (Pamela, 32 years old, 4 children)

From these extracts, we can identify references that reinforce the weight that flours have among children and adolescents, also their preferences for fruits and, at the same time, certain dislike for home-made foods elaborated with vegetables, which are usually the foods included in school bags.

Among other key factors that have an effect on the elaboration of foods, it was possible to observe the importance associated with the availability of gas cylinders. While some homes have electric ovens, it is not the case of the majority. Many interviewees commented that when the cylinder ran out of gas and they did not have enough means to renew it, they were likely to spend many days without being able to cook. Although access to water is not generally mentioned as an obstacle, because it is naturalized, in some houses faucet water smells like sewer. It is the case of one of the interviewees, who lives on the first floor of a building with several units for rent, and who fetches water every day in large bottles from

the house of a neighbor of hers, who lives two hundred meters away.

Do not look a gift horse in the mouth

Another aspect linked to people's likes has to do with the quality of foods offered at the tea community centers, which do not always prove to be acceptable:

... sometimes it is badly cooked and I tell them, and they tell me 'if you don't like it, don't come' [...] Kind of sour, not delicious, sometimes there's no place for complaints. (Asunción, 49 years old, 2 children)

... there are a lot of places where they just give you the food as it is. But well, or they always give you the same, they cook stew every day and they give you stew, stew, stew. (Natalia, 32 years old, 3 children)

Interviewees find it difficult to express dissatisfaction, because what underlies is the implied gratitude when you receive food. Different tactics are applied, such as cooking food at homes again, adding other ingredients and spices. A recurrent reference is made in relation to children and adolescents that do not always agree to eat the foods that their parents bring from community kitchens:

...sometimes children refuse to eat [...] sometimes the food is awful and nobody wants to eat and I have to buy something to store in the refrigerator. (Pamela, 32 years old, 4 children)

A question was also made to find out if they considered that in the neighborhood the people were experiencing a hunger crisis. The most generalized answer was that this would be impossible, given the existence of community kitchens, tea community centers, common pots, and goods distributed through food assistance networks established by the

government and social organizations, as highlighted here:

... here it's impossible to suffer from hunger. If anyone says that they're suffering from hunger, they're lying, because here it's very easy to have access to food, you go with your little pot and ask for a meal. No, no, no one is starving. (Natalia, 32 years old, 4 children)

...People here in the neighborhood don't starve to death because there's a common pot everywhere, there's breakfast, there's lunch, there's tea and there's dinner, we make fried dough, they give us fritter sticks and little balls, they give us cookies, yes... they give us cookies. (Liliana, 43 years old, 1 daughter)

It follows that the preparations that contain flours, sugar, noodles, rice, and polenta are the foods that circulate in abundance within the neighborhood. In line with this, the invisibilization of the pleasure dimension is highlighted. Another dimension that is brought about is the risk of experiencing hunger in the households when there is lack of individual capacities to manage foods or meals, either by attending different official spheres of food assistance, of social organizations or access channels organized on the part of the self-managed groups made up of people living in the neighborhood. Also shame is another dimension, within the context of acute lack of resources because they do not earn their own income, due to lockdown restrictive measures, and they have to go out and beg for food:

... the problem is that my children refuse to go to the community kitchen, they are not accustomed to it, they say "if we have to suffer from hunger, we will all suffer from hunger, but I don't want to go to a community kitchen..." for the time being we are not starving. (Asunción, 49 years old, 2 children).

Embarrassment and shame are reflected in the testimonies as faced by some families that became poorer as a result of the economic crisis and the context of pandemic, which amounts to an obstacle when it comes to applying for food aid. Another aspect is the responsibility assumed by women, as much to access foods outside their homes and in terms of elaborating them inside their houses:

... If a person suffers from hunger, it's because their mother doesn't cook for them, because we do receive aid, from community kitchens or they deliver boxes with goods, and most of us receive money per child, I don't understand why they would suffer from hunger. (Inés, 35 years old, 4 children)

This is related to the reference to a lack of cooking abilities on the part of women as well as lack of interest in said culinary tasks.

It was possible to observe an association expressed by women between closure of face-to-face education and its beneficial impact on the food situation of their children, as reflected in this phrase: *"Now he is eating well, now that he doesn't go to school, he eats."* Other women highlight that their children no longer eat so many sweets, and they also describe the relief of not having to give in when their children insist on buying sweets on their way home after school.

DISCUSSION

In this section we will discuss the main findings by organizing them in four thematic areas: access to foods, food consumption, women's role linked to tasks of care and family nutrition, and the relevance of civil society organizations. All these areas are marked by living conditions and impoverishment. These conditions were intensified by the social and health situation caused by the pandemic.⁽³⁴⁾ We should add the continuous rise in food prices, unemployment, and impossibility in many cases to go to work with the

ensuing decrease in or loss of monetary income in the household.^(19,44) In this context, access to foods, according to the voices of the interviewees, reveal the impact of the little competitive retail prices and the competition from supermarket networks in this sense, which control the distribution of foods, mainly of bottled products and already chopped-up meat, in order to maintain offers and promotions,⁽⁴⁵⁾ which put retailers at a disadvantage, who yet managed *"to survive."* Another aspect that is revealed by the power of companies or suppliers within the governmental sphere is that food modules are partially made up of ultra-processed products (as dairy desserts) high in critical nutrients. Interviews account for the positive incidence of the measures adopted by the federal government, through the monetary programs such as the Emergency Family Income (IFE)⁽⁴⁰⁾ – the first payments were made while we were conducting our field work –, and the measures adopted by the municipal government of the Autonomous City of Buenos Aires, with the delivery of school food modules. These measures helped households to have minimal access to foods although, due to the rise in prices, the purchase was limited to items considered basic: flour, oil, potatoes, onions, and meat.

The relationship between the school food environment and its impact on food access, behavior, and consumption by children and adolescents proved to be an emerging dimension in our research study. Although the importance attributed to the direct food assistance offered by schools in general is clearly highlighted, the notion that *"without schools, children eat better"* is also expressed, arguing that, owing to lockdown measures, they are not exposed to the range of products of sweet shops, street sellers, and street advertising that promote the consumption of food products high in critical nutrients within the school environment. The 2nd National Survey of Nutrition and Health (ENNyS 2)⁽¹⁷⁾ reveals that 71.2% of children and adolescents going to school sometimes or always receive from their schools rolls and croissants, pastry products, cookies, and/or cereals with sugar;

whereas only 2 out of 10 students reported that their institution always supplies fresh fruits. We also observed that 6 out of 10 children and adolescents going to school aged 6 to 17 years had bought sweets from a sweet shop or cafeteria located within the school building during the last week. This shows the need to apply a regulatory scheme in school environments, for instance the newly passed Act No. 27642 for the Promotion of Healthy Nutrition,⁽⁴⁶⁾ for children and adolescents to have food environments guaranteeing their right to adequate nutrition.⁽⁴⁷⁾ In turn, the need to regulate food donations is observed, mainly, those centered on the delivery of ultra-processed products, which reinforce the industrialized food pattern described above.

The relationship between food access and consumption is close. In this sense, although meat is highly valued,⁽⁴⁸⁾ as there are constraints on its purchase, it remains in a peripheral place in terms of elaborations as regards quantity and quality (there are plenty of fatty cuts). The same situation applies for fruits – they are highly praised, but interviewees insist on the fact that their purchase becomes relegated. This is in line with the fact that the population belonging to the lower quintiles has a consumption pattern that drops to a half in relation to the highest value, 22.8% versus 45.3%, respectively.⁽¹⁷⁾ Among other consumptions valued by the interviewees as being “prestigious,” they mention yoghurt, cookies, artificially sweetened beverages, and aperitif products (potato chips, cheese puffs, salty little sticks, among others), associated with the search of satisfying the likes and whims of their children and adolescents, and other members of the family. It should be noted that the consumption of artificial beverages with sugar and aperitif products in the survey ENNyS No. 2 proves to be twice higher in the lower quintiles than in the highest ones.

Food access and food consumption are influenced by the characteristics of obesogenic environments marked by an increase in the consumption of ultra-processed products,^(49,50) triggered by non-regulated marketing strategies that “tempt your palate,” targeted at

child population.⁽⁵¹⁾ We could find connections between the increase in available ultra-processed products,^(7,52) the configuration of the present-day hegemonic agro-food system,⁽⁵³⁾ and a lack or inexistence of public policies that can increasingly shape healthier and sustainable food environments⁽⁵²⁾ for the general population and for the child population in particular. This coincides with the local research studies that reveal an increase in the purchase⁽⁷⁾ and consumption⁽⁵⁴⁾ of these products across Argentina. The weight of the agro-industrial chain within the global market economy is important.^(55,56) Another aspect is related to homemade elaborations in households, marked by unequal pleasure to cook, having cooking abilities and knowledge, material resources (gas, water, furniture, among others), access to the wide range of fresh and natural foods. As a result, spending lockdown at homes acquires different meanings: while to wealthier sectors it could entail having more time to cook and to eat “better,” to the interviewees participating in our study this possibility was limited.

All testimonies show women’s central role as much in the food responsibility inside their homes, as in the management of community resources to have access to foods outside their homes. We agree with research studies that highlight an excessive emphasis on individual responsibility in contexts of social and food precarization, where the right to nutrition is violated.⁽⁵³⁾ But responsibility is placed with more emphasis on women, showing how the patriarchal model and the configuration of the present-day food system take advantage from care tasks that are naturally assumed, and that prove to be essential. It is important to visibilize the non-remunerated social reproductive work that is yet to be socially recognized.^(27,57,58,59) That way, the close relationship between the role of women and the intra-household food management shows that the ones that assume the burden of hunger are women.

It was possible to observe the relevance of civil society organizations, traditionally key social actors that strengthen availability and access to foods and meals in contexts of

impoverishment.⁽⁶⁰⁾ This network of civil society organizations, together with social and food programs established within governmental spheres, actions by self-organized neighbors, contribute to improving food availability in the neighborhood. Through the testimonies, interviewees describe the role played by these organizations in the context of pandemic, still with scarce care infrastructure and minimal financial resources, a precarious level of institutionalization or formalization. Foods that are mainly available, albeit abundant, are mostly foods high in critical nutrients, which in turn contribute to reproducing poverty and malnutrition, thus intensifying social and biological vulnerability in the context of pandemic. This situation becomes especially significant in the population of children and adolescents, the main hidden victims hit by the pandemic.^(19,44)

There is no criticism of the types of foods that are distributed, even knowing the importance of consuming fresh food on a daily basis, as recommended by the Food-Based Dietary Guidelines for Argentina,⁽⁶¹⁾ mainly in epidemiologic situations where a good nutritional status is essential. This leads us to reflect on the lack of appropriation on the part of some population sectors of their condition as rights-bearing subjects. In the representations, "hunger" means not having foods available to eat. However, having no other choice but to stuff oneself with flours and stews through assistance and reassurance networks seem to be naturalized. Although, when asked to define good nutrition habits, some interviewees describe fresh foods as the most difficult foods to have access to, they are silent about this aspect in their discourses. The question about the importance of likes as a dimension separate from the right to nutrition is posed, because when nutrition and poverty are associated, what prevails is need but not taste, resorting to an optimization logic to explain poor people's consuming behavior.⁽⁶²⁾ This is reflected in the stigma of regarding oneself as a poor individual, with the shame this involves, in some cases, when having to go out and manage food resources, or, in other cases, when admitting that sometimes

there is no other choice but to feed oneself during weeks off fried dough. This is why some women explained that in their homes they eat fried dough "*only when it rains, as tradition says.*" Another stigma has to do with being migrants from bordering countries and having a peasant origin when they refer to regional elaborations, by using adjectives like "heavy" and "greasy" when describing them. When this is also true for other preparations associated to Argentine middle classes, such as fast food or semi-elaborated foods. This shows that social inequality and discrimination against underprivileged and racism underlie malnutrition problems. Various research studies analyze the relationship between food insecurity, inequality, race, ethnicity, and gender,⁽⁶³⁾ revealing that "otherness" is a marginalization tool. The voices of Paraguayan women are delegitimized and silenced in terms of their practices, abilities, and cooking knowledge.^(64,65) Another aspect to highlight is that it is important that in the decision-making spheres they address ethnicity in strategies aimed at overcoming food security and nutrition. This means leaving behind visions that conceive underprivileged populations as passive actors, to begin validating their systems of knowledge, which are key to improve nutrition, to strengthen cultural diversity and the construction of societies with no discriminatory and exclusion behaviors.⁽¹⁹⁾

FINDINGS

This pandemic poses a social and health emergency with direct and indirect impacts on malnutrition due to excess, even more in children and adolescents, and vulnerable groups, where inequality, impoverishment, gender discrimination, the dimensions of impoverished groups and identity, and obesogenic food environments intermingle and are ultimately determined. The different channels to access foods are through a direct purchase or through food assistance networks, whether official and/or by civil society

organizations, as well as self-managed neighbors and food donations. In all cases the foods that prevail are highly industrialized and ultra-processed products, or items that are high in critical nutrients that reproduce malnutrition. Women's role in food management inside and outside the household is clear, since they are the ones assuming the burden of hunger. Despite the fact that malnutrition indicates its link with excess, the main concern is not suffering from hunger, while the quality of foods to which they can have access through different channels is not questioned. A spiral is identified that deserves better investigation, into which concern about hunger in the context of a purported availability of foods is expressed. The problem is that these are foods whose consumption relates with health deterioration and a lack of elements on the part of the population to demand, under the law, healthier and more adequate foods, which results in the invisibilization of

malnutrition due to excess. In this obesogenic spiral, we can see a combination of individual responsibility, impoverishment, the condition of impoverished and underprivileged sectors, gender and ethnicity, which are perceived as a stigma that ends up embarrassing them. At the time of the study, in the context of lockdown due to COVID-19 pandemic, it was clear that there were no regulatory and statutory frameworks that could transform obesogenic environments and configure food systems aimed at promoting access to healthy nutrition. Systemic changes based on human rights are necessary to address parallel foods crisis, pandemic, and living resources. It is also necessary to adopt public policies to promote fairer, more environmentally sustainable food systems, in order to democratize productive resources with short distribution channels. Only that way will it be possible to achieve greater equality and access to fresh foods.

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CONFLICT OF INTERESTS

The authors declare that they do not have bonds or commitments that may interfere with what has been stated in the text or that can be perceived as a conflict of interests.

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