# **1** Comparison of food consumption in Indian adults between national and

# 2 sub-national dietary data sources

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#### 25 Abstract

26 Accurate data on dietary intake are important for public health, nutrition and agricultural policy. 27 The National Sample Survey (NSS) is widely used by policymakers in India to estimate nutritional 28 outcomes in the country, but has not been compared to other dietary data sources. To assess 29 relative differences across available Indian dietary data sources, we compare intake of food groups 30 across six national and sub-national surveys between 2004-2012, representing various dietary 31 intake estimation methodologies, including household consumer expenditure surveys (HCESs), 32 food-frequency questionnaires (FFQs), food balance sheets (FBSs), and 24-hour recall (24HR) 33 surveys. We matched data for relevant years, regions, and economic groups, for ages 16-59. One 34 set of national HCESs and the 24HRs showed a decline in food intake in India between 2004/2005-35 2011/2012, while another HCES and FBSs showed an increase. Differences in intake were smallest 36 between the two HCESs (1% relative difference). Relative to these, FFQs and FBS had higher 37 intake (13% and 35%), and the 24HR lower intake (-9%). Cereal consumption had high agreement 38 across comparisons (average 5% difference), while fruit and nuts, eggs, meat and fish, and sugar 39 had the least (120%, 119%, 56%, and 50% average differences, respectively). Spearman coefficients 40 showed high correlation of ranked food group intake across surveys. The underlying methods of the 41 compared data highlight possible sources of under- or over-estimation, and influence their 42 relevance for addressing various research questions and programmatic needs.

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### 49 Introduction

Accurate data on dietary intake are important for several policy areas, including nutrition, 50 agriculture, and public health. Three types of sources are generally used for estimating food 51 52 consumption in populations: food balance sheets (FBSs), household consumer expenditure surveys (HCES), and individual intake surveys<sup>(1,2)</sup>. The Food and Agriculture Organisation (FAO) calculates 53 54 annual FBSs for countries, which estimate national-level availability of major food commodities, as a function of production, imports, exports, and adjustments for waste. HCESs are conducted on a 55 frequent basis by national statistics offices, using nationally representative sampling frames, and 56 57 collect data on household-level purchases of a comprehensive set of food commodities. Individual 58 intake surveys come in a variety of designs, including food frequency questionnaires (FFQs), 24-59 hour recall (24HR) surveys, and weighed food records. These surveys are generally regarded as providing more accurate individual-level estimates of food consumption than FBS or HCES, though 60 61 they are more difficult and expensive to conduct, and thus are more commonly used on specific study populations rather than at national levels<sup>(1)</sup>. The choice of data type used by researchers and 62 63 policymakers often depends on availability.

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Much nutritional research has focused on India, where historically high rates of under-nutrition, as well as growing over-nutrition, impose heavy burdens on health and development<sup>(3-5)</sup>. Several data sources exist in the country on dietary intake, and they have been variously used to study and describe, for example, consumption of major food groups and associated changes over time<sup>(4,6-10)</sup>, absolute micronutrient intake<sup>(11)</sup>, and health outcomes related to nutritional intake<sup>(12,13)</sup>, among others<sup>(14,15)</sup>.

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Specifically, the Indian government's National Sample Survey (NSS) HCESs have been used to
 describe the country's dietary transition from the 1980s to 2000s<sup>(4,7)</sup>. It has been suggested that

several stages of transition with varying characteristics have unfolded in the country<sup>(6,9)</sup>, though on
the whole, diets have seen a decline in cereals, and an increase in calories from vegetable- and
animal-source fats. Alongside changes in food consumption over these years, recent estimates
show that in 2014, about 27% of Indian adults were overweight, while 39% of children under 5
were stunted<sup>(16)</sup>. Despite India's growing economy, reductions in undernutrition have been
materialising slowly<sup>(17)</sup>.

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However, challenges remain in using Indian dietary data to explain nutritional trends and drivers. Overall trends in dietary intake across time are still not fully clear, partly due to a lack of reliable data<sup>(8)</sup>. The NSS has shown a steady and counterintuitive decrease in consumed calories since the 1980s to 2010 as incomes have grown, with a small rebound in caloric intake only in the last available data year of 2012<sup>(8,18)</sup>. Evidence suggests the recent decreasing caloric trends in these data may be a function of some underestimation in this survey, such as not fully accounting for increased consumption of food outside the home<sup>(19,20)</sup>.

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Measuring food consumption is generally a difficult exercise<sup>(21)</sup>, and studies have shown that the
choice of data methodology applied to a given population can affect the resulting intake
estimates<sup>(20,22-25)</sup>. Intake data are therefore often compared against an alternative method for a
given sample or population for the purposes of validation, or to determine relative differences
between the compared methods<sup>(2,22-26)</sup>. Despite researchers' and policymakers' reliance on the NSS,
it has not been compared to other sources of dietary data in the country.

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We compare intake of major food groups using six national and sub-national sources of Indian food
 consumption, representing various dietary intake estimation methods, and assess the impact of
 these methods on relative differences in food consumption.

#### 99 Methods

100 Data

101 National Sample Survey (NSS)

102 The NSS is an annual, nationally representative HCES, representing a random sample of households 103 across the country. The questionnaire records the quantity and value of approximately 250 food and beverage items purchased in the last 30 days, among other consumer goods<sup>(18,27)</sup>. We used 104 105 rounds 61, 66, and 68 of the survey, conducted between July and June of 2004-5, 2009-10, and 2011-12, respectively, to match the years of data collection as close as possible to our other 106 107 compared data sources. We additionally compare the 2011-2012 data from an alternative NSS 108 survey format (named "type 2") that was recently implemented and used 7-day recall for meats, eggs, oils, fruits, and vegetables (though it retained a 30-day recall for cereals, pulses, and sugar)<sup>(27)</sup>. 109 110 111 India Health and Development Survey (IHDS) 112 The IHDS was a nationally representative HCES, conducted over two waves in 2004-2005 and 2011-113 12. It recorded, among other socioeconomic and health indicators, the quantity and value of 114 purchased food groups in the last 30 days, such as vegetables, meats, and legumes, as well as

115 several commonly-consumed individual items, such as rice and wheat<sup>(28)</sup>.

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117 FAO food balance sheets (FBSs)

118 The FAO's FBSs provide a picture of food availability at the national level, and approximate per

119 capita food availability by dividing national estimates by the total population<sup>(1)</sup>. We retrieved data

120 for the years 2004, 2005, 2011, and 2012 from the FAOSTAT database<sup>(29)</sup>.

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122 National Nutrition Monitoring Bureau (NNMB) rural surveys

The National Nutrition Monitoring Bureau conducts periodic surveys in ten Indian states, using multi-stage random sampling of households, and following the NSS sampling frame. The surveys recorded individual-level intake within households using one 24HR survey<sup>(30)</sup>. The raw data from these surveys were not available, though NNMB reports provide mean individual-level intake of food groups by age for rural areas. We used these reported data for adults aged 18 and above, from the surveys conducted on rural populations during 2004-2005 and 2011-2012<sup>(31,32)</sup>.

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#### 130 Indian Migration Study (IMS)

The IMS was a health and nutrition study conducted in 2005-2007, which surveyed factory workers in the four urban centres of Hyderabad, Bangalore, Nagpur and Lucknow, and their siblings living in rural areas, the majority of whom resided within the same Indian state as the urban centre. The survey used a FFQ of 184 dishes and food items, and recorded the frequency of intake and number of servings of each item in the one-year period prior to the survey. The study also collected recipes for each of the FFQ items, separately for rural and urban areas of each study site<sup>(33)</sup>.

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#### 138 Andhra Pradesh Child and Parent Study (APCAPS)

APCAPS is a prospective birth cohort study of households in 29 peri-urban villages of Ranga Reddy district in the Indian state of Telangana (previously Andhra Pradesh) that earlier took part in a food supplementation trial involving pregnant women and their offspring (1987-90). It uses a FFQ of 98 dishes and food items, based on the IMS FFQ and further refined for use in the APCAPS study setting. Here we used the third follow-up wave, which included children and their parents, conducted between 2010-2012<sup>(34)</sup>. The first wave was excluded as it did not collect detailed data on intake, while the second wave had a smaller sample size consisting of only children.

All data sources accounted for seasonality by using aggregated annual data or conducting fieldwork
throughout the year (NSS, IHDS, FBS, NNMB), or by specifically recording the variation in intake by
time of year (IMS, APCAPS). A summary of data sources, including sample sizes, is presented in
Table 1.

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#### 152 Analysis

153 We compare intake of major food groups, in grams/person/day, between survey types, matching 154 for relevant year of survey, regions, sex, and economic groups, where available. HCESs were used as 155 the reference comparison against other methodologies (though strictly to assess relative 156 differences rather than as a source of validation) due to the larger number of HCES datasets and 157 the ability to match across the years and regions of other survey types. Food groups compared 158 were cereals, pulses, dairy (including butter), vegetable oils, meat (including fish), eggs, fruits and 159 nuts, and vegetables (including root vegetables). Beverages were excluded. Intake was calculated 160 for adults aged 16-59, for men and women combined (NNMB data were only available for ages 18 161 and over), though stratification by age was not possible for FAO data.

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163 Household expenditure surveys were converted to individual intake using Indian caloric requirement adjustment factors based on age and sex<sup>(32)</sup>, and we used household weights to scale 164 165 up to the national level. In the NSS data we additionally adjusted for high-income households which 166 provide food to poorer households in exchange for labour or services, based on a standard methodology recommended by the NSS<sup>(18)</sup>. We converted intake of the IMS and APCAPS FFQ items 167 168 into individual food intake using the recipe sheets generated for these surveys, and aggregated 169 these foods into food groups. Intake of each food group in the IMS data was additionally adjusted based on the validation of the IMS against a series of three 24HR surveys<sup>(26)</sup>. Data from the FAO and 170 171 NNMB surveys were extracted from publicly-available reports, and aggregated into the relevant

172 food groups. FAO data were averaged for the years 2004-5, and 2011-12, to match the

173 corresponding NSS and IHDS survey rounds. The IMS (conducted during 2005-7) and APCAPS (2010-

174 12) asked respondents to recall intake over the previous year, and we have therefore used the

175 years of intake in these surveys as 2004-6 and 2009-11, respectively, and matched these data for

176 comparison to the IHDS-1 conducted in 2004-2005, and the NSS 66 conducted in 2009-10.

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178 Comparisons using the Indian Migration Study were additionally stratified by income groups, as the 179 employed IMS respondents and their siblings may have represented a higher socioeconomic sample 180 than the average Indian population. For this, we generated a common standard of living index (SLI) 181 between the IHDS and IMS, based on the SLI methodology developed in the Indian National Family Health Survey (NFHS)<sup>(35)</sup>. The components of this index include ownership of various assets and 182 183 utilities, and we compared intake between the surveys for SLI tertiles. APCAPS data were compared 184 to NSS rural households in Ranga Reddy district. Although matching for the same specific APCAPS 185 villages was not possible in the NSS, the mean SLI between the APCAPS sample and the district-level 186 NSS sample was very similar.

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Relative differences in total daily intake, and for individual food groups (both in grams/day), were calculated for each dietary intake method comparison. We were not able to assess the statistical significance of the comparisons, as FAO and NNMB data do not allow for standard error calculations, and the main underlying uncertainty for all the methods is likely to be a function of measurement error rather than sample size. Spearman coefficients assessed the similarity of ranked food group intake across comparisons.

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Ethics committee approval for IMS was obtained from the All India Institute of Medical Sciences
Ethics Committee, and for APCAPS from the National Institutes of Nutrition, Hyderabad, and Public

197 Health Foundation of India, New Delhi. Ethics committee approval for this analysis was obtained

198 from the London School of Hygiene and Tropical Medicine. Consent was sought from the factory

199 managers for the Indian Migrant Study and from the community leaders in the villages for the

200 APCAPS study.

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## 202 **Results**

Individual intake of food groups was calculated for twelve Indian national and sub-national data
sources, conducted between 2004-2012, representing four dietary intake estimation methods
(Table 1).

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#### 207 National-level trends over time

208 Both the NSS and NNMB surveys showed a decline nationally in total intake of food, in grams/day, 209 between 2004/5-2011/12, though the IHDS and the FAO FBSs showed an overall increase over the 210 same years (Figure 1). Changes in food group consumption between 2004-2012 were mostly 211 consistent across the NSS, IHDS, and FAO data; nationally, sources showed an increase in intake of 212 pulses, dairy, fats, eggs (no change in IHDS data), meat and fish, and sugar, and a decrease in 213 cereals (no change in the FAO data). Intake of fruits and vegetables showed a decrease in NSS, and 214 an increase in IHDS and FAO data. The IHDS, NSS, and IMS recorded higher overall intake in 215 grams/person/day in urban than rural areas, for all available survey rounds (Supplementary figures 216 3 and 4). 217 218 In 2012, the most recent year of data availability, intake (in kg) in India was highest for cereals

219 (about 30-45%, depending on the data source), while consumption of dairy and vegetables was also

high (about 20-25%). Eggs and meat constituted the lowest intakes (2% or less), and consumption

of pulses, oil, and sugar were also low (about 3-5%) (Figure 1).

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## 223 Overall differences across survey types

Relative differences in combined intake of all food groups across the individual data comparisons
varied markedly, and ranged from 1% between the IHDS-1 and the corresponding NNMB 24HR
survey, to 50% between the NSS round 68 and FAO FBSs. The IHDS and NSS expenditure surveys
were similar to each other, showing a relative difference in total intake of just 1%, averaged across
the two rounds of the surveys. Compared to HCESs, FFQs and FBSs showed higher absolute intake
(on average, by 13% and 35%, respectively), and the 24HR surveys lower intake (average of -9%)
(Table 2).

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Type 1 and 2 formats were compared for round 68 of the NSS data (2011-2012). The type 2 survey showed substantially higher intake for those foods surveyed with the 7-day recall (vegetable oils, eggs, meat & fish, vegetables, and fruit & nuts; with increases of 9%, 66%, 43%, 48%, and 63%, respectively). Intake for the remaining foods that retained the 30-day recall in type 2 (cereals, pulses, and sugar) showed minor relative differences of about 1% compared to the same 30-day recall of these foods in the type 1 survey (Supplementary figure 5).

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#### 239 Food group differences across survey types

Of all food groups, intake of cereals showed the smallest relative differences in grams/person/day across the survey comparisons, ranging from -1 to 9%, with an average difference of 5%. Fruit and nuts, eggs, meat and fish, and sugar had high average relative differences across the comparisons (120%, 119%, 56%, and 50% average differences, respectively). Fruit and nuts in particular had the highest variability in differences between comparisons, ranging from a -36% difference between the NSS and IHDS HCESs, to a 264% difference between the expenditure surveys and FBSs (Table 3).

Spearman correlation analysis of food group ranks (intake of a food group as the proportion of total
intake in kg) showed very high correlation across surveys (Spearman's rho 0.8-1.0 across surveys,
p=0.01 to p<0.0001).</li>

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### 251 **Discussion**

We present a comparison of several sources of Indian dietary data, representing a variety of intake estimation methods. This is, to our knowledge, the first such analysis. We found differences in estimates of overall and food group intake across these comparisons when matching sources for year, sex, and region, which may be partly due to methodological differences across the surveys.

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Compared to the national consumer expenditure surveys, relative differences in total estimated
intake in grams/person/day varied from 1% to 50% across the other data sources. The two national
expenditure surveys were most similar to each other, while the FFQs and FBS showed higher intake,
and the 24HR surveys lower intake, in relation to these. Cereal consumption had high agreement
across survey types, while fruit and nuts, eggs, meat and fish, and sugar had the least.

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263 Recent work has suggested that the Indian expenditure and 24HR surveys may to some degree underestimate food consumed out of home<sup>(19)</sup>, and this could partly explain the lower consumption 264 265 recorded in these sources relative to FFQ and FBS data. The NSS records the value and number of 266 snacks and meals, respectively, eaten out of the home from a single respondent (and IHDS records 267 only the value of meals). This is generally the female adult of the household who recalls other household members' intake<sup>(19)</sup>, and may therefore not be aware of some foods eaten out of the 268 home<sup>(20,36,37)</sup>. The NNMB 24HR surveys share a similar limitation, and to our knowledge, do not 269 270 provide details on how the nutritional composition of recalled food is determined, or how food 271 outside the home is accounted for. However, the NSS is the longest-running source of nationally

272 representative data, and is frequently used to analyse consumption trends in India. Two factors may help improve estimates of dietary intake from these expenditure data. First is the use of the 273 "type 2" data, in which the use of a shorter recall period may help improve accuracy<sup>(27,38)</sup>, 274 275 particularly for nutrient-rich food groups. We calculated a 13% higher total intake in grams per 276 person per day across all foods, and NSS-own estimates show about 6-9% higher caloric intake in rounds 66 and 68, when compared to the typical "type 1" 30 day recall <sup>(18,27)</sup>. Secondly, our 277 278 calculations showed about 7-8% of NSS households' food expenditure was spent on snacks and 279 food prepared outside the home (data not shown), and methods are needed to estimate intake 280 from these sources. The two most recent NSS rounds have improved the specificity of food types eaten out of home<sup>(18,27)</sup>, and while the survey provides the average estimated caloric, fat and 281 282 protein composition of these items, the data format still does not allow for direct intake estimates 283 of food groups or key nutritional indicators such as sugar, salt, or micronutrients.

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The decline in overall intake between 2004/5 and 2011/12 in the NSS and NNMB data was not seen in the FAO FBSs or the IHDS expenditure surveys. The FAO captures all food available at the national level, and may better assess all available food regardless of where it was purchased or eaten, though as the IHDS shares similar methodology to the NSS expenditure survey, it is not clear why they diverged on the direction of overall intake.

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FAO FBS data have been shown to generally overestimate per capita intakes<sup>(2,25,39)</sup>, as they may not
fully account for wastage along the value chain from production up to consumption<sup>(25)</sup>. However,
the FBSs are a common source for assessing trends over time in food availability<sup>(2)</sup>. Comparisons of
FBSs to other data sources have found that despite the general overestimation, FBSs can
underestimate intake of certain food groups<sup>(23,25)</sup>. In our study, the FBSs overestimated all food
groups relative to NSS and IHDS expenditure surveys.

298 FFQs have been shown to have variable performance compared to other reference methods, in 299 terms of direction and magnitude, though generally provide accurate ranking of food group intake<sup>(24)</sup>. FFQ characteristics such as the number of recall items and recall period affect their 300 accuracy<sup>(24)</sup>. The IMS FFQ was calibrated against a series of three 24HR surveys<sup>(26)</sup>, which are often 301 302 used as a reference standard. Our use of these adjustments lessened the differences between the 303 IMS and expenditure survey considerably, as the original IMS data showed almost 50% higher total 304 intake than the HCES. A similar validation was not undertaken for APCAPS, and this may explain 305 why the difference in intake between APCAPS and the HCES is higher than that between the IMS 306 and the HCES.

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308 As each dietary data method was designed for select purposes, it is expected that the dietary 309 intakes in our comparisons would differ. Consumption of nutrient-rich food groups, as well as of 310 sugar, showed high degrees of variability between the various data sources. This observation 311 agrees with other recommendations that the dietary assessment methods we have reviewed may not be appropriate for precise assessment of individual-level caloric or micronutrient intake<sup>(40-42)</sup>. 312 313 Instead, these data sources could be applicable for broader nutritional assessments, such as 314 relative comparisons between groups or identification of groups at nutritional risk, measures of 315 dietary diversity, time trends, categorization of dietary patterns, and selection of foods for biofortification<sup>(40,42,43)</sup>. For example, the FFQ used in the IMS and APCAPS data was designed to 316 317 examine relative differences in food consumption, nutrition, and health across population groups, and has been reported to be valid for such purposes<sup>(26)</sup>. Our findings of high correlation in ranked 318 319 food group intake across all compared data sources also support these recommendations. Analyses 320 of dietary impacts on health require the use of data sources that contain information on potential 321 socioeconomic confounders, such as the IMS, APCAPS, and IHDS (though IHDS only include

322 anthropometric data, while IMS and APCAPS measured a range of health outcomes). However, 323 even within the recommended uses of these data, additional limitations may exist for populations 324 with unique dietary needs or intake patterns, such as children (for whom 24HRs or FFQs would 325 require knowledgeable respondent proxies, and difficult assumptions about individual allocation 326 from household-level surveys) and minority populations (where FFQs may not be reflective of 327 unique cultural foods). Users of these data sources should therefore examine their suitability for 328 purposes other than what the data were originally designed for. The most precise methods for 329 micronutrient and caloric intake remain doubly-labelled water, and in some cases, 7-day weighed 330 food records, though their use is limited by their cost and time requirements. As such, there may be 331 a trade-off between feasibility of national coverage and accuracy of individual-level intake. These 332 above points apply to any uses of the data, including for research or programmatic needs.

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334 This comparison of Indian dietary data has some limitations. Firstly, it is not possible to validate the 335 individual data sources as no gold standard reference exists for our use, and therefore our 336 comparisons between sources are only in relative terms. We have matched data for major 337 characteristics such as year, region, sex, and socioeconomic levels, though other sampling factors 338 may have contributed to the differences in intake we have calculated, particularly for the non-339 nationally representative data sources. The availability of data meant we could not compare all 340 survey types against each other for a given time period, and for this reason, we used the 341 expenditure surveys, for which several rounds are available, as the common reference comparison 342 to other data sources. The year of the data source may have differentially affected our 343 comparisons, for example, as increasing consumption out of home may have exacerbated 344 differences between HCES and FBS for the more recent time period. All data sources, except the 345 FBS, are also likely to suffer to some degree from recall bias. The conversion of HCES intake data 346 from the household to individual level may have introduced some bias, as differences in intrafamily food allocation likely exist<sup>(44)</sup> outside of age- and sex- derived caloric requirements. However,
despite these limitations, this is the first comparative analysis to bring these varied data sources
together, and this work should serve as a useful platform to inform the many future uses of these
data.

352	This analysis compares estimated food intake across several Indian data sources to contextualize
353	broad relative differences across dietary intake estimation methods. Each methodological choice
354	may have its own advantages and disadvantages for particular research uses, and further work is
355	required to suggest specific improvements for current Indian dietary data sources. Of general
356	usefulness would be the development of more comprehensive nutritional composition databases,
357	and improved methods in the on-going national surveys for measuring consumption out of home.
358	Also crucial is generation of high-quality data that can be used to validate or calibrate the various
359	current and future sources of dietary intake.
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### 385 **Conflict of interest**

386 The authors declare that there are no conflicts of interest.

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## 388 Authorship

LA and MT designed the study, and LA carried out the analysis, and drafted the paper. SK was

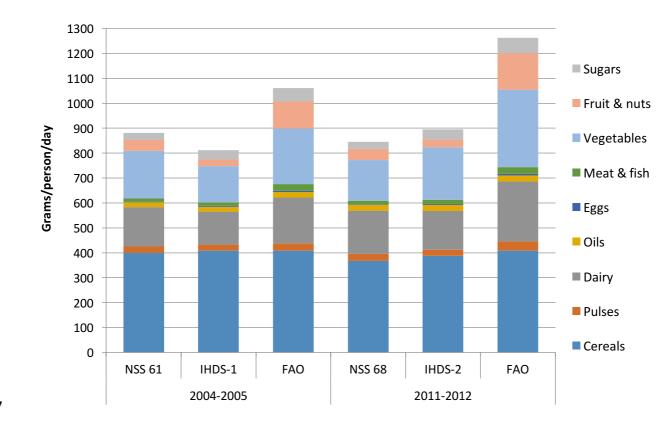
involved in data collection of the APCAPS, and shared the IMS and APCAPS data. LA has primary

responsibility for the final content. All authors were involved in data interpretation, critical

revisions of the paper, and approved the final version.

## 394 Figures

395 Figure 1: Consumption of food groups at the national level, recorded in household expenditure





## 408 Tables

## 409 Table 1: Description of datasets

		Year of		Rural/	Recall	Sample
	Data type	survey	Region	urban	period	size
NSS 61	HCES	2004-2005	National	Both	30 days	353,561
NSS 66	HCES	2009-2010	National	Both	30 days	284,718
NSS 68	HCES	2011-2012	National	Both	30 days	285,954
NSS 68 type 2	HCES	2011-2012	National	Both	7 days*	285,695
IHDS-1	HCES	2004-2005	National	Both	30 days	124,355
IHDS-2	HCES	2011-2012	National	Both	30 days	121,622
			Hyderabad, Lucknow,			
			Nagpur, Bangalore			
IMS	FFQ	2005-2007	districts	Both	1 year	4,531
			Rangareddy district,			
APCAPS-3	FFQ	2010-2012	Andhra Pradesh	Rural	1 year	6,273
NNMB	24HR	2004-2005	National**	Rural	24 hours	N/A
NNMB	24HR	2011-2012	National**	Rural	24 hours	N/A
FAO	FBS	2005-2006	National	Both	N/A	N/A
FAO	FBS	2011-2012	National	Both	N/A	N/A

NSS, National Sample Survey; HCES, Household consumption expenditure survey; IHDS, India Human Developent Study; IMS, Indian Migration Study; FFQ, food frequency questionnaire; APCAPS, Andhra Pradesh Child and Parent Study; NNMB, National Nutrition Monitoring Bureau; 24HR, 24-hour recall; FAO, Food and Agriculture Organisation; FBS, food balance sheets.

\*7-day recall for meats, eggs, oils, fruits, vegetables; 30-day recall for cereals, pulses, sugar.

410 \*\*Data collected in 10 Indian states, sample not designed to be nationally-representative.

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## 422 **types**

Reference	Intake	Comparison	Intake	%
survey	g/d	survey	g/d	Difference
HCES vs. HC	ES (avg.)			-1%
NSS 61	881	IHDS-1	813	-8%
NSS 68	845	IHDS-2	895	6%
FFQ vs. HCES (avg.)				13%
IHDS-1	996	IMS	1052	6%
NSS 66	735	APCAPS	891	21%
FBS vs. HCES	5 (avg.)			35%
NSS 61	881	FAO	1061	20%
NSS 68	845	FAO	1263	50%
IHDS-1	813	FAO	1061	31%
IHDS-2	895	FAO	1263	41%
24HR vs. HC	-9%			
IHDS-1	735	NNMB	745	1%
IHDS-2	862	NNMB	712	-17%
NSS 61	807	NNMB	745	-8%
NSS 68	814	NNMB	712	-13%

HCES, Household consumption expenditure survey; NSSO, National Sample Survey Organistion; IHDS, India Human Developent Study; FFQ, food frequency questionnaire; IMS, Indian Migration Study; APCAPS, Andhra Pradesh Child and Parent Study; FBS, food balance sheets; FAO, Food and Agriculture Organisation; 24HR, 24-hour recall; NNMB, National Nutrition Monitoring Bureau.

424 Table 3: Relative differences in intake (g/person/day) of food groups between survey types

	HCES vs. HCES	FFQ vs. HCES	FBS vs. HCES	24HR vs. HCES	Average*
Cereals	4%	-1%	5%	9%	5%
Pulses	-10%	41%	31%	25%	27%
Dairy	-13%	49%	37%	-34%	33%
Fats	1%	15%	11%	-28%	14%
Eggs	60%	212%	87%	N/A	119%
Meat & fi	11%	114%	83%	-17%	56%
Vegetable	3%	-24%	52%	-26%	26%
Fruit & nu	-36%	182%	264%	-1%	120%
Sugar	44%	-24%	78%	-55%	50%

HCES, Household consumption expenditure survey; FFQ, food frequency questionnaire; FBS, food balance sheets; 24HR, 24-hour recall.

425 \*Absolute magnitude, taking all relative differences as positive.

# 427 **References**

- 428 1. Hawkesworth S, Dangour A, Johnston D *et al.* (2010) Feeding the world healthily: the challenge of
  429 measuring the effects of agriculture on health. *Phil Trans R Soc B* 365, 3083–3097.
- 430 2. Naska A, Berg MA, Cuadrado C *et al.* (2009) Food balance sheet and household budget survey 431 dietary data and mortality patterns in Europe. *Br J Nutr* **102**, 166-171.
- 432 3. Global Panel (2016) *The cost of malnutrition. Why policy action is urgen*. London, UK: Global
- 433 Panel on Agriculture and Food Systems for Nutrition.
- 434 4. Shetty P (2002) Nutrition transition in India. *Public Health Nutr* **5**, 175-182.
- 435 5. Vaz M, Yusuf S, Bharathi A *et al.* (2005) The nutrition transition in India. *South Asian Journal of*
- 436 *Clinical Nutrition* **18**, 198-201.
- 437 6. Pingali P, Khwaja Y (2004) ESA Working Paper No. 04-05: Globalisation of Indian diets and the
  438 transformation of food supply systems. Rome, Italy: Food and Agriculture Organisation.
- 439 7. Kumar P, Mruthyunjaya, MM D (2007) Long-term changes in Indian Food Basket and Nutrition.
  440 *Economic & Political Weekly* 42, 3567-3572.
- 8. Deaton A, Drèze J (2009) Food and Nutrition in India: Facts and Interpretations. *Economic & Political Weekly* 44, 42-65.
- 9. Gaiha R, Kaicker N, Imai K et al. (2013) Has dietary transition slowed in India? An analysis based
- *on the 50th, 61st and 66th rounds of the National Sample Survey*. Rome, Italy: International Fund
  for Agricultural Development.
- 10. National Council of Applied Economic Research (NCAER) (2012) An Analysis of Changing Food
- 447 *Consumption Pattern in India*. New Delhi, India: NCAER.
- 448 11. Bermudez OI, Lividini K, Smitz MF et al. (2012) Estimating micronutrient intakes from Household
- 449 Consumption and Expenditures Surveys (HCES): an example from Bangladesh. *Food Nutr Bull* 33,450 S208-213.
- 451 12. Shridhar K, Dhillon PK, Bowen L *et al.* (2014) The association between a vegetarian diet and
- 452 cardiovascular disease (CVD) risk factors in India: the Indian Migration Study. *PLoS One* **9**, e110586.
- 453 13. Rao S, Yajnik CS, Kanade A et al. (2001) Intake of micronutrient-rich foods in rural Indian
- 454 mothers is associated with the size of their babies at birth: Pune Maternal Nutrition Study. *J Nutr*455 **131**, 1217-1224.
- 456 14. Stein AJ, Meenakshi JV, Qaim M *et al.* (2008) Potential impacts of iron biofortification in India.
  457 Soc Sci Med 66, 1797-1808.
- 458 15. Fiedler J (2016) Household consumption and expenditure surveys. *Sight and Life* **30**, 14-21.
- 459 16. International Food and Policy Research Institute (2015) *Global Nutrition Report 2015. Nutrition*460 *Country Profile: India. Available:*
- 461 http://ebrary.ifpri.org/utils/getfile/collection/p15738coll2/id/129813/filename/130024.pdf.
- 462 17. Haddad L (2009) Lifting the curse: overcoming persistent undernutrition in India. *IDS Bulletin* 40,
  463 1-8.
- 18. National Sample Survey Office (2014) *Nutritional Intake in India, 2011-12. NSS 68th Round*. New
  Delhi, India: Government of India.
- 466 19. Smith L (2015) The great Indian calorie debate: explaining rising undernourishment during
  467 India's rapid economic growth. *Food Policy* 50, 53-67.
- 468 20. Gibson J (2015) Working Paper in Economics 8/15: Poverty measurement: we know less than
  469 policy makers realize. University of Waikato.
- 470 21. Livingstone MB, Black AE (2003) Markers of the validity of reported energy intake. J Nutr 133
- 471 **Suppl 3**, 895S-920S.
- 472 22. Beegle K, De Weerdt J, Friedman J et al. (2012) Methods of household consumption
- 473 measurement through surveys: experimental results from Tanzania. *J Dev Econ* **98**, 3-18.

- 474 23. Del Gobbo L, Khatibzadeh S, Imamura F et al. (2015) Assessing global dietary habits: a
- 475 comparison of national estimates from the FAO and the Global Dietary Database. *AJCN*.
- 476 24. Tabacchi G, Filippi A, Amodio E *et al.* (2015) A meta-analysis of the validity of FFQ targeted to 477 adolescents. *Public Health Nutr* **19**, 1168-1183.
- 478 25. Grünberger K (2014) FAO Statistics Division. Working Paper Series. Estimating Food
- 479 Consumption Patterns by Reconciling Food Balance Sheets and Household Budget Surveys. FAO.
- 480 26. Bowen L, Bharathi A, Kinra S et al. (2012) Development and evaluation of a semi-quantitative
- 481 food frequency questionnaire for use in urban and rural India. *Asia Pac J Clin Nutr* **21**, 355-360.
- 482 27. National Sample Survey Office (2012) Nutritional Intake in India. NSS 66th Round. New Delhi,
- 483 India: Government of India.
- 28. Desai S, Dubey A, Joshi B *et al.* (2009) *Indian Human Development Survey: Design and Data Quality. IHDS Technical Paper 1. Available:*
- 486 <u>http://ihds.info/sites/default/files/publications/papers/technical%20paper%201.pdf.</u>
- 487 29. Food and Agriculture Organization of the United Nations (2015) FAOSTAT database. Available:
   488 <u>http://faostat3.fao.org/home/E</u>.
- 30. Ramachandran K (2006) *Nutrition Monitoring and Surveillance*. New Delhi: Nutrition Foundationof India.
- 491 31. National Nutrition Monitoring Bureau (2006) *Diet & Nutritional Status of Population and*
- 492 *Prevalence of Hypertension among Adults in Rural Areas. NNMB Technical Report No. 24.*
- 493 Hyderabad: National Institute of Nutrition.
- 494 32. National Nutrition Monitoring Bureau (2012) *Diet and Nutritional Status of Rural Population,*
- 495 Prevalence of Hypertension & Diabetes among Adults and Infant & Young Child Feeding Practices.
- 496 *Report of Third Repeat Survey. NNMB Technical Report No. 26.* Hyderabad: National Institute of
  497 Nutrition.
- 498 33. Bowen L, Ebrahim S, De Stavola B *et al.* (2011) Dietary intake and rural-urban migration in India:
- 499 a cross-sectional study. *PLoS One* **6**, e14822.
- 500 34. Kinra S, Radha Krishna KV, Kuper H *et al.* (2014) Cohort profile: Andhra Pradesh Children and 501 Parents Study (APCAPS). *Int J Epidemiol* **43**, 1417-1424.
- 502 35. International Institute for Population Sciences (IIPS) and ORC Macro (2000) *National Family*
- 503 Health Survey (NFHS-2), 1998–99
- 504 Mumbai, India: IIPS.
- 505 36. Gewa CA, Murphy SP, Neumann CG (2007) Out-of-home food intake is often omitted from 506 mothers' recalls of school children's intake in rural Kenya. *J Nutr* **137**, 2154-2159.
- 507 37. Livingstone MB, Prentice AM, Coward WA *et al.* (1992) Validation of estimates of energy intake
- 508 by weighed dietary record and diet history in children and adolescents. *Am J Clin Nutr* **56**, 29-35.
- 509 38. Smith L, Dupriez L, Troubat N (2014) *Assessment of the Reliability and Relevance of the Food*
- 510 Data Collected in National Household Consumption and Expenditure Surveys. IHSN Working Paper
- 511 No. 008. International Household Survey Network.
- 512 39. Sibrian R, Komorowska J, Mernies J (2016) *Estimating household and institutional food wastage*
- and losses in the context of measuring food deprivation and food excess in the total population.
  Rome: FAO. Available:
- 515 <u>http://www.fao.org/fileadmin/templates/ess/documents/food\_security\_statistics/working\_paper\_</u>
   516 series/WP001e.pdf.
- 517 40. Institute of Medicine (2002) Dietary Risk Assessment in the WIC Program. Chapter 5: Food-
- 518 Based Assessment of Dietary Intake. Washington, DC, USA: The National Academies Press. doi:
- 519 10.17226/10342.
- 520 41. Working Group On Monitoring Scottish Dietary Targets (2005) Report of the Working Group on
- 521 Monitoring Scottish Dietary Targets: A Short Review of Dietary Assessment Methods Used in
- 522 National and Scottish Research Studies. Aberdeen, Scotland: Food Standards Agency Scotland

- 523 [available:
- 524 https://www.food.gov.uk/sites/default/files/multimedia/pdfs/scotdietassessmethods.pdf].
- 525 42. Ferro-Luzzi A (2002) Summary of Proceedings: Measurement and Assessment of Food
- 526 Deprivation and Undernutrition. Keynote Paper: Individual Food Intake Survey Methods. Rome,
- 527 Italy: Food and Agriculture Organisation of the United Nations (FAO).
- 43. Coates J, Colaiezzi B, Fiedler J et al. (2012) Applying Dietary Assessment Methods for Food
- 529 *Fortification and Other Nutrition Programs*. Geneva, Switzerland: Global Alliance for Improved 530 Nutrition (GAIN).
- 531 44. Berti PR (2012) Intrahousehold distribution of food: a review of the literature and discussion of
- the implications for food fortification programs. *Food Nutr Bull* **33**, S163-169.
- 533