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Gender Disparities Regarding Food Consumption and Food Insecurity among Rural Women: Status & Causes

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Abstract: *The study was designed to assess the status of food intake and the gender inequalities regarding food consumption among rural women in the Okara district, Punjab, Pakistan. This cross-sectional study used a sequential explanatory research design (Quantitative, Qualitative). The sample for this study was 390 respondents, and a multistage sampling technique was used to collect data from the respondents. The data was collected through a household survey using a well-structured questionnaire for quantitative data and in-depth interviews conducted for qualitative data. The findings revealed that more or less 43% of respondents agreed that males dominate in the families receiving a larger and better share of food, whereas females do not get an equal share in food. Moreover, 56% of respondents said that sons were preferred over daughters for food consumption. About 62.2% said that, in their opinion, young females face health issues due to poor quality of food consumption. This study concluded that gender inequalities and household income are significant factors that affect the food consumption of rural women. There is a dire need to initiate an awareness campaign among rural households regarding nutritious food intake and to reduce gender-based inequalities.*

Key Words: Gender Inequities, Food Consumption, Vulnerability, Food Insecurity

Introduction

A fundamental human right and a component of human dignity is having access to a healthy diet (UDHR, 1948). However, for biological, social and cultural reasons, women and girls are twice as likely as men and boys to be malnourished.

Men's and women's opportunities and access to resources differ around the world, but most common in developing countries. These differences develop very early, for example, boys tend to receive a higher share of education and health care costs than girls. In many developing countries, girls receive less education from their families than boys, which may be due to lower primary school enrollment and lower female literacy rates. As a result, women have fewer job opportunities, especially in formal sectors (Klingorova and Havlicek, 2015 [Klingorová](#)).

The main causes of food and nutrition insecurity are gender inequality and unfavourable gender norms that limit women's access to resources, services and inputs. Women who are vulnerable, particularly those who reside in low-income homes, have restricted access to the resources and nutrition information necessary to enhance food security. Globally, women are more vulnerable than males to poor health due to food poverty, food insecurity and malnutrition (Rotter, 2019).

In Asia, including Pakistan, the mortality rate is higher in females, which may be due to micronutrient deficiency and poor healthcare for females. Moreover, illiteracy, poverty and family size might be other

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causes of food discrimination among male and female members of households, which in turn causes poor health status, especially for female members (Matanda et al., [2014](#)).

In Pakistan, gender inequality and its impact on malnutrition begins at birth. Although the attitudes of the masses are changing, even today, the birth of a girl is not a happy event. Women don't get the same attention as men regarding diets and health care. Girl's diets are associated with certain taboos and negative thoughts, so girls are often not given nutrient-dense foods like meat and eggs regularly. It is related to the apprehensions that girls having nutritious diets may reach puberty earlier. The parents fear that protection of their daughters from sexual harassment might become difficult after puberty. In our rural culture, issues of girls' protection are strongly linked to family honour (Manzoor et al., [2019](#); Shahid et al., [2020](#); Shafiq et al., [2022](#)).

Another important factor that deprives girls of good diets is that they are often considered someone else's property, while sons are likely to support their parents in older age. As a result, the boys are well-fed and knowledgeable. Even these days, women eat last in most households, and sometimes, in impoverished households in particular, women might not even receive enough food to satisfy their appetites. It is common for women to be the most disadvantaged members of homes in a nation where 67% of households cannot afford to buy nourishing meals (Iqbal et al., [2012](#)).

Discrimination based on gender is a widespread problem in third-world countries. The treatment of the female child differs from that of the male child. The gender difference in nutritional outcomes was lessened in households with higher socioeconomic status. The most important factors that affect gender disparity are the mother's education, wealth status, family size, place of residence, parents' awareness level, etc.

The past studies have concluded from their research that low family income, mother's illiteracy, and large family size directly impact the malnutrition of children. Children from low-income families in the aforementioned nations suffer from twice as much malnutrition as children from wealthy families (Gul & Kibria, [2013](#); Asim & Nawaz, [2018](#)).

Children from poor homes are more likely to be malnourished since they have less or no money to buy food. That's why mothers working in poorhouses makes them improve their children's nutrition (Abera et al., [2017](#)). In rural Punjab, India, a study measuring selective discrimination against female children revealed that households with low socioeconomic status (landlessness) discriminated more against girls when it came to food and medical expenses than did households with high socioeconomic status (land ownership), (Jayachandran & Kuziemko, [2011](#)).

The number of children living in the home is another significant factor that contributes to the gender difference between men and women. The findings indicate that gender inequality rises as the number of children increases. When there are more kids living in a household, the female child usually suffers from malnutrition more than the male child. The Mozambique study, which discovered that rising household size raises Z-scores with age, is comparable to this one. (Inguane, et al., [2020](#)).

In a similar vein, a mother's level of education and social standing have a significant impact on how well-nourished her children become as adults. In addition to promoting better child health, it reduces gender differences in nutritional status and health outcomes (Shinsugi et al., [2019](#)). The theoretical backdrop indicates that the mother's education has a major impact. Higher levels of childbirth education have also been found to have an impact on the gender difference in children's food consumption. The nutrition of a male child is more positively impacted by the mother's education than that of a female child (Ali, [2021](#)).

The most prevalent issue in poor houses is sexism. In impoverished communities, parents tend to care for their sons more than their daughters due to incorrect, internalized norms (Jayachandran & Kuziemko, [2011](#)).

In a poor household, mothers give food to their sons and husbands first and later give it to their daughters and eat them. Most probably, insufficient and poor-quality food is left for females (Arif et al., [2012](#)).



Sons are chosen over girls in impoverished households since it is thought that the former would provide for the latter's income in old age, and the latter would be a burden. Therefore, there is prejudice in the distribution of food, clothing, education, and medical costs because of this idea of parents and elders in the home (Jayachandran & Kuziemko, 2011).

Gender discrepancy in food consumption, both in terms of quantity and quality, is a key contributing factor to malnutrition among female children. This inequality stems mostly from the perception that a female kid is less valuable than a male child. There is persistent reporting of gender disparities in health, education, and nutrition in a number of South Asian countries (Smith & Haddad, 2015).

According to research by Matanda et al. (2014.), if male and female children under the age of five receive the same level of care and nutrition, then their anthropometric status may be comparable. The difference in long-term physical development is linked to the difference in food.

Statement of the Problem

In rural areas of Punjab, gender inequality can be seen in every aspect of life. The women are treated unequally in all aspects, i.e. health treatment, education, social participation, food intake, family planning, social activities, power and status. Because men dominate in society and women's rights are ignored. Gender disparity exists when it comes to providing for family members, which is ruthless for women's health. It is necessary to have a profound awareness of household dynamics and structures while designing treatments in this context. The causes of this unfair and unequal distribution of food among family members must be brought to light.

Significance of the Study

The study was conducted to explore gender discrimination regarding food intake in rural women in Okara district. It has prevailed at the larger scale in our society so it is vital to have in-depth understanding of causes and effects of gender discrimination in “food intake” at household level. It has serious implication on health of women in general and as indicated by health indicators of our country. It is established fact that health has key role in human life and the “sociologists” are interested for healthy ways of living.

Examining the consequences of gender differences in food intake among rural females in our study area is the aim of this study. The study offers information on several elements that have evolved into the root causes of disparities in food intake across genders.

Objectives of Study

- To collect socio-demographic profile of respondents
- To find out the status of food intake and disparities regarding food intake.
- To explore the factors of gender discrimination which may affect the food intake

Methodology

To find out what factors lead to gender disparities in household food distribution, data was collected from 390 women who were selected from the rural community of Okara. A mixed methods approach was used for data collection and analysis in this research, integrating quantitative and qualitative methodologies (Creswell & Tashakkori, 2007). This is because mixed-method designs can provide comprehensive and in-depth data to solve research queries while also meeting study objectives.

For this study, our target area was rural areas of tehsil Depalpur, district Okara, Punjab, Pakistan. A mixed-method approach was used in this research. A multistage sampling technique was used for this study. In the first stage, one tehsil, namely Depalpur, was selected through simple random sampling. Depalpur tehsil is administratively subdivided into 55 union councils and 147 villages, and its total population is 99858. In the second stage, two union councils (10 villages) of tehsil Depalpur were selected randomly. In the third stage, 2 villages from each union council were selected through a simple random sampling technique, and a proportionate sample of 390 females (193 married and 197 unmarried) were interviewed through a household survey.

The data was collected through a questionnaire (regarding the inequity of food intake in rural areas) from married and unmarried females. The face-to-face interview method was used to collect data. An interview guide was used for qualitative data collection, and those respondents who had knowledge about the importance of balanced food intake and its effect on female health were selected purposively. The interview guide was designed in the light of research objectives.

After data collection, it was analyzed using different tests. Data analyzed by three steps, firstly researcher analyzed demographic variables. In second step, researcher used mean frequency, percentage and descriptive analysis using SPSS. In last step, researcher analyzed data which was taken from female interviews. Researcher used thematic analysis for in-depth interviews.

Results and Major Findings

Table 1

Percentage and Frequency Distribution of respondents according to socio-demographic characteristics (N=390)

	Categories	Frequency	Percent
Age	14 -18	120	30.77
	19-23	108	27.69
	24-28	72	18.46
	29-33	35	8.97
	34-38	26	6.67
	39 and above	29	7.45
Education	Primary	99	25.39
	Secondary	90	23.08
	Higher	29	7.44
	Illiterate	172	44.10
Marital Status	Unmarried	197	50.51
	Married	193	49.49
	Household Income	Poor -monthly income up Rs. 25,000	242
Middle-monthly income Rs 30,000-60,000		132	33.85
High income -monthly income more than Rs,60000-100000		16	4.10
Family Head	Man	291	74.62
	Women	99	25.38
Family Type	Nuclear	137	35.13
	Joint	201	51.53
	Extended	52	13.34
Family Size	Up to 6	13	3.33
	6-12	69	17.69
	13 & Above	308	79.42

The data given in the table shows different age groups of females that participated in the study; most of the respondents (30.7%) were in the age group 14-18 years, followed by the age category of 19-23 years (28%), while 18.46% were between (24-28) age group.

The table further shows the distribution of the respondents by level of education. The high frequency of illiterate female respondents was 44.1%. Only 25.39% of respondents (females) have primary education,



while 23.08% of respondents have secondary education. Higher education is only 7.44% frequency. This table shows that in rural areas, education is at a low level, in which most of the students get primary and secondary education. This table shows the major frequency of females who are illiterate, and a small percentage has higher education in rural areas according to this table. The percentage of unmarried and married respondents was 50.51% and 49.49%, respectively.

In the frequency distribution of household income, only 4.10% of households had higher income, 33.85% of households had middle income, and 62.05% of households had poor income. This table shows that the majority of the income in rural areas is poor. The majority of the household heads were "male" (74.62%), while 25.38% were "female" heads of the family, with widows also included. According to the types of their family system, 51.53% of respondents were living in joint family systems, 35.13% were in nuclear family systems, and 13.34% were living in extended family systems. The family size of the respondents consists of 16-19 members, of which 30.0%, 17.69% of families have 7-11 members, 26.92% of respondents have 12-15 family members, and 22.50% of households have more than 20 family members. However, the family size under 4-6 is the lowest, at 3.33%.

Table 2

Number of meals per day, food groups and status of food intake (N=390)

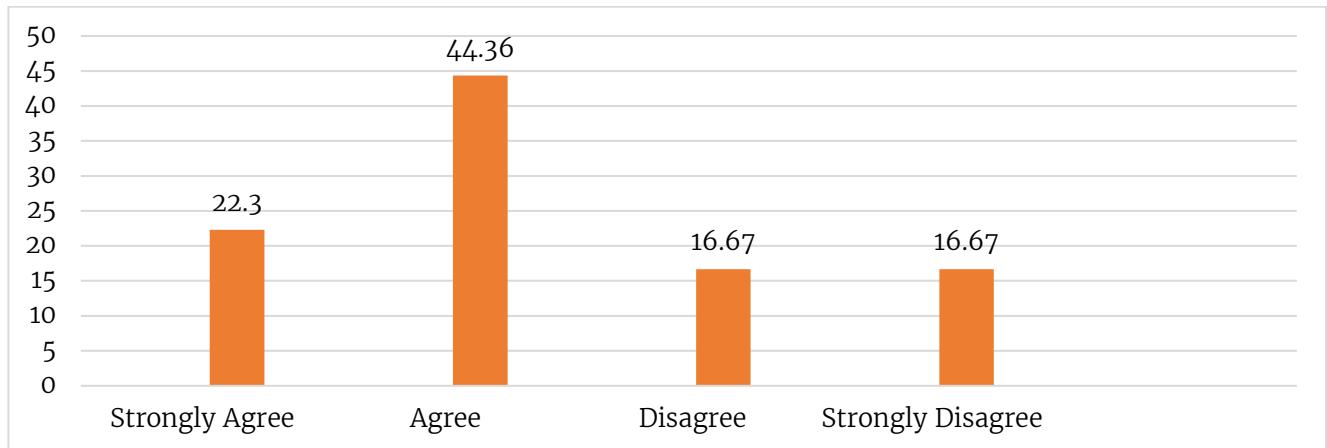
Status of food intake	Categories	Frequency	Percent
Number of Meals/Day	One	5	0.50
	Two	299	77
	Three	86	22.5
Necessary Food Group Items	Daily (Yogurt-Milk-Eggs- Meat-Chicken-Vegetables-Fruits)	15	4
	Weekly (Yogurt-Milk-Eggs- Meat-Chicken-Vegetables-Fruits)	26	6
	Fortnightly (Yogurt-Milk-Eggs- Meat-Chicken- Vegetables-Fruits)	101	26
	Occasionally (Yogurt-Milk-Eggs- Meat-Chicken- Vegetables-Fruits)	248	64
Daily Diet Intake Status	Balanced	25	7
	Average	159	40
	Low Average	184	47
	Below Average	22	6

This table provides information about "how many meals to eat in a day" 0.50% of respondents eat one time a day, whereas the majority of the respondents (76.67%) eat two times a day. According to the table, 22.75% of respondents eat three times a day. The frequency distribution of necessary food groups takes females in households: 3.85 % of respondents are taking necessary food groups daily, and 6.67% of respondents are taking necessary food groups weekly. Moreover, 25.9% of respondents are taking necessary groups fortnightly, While 63.60% of respondents are occasionally taking necessary food groups. According to a table, in rural areas, the majority of females take necessary food groups occasionally, while in rural areas, females have no proper food. They do not have a necessary food group in their diet.

In this table, 40.77% of respondents take an average diet, while 47.18 % of respondents take a below-average diet. However, 5.64% of respondents have taken a below-average diet and 6.41% nutritious diets. According to the data, the majority of the respondents take a below-average and average diet. A greater percentage of respondents had a below-average diet. Only a small percentage of respondents are taking the balanced diet.

Figure 1

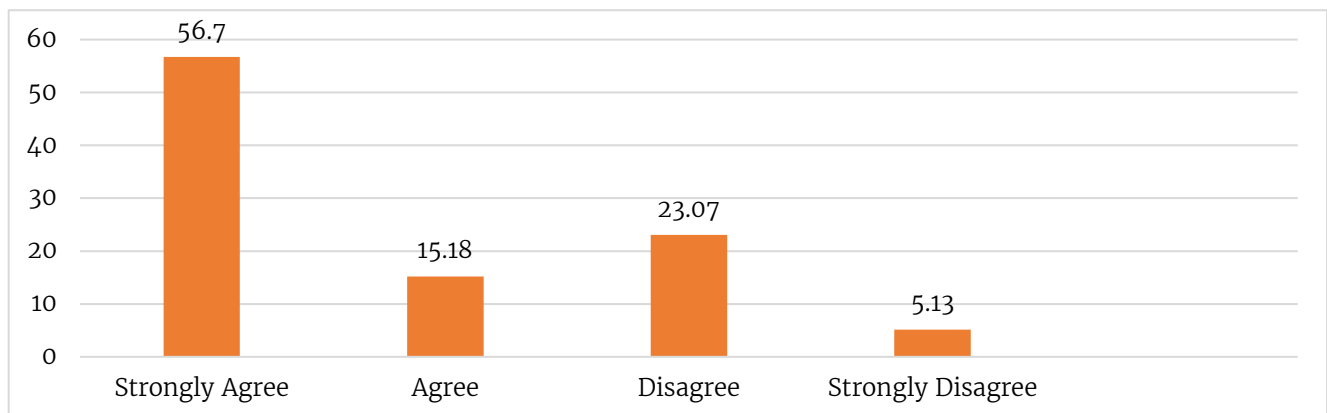
Status of equivalence in food consumption among male and female



The data reveals that 16.67% of respondents strongly agreed, while 44.36% of respondents disagreed regarding equal intake of food.

Figure 2

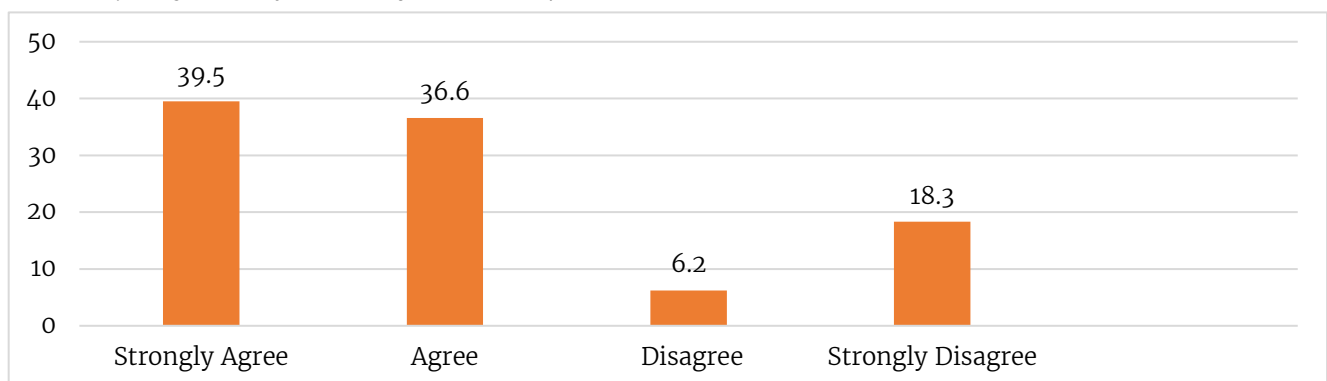
Parent's preference regarding good food Items between boy & girl



The above figure shows that parents prefer son for food items, 56.7% respondents strongly agreed while 15.8% respondents agreed. They said parents prefer boy child than girl child in rural areas.

Figure 3

Food Inequality is a major reason for Female's poor health status



The data in above figure shows that 39.5% respondents strongly agreed while 36.60% respondent agreed and 8.3% respondents disagreed, 6.2% respondents strongly disagreed regarding inequality of food intake and poor health status of females.

**Figure 4**

Gender discrimination is the reason for food disparity.

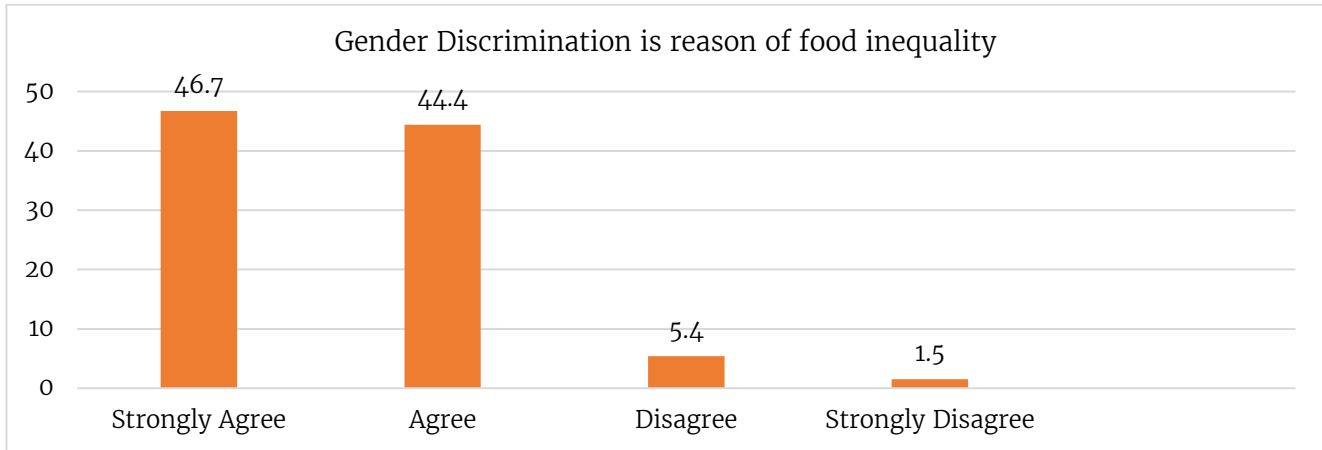


Figure no. 4 shows that 47% of respondents strongly agreed, while the majority of respondents, 44.4%, agreed gender discrimination is the reason for food inequality in rural areas. Gender inequality prevailing in rural areas was found to be the basic cause gender disparity in food intake in rural females.

Interview

It is the second part of research. The data is collected from 10 respondents comprising of 5 married and 5 unmarried females. Topic was discussed in detail with these females. The respondents discussed about their food intake habits and routine.

Married Respondents

Food inequality is the major issue in society. The females, at their different age levels, face different problems regarding health due to unequal or inadequate food. In rural areas, inequality is the major factor that affects most females. A large number of females said that even household females are struggling about inequality in food intake.

One of the females said,

"Food is a fundamental part of our life, but in rural areas, it is neglected. There is no difference regarding food intake for pregnant and a normal married female, which leads the former category to many health issues. In the eyes of other family members, it not a big deal if any female is conceiving a baby".

Some females were of the view that there is a lack of awareness in females regarding necessary food elements in rural areas. There is also lack of guidance and counseling regarding food intake.

One of the females said:

"In rural areas, females do not have proper plans and routines regarding their food intake and quality food. They are not conscious about their food intake. The basic reason is a lack of education and awareness. In rural areas, customs and norms are followed, due to which gender inequality exists regarding food distribution".

One female said:

"In rural areas, there is gender discrimination at a large scale, and gender inequality regarding food intake is also a form of discrimination. Males are preferred over females in household, healthy food is given to males more frequently than females".

One female said:

"There is inequality in food distribution; rural areas participate in household and agricultural work, but they get inadequate food".

One female said:

"Economic status matters intake of quality food; lower-income families lack resources, and as a result, the members of such families do not get enough food, especially females. In rural areas, the traditional system is followed more heartedly, which leads the society towards inequality".

Unmarried Respondents

In rural areas, there is inequality in food distribution between males and females. Most of the women depend on male members of the family. Even old age female members also prefer the male members in many ways but especially regarding food intake. Most of the females are agree about the existence of inequality regarding food intake.

One female said:

"Male family members are preferred when there is a matter of distribution of food; even the old-age female members of the family create such a scenario that compels the family members to accept the dominance of male members. These things are being followed from the ancient times till now".

In a joint family system, there is biasing regarding the distribution of basic needs and facilities, especially the provision of food.

One female said:

"I have three brothers, and all of them are married. Their wives are so good at home in every aspect, but when there comes the matter of distribution of food, they come to biasing as they give the best quality food to their own children in spite of the others. This is also another form of inequality regarding food intake".

In rural areas there is lack of education especially in females. Females are deprived of the right to education so they do not get enough awareness about the food intake and health. Due to lack of knowledge the elder females cannot give proper awareness to their female children regarding the importance of taking healthy and good diet.

One female said:

"Young girls are ignored in food distribution and health matters. At different stages of life, the body needs different food elements, but due to biasing, the boys are preferred over girls regarding the distribution of quality food".

One female said:

"My father and brothers are preferred when there is a matter of distributing healthy food as they are considered the major source of income and are more liable to manage physical work than our female members. Males get more attraction than females regarding getting the health care".

Income matters a lot in the matter of food and health. Poor families are not able to get the necessary food in routine, even in some cases their whole life, which leads them to serious health issues. Rich families are free of this issue of lacking quality food and necessary food items, but poor families have many problems regarding the aforesaid needs because the female members of poor families have to work a lot with their male members, but they do not have good food which is required for their body and health before and after marriage.

One female said:

"I belong to a poor family, and I have to work outdoors for the maintenance of income issues. Despite all this, I cannot get the necessary food items to maintain good health, and by working outdoors, sometimes, I face many problems regarding health in the form of deficiency of necessary vitamins".

Conclusion

It is concluded that there should be some parameters to adopt for the enhancement of awareness about good health and proper diet by educating the people of rural areas, counseling the males and females to take an active part in equalizing the distribution of basic rights between males and females, some strategic steps should be taken to overcome the poverty by government and the discrimination should be reduced from the minds of people from such areas by raising awareness campaigns. Females are the equal and essential part of the society and they should be given the equal rights for everything as they are the fundamental part of the society.

Recommendations

There should be training projects for women regarding kitchen gardening, livestock management, poultry, and nutritious food preparation in order to improve food intake among rural women and reduce



malnutrition. For women to be more productive and healthy and to preserve their general well-being as well as that of their families, homes and children, it is imperative that they have access to food security, nutrition, and employment opportunities.

On all fronts, it is imperative to increase awareness and highlight the critical relationship between women's empowerment and science-based nutrition. Programs at all policy levels need to incorporate gender-sensitive nutrition components because of the precarious position that women and girls face in Pakistan.

It is necessary to establish and maintain an efficient behavioral change and communication plan that is culturally appropriate. Teachers, social leaders, and religious leaders may all make a significant contribution to raising public understanding.

Healthcare providers should incorporate gender related messages in their counselling sessions and interact with families and convince them to support the women in fulfilling their health and nutritional needs. Healthy mothers and kids will create stronger, more capable, and developed communities, which will positively impact Pakistan's present and future.

In order to minimize gender disparity regarding food intake among rural women and to eradicate malnutrition, there should be training projects by the Govt. and other stakeholders for women regarding kitchen gardening, livestock management, poultry and nutritious food preparation. For women to be more productive, healthy and to preserve their general well-being as well as of their families, homes and children, it is imperative that they have access to food security, nutrition, and employment opportunities.

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