

**Original Article**

# Frequency and Psychosocial Determinants of Gender Discrimination Regarding Food Distribution among Families

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**Abstract:**

Due to male dominance in society as well as in households, the rights of females are ignored. Hence, there exists gender discrimination while giving food to family members which in turn results in poor health status for females. Therefore, it is important to explore the causes of this unequal distribution of food among family members **Objective:** To determine psychosocial factors causing gender discrimination regarding food distribution among families **Methods:** Data collected from fifty females aged 15-80 years, selected from the urban community using non-probability consecutive sampling, were used for analysis. Females with malnutrition, psychological disorders, with laparotomy and major surgery were excluded. Gender discrimination was assessed as males or male children were preferred for better and more food items like fresh food, meat, fruits, milk, dairy products and multivariate logistic regression analysis was done to see the impact selected factors on gender discrimination **Results:** The large family size (> 6 members) showed significantly higher odds of discrimination (OR=3.89; 95% CI= 1.03-15.26) than smaller families. The odds of food discrimination were 4 times more for the families, with males being earning hand (OR=4.57; 95% CI= 1.19-18.31). Similarly, there exist higher odds of gender discrimination in low-income families (OR=5.10; 95% CI= 1.18-23.87). While maternal education reduces the chances of food discrimination (OR=0.10; 95% CI= 0.02-0.42) **Conclusions:** Psychosocial factors such as large family size, low monthly income, males being earning hand and maternal education were found to be associated with gender discrimination regarding food distribution among family members.

**Key words:** Psychosocial determinants, gender discrimination, food distribution, logistic regression, maternal education

**Introduction:**

Gender discrimination regarding food distribution in the household is a major problem that prevails in society. Psychosocial causes for this unequal food distribution are commonly related to mind and beliefs of society about male preference while giving food to family members [1]. Lack of education and awareness might be a cause of greater trend of offering good and nutritious food for males first in the household while female members are considered at second priority with insufficient and inadequate meals [2]. Moreover, with greater awareness and

educational improvement in recent years, people all over the world have become broad-minded however, the discrimination problem still exist particularly in lower socio-economic community [3, 4]. In past few years, the unequal distribution of food at domestic level has been the point of interest of researchers. However, food distribution in family systems has not been studied so much [5].

The gender discrimination may vary in different family systems linked to the extent and rigidity of patriarchy [6, 7]. Despite the achievements by

both genders in family, discrimination in food distribution still exists [8]. The conflict between work and family roles occurs when a family member has increased demand at both places & it becomes difficult to join both simultaneously [9, 10]. Hence he expenses and income of the family determine nutrition of the family [11]. In Asian countries, 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 causes of food discrimination among male and female member of households [12], [13] which in turn cause poor health status especially of female members. Thus, the aim of this study is to assess the frequency of gender discrimination regarding food distribution among males and females and to explore the causative factors through some empirical methods. In addition, the findings of this study might be helpful for policy implications to overcome this discrimination.

### Methods:

It was a cross-sectional study conducted at out-patient department (OPD) Medicine, Mayo Hospital, Lahore. Fifty (50) females aged 15-80 years, from urban community attending OPD, were selected using non-probability sampling. Females with malnutrition, psychological disorder including obsessive-compulsive disorder (OCD) and schizophrenia, with laparotomy and major surgery were excluded. Informed consent was taken from participants. A questionnaire consisting of questions about social factors affecting gender discrimination in food distribution such as family size, working members of family, monthly income status, literacy level and occupation of the mother and family type, was used to collect the information. Gender discrimination was assessed as males or male children were preferred for better and more food items like fresh food, meat, fruits, milk, dairy products, etc. and impact selected factors on gender discrimination was assessed by multivariate logistic regression. Data were compiled and analyzed using SPSS v.22.

### Results:

**Descriptive measures:** Gender discrimination regarding food distribution among male and female members existed in 27 families out of 50 (54%). There existed high frequency of gender discrimination in large families (63%) as well as in poor families (52%). Moreover, frequency was higher in families with males being earning hand (67%) (Table 1).

### Multivariate Logistic Regression

**Analysis:** The large family size (> 6 members) showed significantly higher odds of food discrimination among male and female members (OR=3.89; 95% CI= 1.03-15.26). Moreover, the odds of food discrimination were 4 times more for the families, with males being earning hand (OR=4.57; 95% CI= 1.19-18.31). Similarly, there was higher odds of gender discrimination in low income families (OR=5.10; 95% CI= 1.18-23.87) as compared to higher income families. While maternal education reduced the chances of food discrimination (OR=0.10; 95% CI= 0.02-0.42). However, type of family showed a minor impact on gender discrimination for food provision (OR=1.07; 95% CI= 0.3-3.88) (Table 1).

### Discussion:

We have studied the psychosocial determinants for gender discrimination regarding food distribution among the male and female members in the household. Our study highlighted different factors that may cause the gender discrimination in food distribution. Findings suggested that the family size plays a significant role in increasing gender discrimination in food distribution in families which is in the line with findings of other studies. Moreover, globally we did not find a consistent trend of unfair family food distribution, except in South Asia [14-16]. In South Asia the little information available shows that women are differentiated whether earning hand or not and get lesser share in domestic food distribution as compared to men [17-19]. This clearly shows that this food distribution at domestic level may fail to provide nutritious food to female members of the family,

Variables	Frequency		Logistic Regression Results
	Discrimination Exist	Total	OR (95% CI)
	N (%)	N (%)	
Family size >6	17 (63)	24 (48)	3.89 (1.03-15.26)
Family size ≤6	10 (37)	26 (52)	ref
Earned only male	18 (67)	25 (50)	4.57 (1.19-18.31)
Earned not only male	9 (33)	25 (50)	ref
Income <10,000	14 (52)	18 (36)	5.10 (1.18-23.87)
Income ≥10,000	13 (48)	32 (64)	ref
Literate	20 (74)	25 (50)	0.10 (0.02-0.42)
Illiterate	7 (26)	25 (50)	ref
Nuclear family	11 (41)	20 (40)	1.07 (0.3-3.88)
Joint family	16 (59)	30 (60)	ref
Total	27 (100)	50 (100)	

**Table 1:** Frequency/ and Association of Gender Discrimination with Psychosocial Factors

Note: Significance at 5% level of Significance; OR= Odd Ratios; CI= Confidence Interval

who do most of the household work & have to feed the babies. There are certain factors that affect food distribution at domestic level. By knowing these factors government may modify policies to discourage this injustice in food distribution [13]. Hence, these policies will result in good nutrition of pregnant or lactating mothers rather than focusing men only. However, little knowledge about these factors is the major reason to remove this injustice in domestic food distribution [13].

There are few studies which addressed the relationship among income, food and health in family. Rathnayake and Weerahewa in their study found that females being earning hand plays a vital role in allocation of their food at domestic level as in our study but they didn't study impact of all earning hands of family [20]. Cantor and Associates in their study found that it's the body size that determines food allocation irrespective

of male or female member but they didn't study high energy requirement for heavy weight members [21]. Pitt et al., in their study found that male members existing health affects food distribution at domestic level while it didn't for females. There was a 10% increase in health status was noted with a 6.8% increase in food intake for males but only one tenth of that for females [22].

This showed that discrimination existed in food distribution among different family members as in our study. Findings of this study also demonstrated the maternal education is an effective measure for equal distribution of food among male and female family members. Since maternal education play a vital role for the welfare of household. Hence, it may also decrease discrimination through better control over source, awareness and knowledge. Also, household's better earnings as well as mother's

higher educational level might also be considered as a proxy for maternal empowerment in the household which further act as a mediator for the reduction in gender discrimination.

### Conclusions:

In conclusion, psychosocial factors such as family size, low monthly income, males being earning hand, illiteracy and maternal education were found to be associated with gender discrimination for food distribution among family members. Therefore, policies interventions set for the maternal education, better earning opportunities especially for educated mothers and provision of food to poor families at subsidized rates might be helpful. Also, the health scheme for better healthcare such as Health cards should be promoted which may help the deprived population through better health treatment at subsidized rate or for free. Awareness through electronic, print and especially through social media, about equal social status for male and female in the society, may also be effective to minimize this gender discrimination.

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