

ORIGINAL ARTICLE

Gender-Based Comparative Analysis Regarding Non-Communicable Diseases Caused By Malnutrition

HAFIZ ALI RAZA¹, MADIHA NAZ², SYED MUHAMMAD AHMAD GILLANI³, NORINA JABEEN⁴, ABDULAZEEZ HUDU WUDIL⁵, ADEELA MANZOOR⁶

¹Scholar, Institute of Agricultural Extension Education and Rural Development, University of Agriculture Faisalabad

²Lecturer Sociology, Department of Sociology, Riphah International University Faisalabad Campus

³M Phil Sociology, Department of Sociology, Bahauddin Zakaryia University Multan

⁴Rural Sociology, Department of Rural Sociology, University of Agriculture Faisalabad

⁵Scholar, Agricultural Economics, Institute of Agricultural and Resource Economics, UAF

⁶Assistant Prof. (Visiting), School of Arts & Design, National Textile University Faisalabad

Corresponding author: Adeela Manzoor, Email: adeela.bhatti@uaf.edu.pk

ABSTRACT

Non-Communicable Diseases (NCDs) are exacerbated by malnutrition. The purpose of this study was to examine how respondents viewed about NCDs. One tehsil (Sadiqabad), two union councils, and four villages (two villages from each union council) were chosen by the multi-stage selection. In this regard, 41 respondents from households were randomly picked in each selected village. Malnutrition was shown to be a contributing factor in a slew of illnesses prevalent among rural residents. Dizziness was found to be the most common NCDs among the participants. The t-test found that male participants were more likely to suffer from NCDs than female individuals. The study recommended that rural households should be informed about NCDs via non-formal educational institutions, such as extension services.

KeyWords: malnutrition, rural households, gender, diseases, education.

INTRODUCTION

Inadequate nutrition may lead to malnutrition in humans. Malnutrition is a term used to describe a state in which a person is deficient in one or more nutrients. Various eating disorders may arise due to an individual's body consuming too many or too few nutrients (Nordqvist, 2016). WFP and Pakistan's Planning Commission have declared malnutrition a critical public concern. Malnutrition has been a problem in Pakistan for the last four decades (Ali and Lindstrom, 2006). Pakistan is the most malnourished country in South Asia, and 83.4 percent of families in Balochistan are undernourished. According to Pakistan's Planning Committee, 68.5 percent of the population can still afford a decent diet.

An increase in the incidence of NCDs is assumed to result from a complex interaction between demographic, socioeconomic, dietary, environmental, and lifestyle changes (Stuckler et al., 2008; Hawkes and Popkin, 2015). In emerging nations like Latin America and South Asia, NCDs often was thought of as illnesses of the affluent West. Still, the prevalence of NCDs is increasing in South Asia, posing a severe danger (Bishwajit, 2015). NCDs have surpassed infectious illnesses as the primary cause of death and morbidity in the world (in 1999, they accounted for 43% of the total disease burden) and are expected to do so within the next decade (Wagner and Brath, 2012).

Many people in Pakistan do not have access to appropriate food because of food insecurity, even though there is sufficient food production (Janjua, 2016). Malnutrition is common in Pakistan. As a result of its poverty, Pakistan has grown from a small nation to the world's fifth-biggest. People cannot provide for themselves daily because of poverty. Pakistan is particularly vulnerable to the high rates of malnutrition seen elsewhere in South Asia because of the country's poor food distribution, lack of market regulation, and scarcity of food in the household (FAO, 2014; Islam et al., 2014). According to the country's

National Nutrition Survey, more than half of Pakistanis and just one out of every ten people in the country are on a diet (Mehboob et al., 2016). Approximately 780 million people in developing nations are undernourished, while an additional 281 million are severely undernourished (Liu et al., 2015). Most nations' authorities and traditional traditions have significantly impacted the food people consume and prepare for healthy dietary habits.

According to Sarfraz (2011), social feeding habits, on the other hand, were seldom the root cause of malnutrition in developing countries. These women's needs for high-energy diets in the months before giving birth have been considered in several policies aimed at reducing health disparities for them. It was all genuine. In certain societies, traditional dietary habits and restrictions may cause nutritional deficits in some individuals, although this is not universal. People in Pakistan, especially those in rural areas, have a lower status than most other European countries in the world (UNFPA (2005). The demographic situation of the mother, as well as the availability, accessibility, and use of essential services, determine her nutritional condition and, by extension, the health status of the baby she is carrying or nursing.

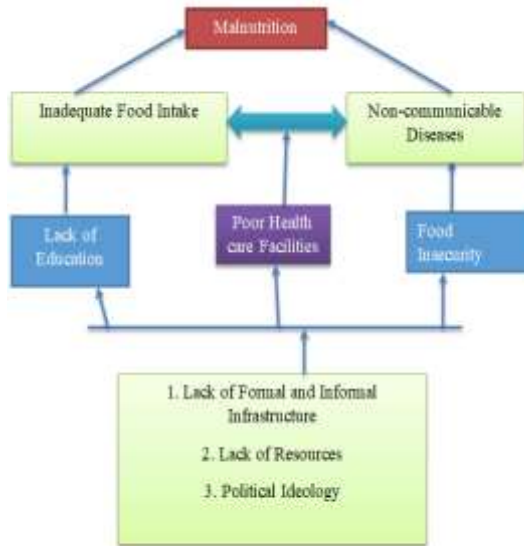
There are different non-communicable diseases in Pakistan due to malnutrition, but the people are only aware of iodine and protein deficiency (Inayat, 2008). The people ignore the remaining non-communicable diseases. The main objective of this study is to fill the gap in the literature on the level of respondents' awareness regarding non-communicable diseases. The present research aims to fill this gap through two main objectives.

1. To identify the awareness level of the respondents regarding NCDs
2. To analyse the gender base comparative analysis of NCDs

METHODOLOGY

The present study was conducted in Rahim Yar Khan, a district of Punjab, Pakistan. Tehsil Sadiqabad (TS) was chosen at random. It is consisted of 29 UCs (25 Rural Union Council (RUCs) and 4 Urban Union Council (UUCs). Two RUCs were chosen at random from total 25 RUCs. From each RUCs, two villages were selected. From each village 41 men and women from low-income households were chosen at random to make a total sample size (SS) of 164 from the overall population, with a 93% confidence level and an error margin of 7%. With the support of nutritionists, a well-structured interview schedule was devised to gather information on different NCDs. The SPSS was used to examine the data.

Conceptual Framework



Source: Authors Computation

RESULTS

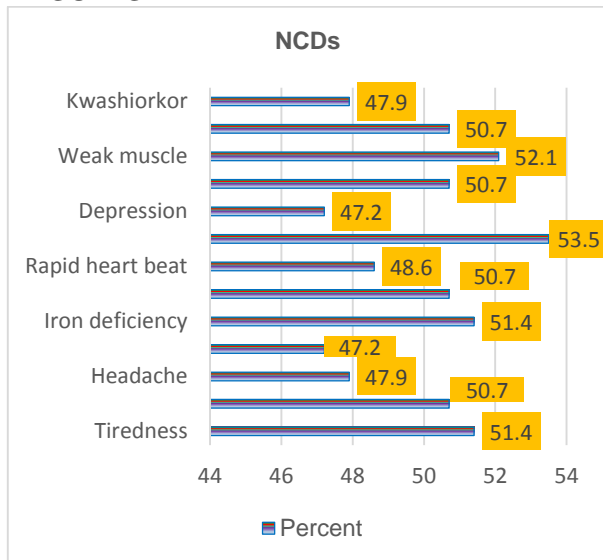


Figure 1: Distribution of the respondents regarding NCDs

Fig.1 shows that more than half (51.4 %) of respondents suffered from tiredness, while 48.6% of respondents did not. It is revealed that 50.7% of respondents were suffered from shortness of breath and 47.9% of respondents complained about severe headaches.

It is estimated that 47.2% of respondents suffered from dizziness; whereas 52.8% of respondents were not. The result also indicates that 51.4% of respondents suffered from Iron deficiency. This finding is in line with (Haidar et al., 2003) who reported that the prevalence of malnutrition was positively correlated iron deficiency.

It also indicated that 51.4% of respondents experienced pale skin, and about 49.3% of respondents usually did not have pale skin. The Table also shows that 51.40% of respondents suffered from a rapid heartbeat. Moreover, 53.5 percent of respondents were suffering from lethargy, whereas just 46.5% of respondents were not. Depression were also reported by 47.2 percent of respondents. According to the survey results, 50.7 percent of respondents had experienced weight loss, 49.3 percent had experienced shortness of breath, and 39.1 percent had not experienced any of these symptoms. Regarding weight loss, 52.1 percent of respondents had weak muscles, while 50.7 percent of respondents had rickets in newborns, and roughly 74% had Kwashiorkor disorders in youngsters. When it comes to the impacts of hunger, Harvey and David observed that it depends on the level of cognitive security. The most typical symptoms of malnutrition are exhaustion and weakness. Even an iron shortage might affect one's ability to function. It's very uncommon for individuals to experience shortness of breath, a quick heartbeat, dizziness, a light headiness, and headache when driving, as well as irritability and other mood swings.

Table 1: Descriptive statistics regarding NCDs

NCD	S.S	Minimum	Maximum	Mean	Std. Deviation
Tiredness	164	1	2	1.48	.501
Shortness of breath	164	1	5	1.56	.785
Headache	164	1	2	1.52	.501
Dizziness	164	1	11	1.57	.893
Iron deficiency	161	1	2	1.52	.501
Pale Skin	164	1	2	1.51	.501
Fast Heartbeat	164	1	2	1.51	.501
Lethargy	164	1	2	1.54	.500
Depression	164	1	2	1.53	.501
Weight loss	164	0	2	1.43	.508
Weak muscle	164	1	2	1.52	.501
Rickets	164	0	2	1.49	.513
Kwashiorkor	164	1	2	1.52	.501

Table 1 represents the descriptive statistics of NCDs. It appears from the above Table that dizziness showed the highest mean score and standard deviation (M=1.57, SD=.89). Moreover, the respondents perceived shortness of breath as the second non-communicable disease. At the same time, lethargy showed the least standard deviation (SD=.50) among NCDs. Previous researches indicated that NCDs may be alleviated by a diet rich in vitamins and minerals. In South Asia, a wide range of non-

communicable disorders, including diabetes and hypertension, and obesity became severe challenges to the health sector. In rural areas, uneducated women, young brides, and lower socioeconomic status were more likely to be malnourished (Bharari et al. 2007). As a person gets older, her BMI (body mass index) rises, as does her educational level, her family's wealth, her marriage age, and the age at which she gave child (Zahangir et al. 2017). In Pakistan, malnutrition is exacerbated by a lack of energy and nutrients in the diets of rural inhabitants. A growing number of people are suffering from non-communicable diseases (NCDs), which are linked to an unhealthy diet and lack of physical exercise. A lack of energy and nutrients in one's physical state is malnutrition. Eliminating all types of malnutrition is the ultimate goal of the United Nation's second Sustainable Development Goal (SDG). The prevalence of malnutrition in children (as shown by stunting, wasting, and underweight) increases their vulnerability to illness and mortality. Vitamin and iron insufficiency is one cause of malnutrition linked to a lack of micronutrients (Ahmad et al. 2020).

Table 2: Gender base comparative analysis regarding non-communicable diseases

Gender	N	M	SD	t	Df	Sig
Female	77	1.48	.15	-2.83	159	.00*
Male	84	1.55	.16			

Table 2 shows the mean score of male and female independent t-tests. And male research students' mean scores were higher than female research students' mean scores. Because male research students' test scores were (M=1.55, SD=.16). On the other hand, female research students scored (M=1.48, SD=.15). Male study participants have a higher degree of disease than female researchers.

CONCLUSION

Because rural areas lack educational opportunities, most rural residents are uneducated. Their health is negatively impacted by malnutrition. The whole family, including the newborn, is impacted by NCDs. Diseases including lethargy, fast heartbeat, underweight, weak muscles and kwashiorkor, rickets, depression, and exhaustion are frequent, as are iron deficiency symptoms like dizziness and headaches, and excessively pale skin. According to the findings, men in the research region are more likely to suffer from NCDs than females. As a result, rural households must be aware of their nutritional state. Men's and women's nutritional health is critical since the harmful consequences of malnutrition are passed on to future generations.

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