

Gender Disparities in the Distribution of Food among School-Age Children in a Rural Community of Kavrapalanchok District, Bagmati Pradesh of Nepal

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Abstract:

All over the world, unequal access to resources and power is central to discrimination against women in the state, community, market, and even within their households. Correcting this disparity is vital to realize women's right to food. Discrimination in the distribution of food leads to increased malnutrition, which can reduce learning potential, increase reproductive and maternal health risks, and lower productivity. These factors reduce women's economic abilities, undermining gender equality and conning women in a vicious circle of poverty and under-nutrition. Though the position of a girl child has been stressed time and again, yet a wide level of disparity still exists, whether implicit or explicit, in nutrition and child care both in rural and urban areas. Various underlying factors are responsible for this disparity. Girls face discrimination from the moment she born. They are discriminating even on the distribution of food. Food availability does not always ensure equal access to the entire family member. Even today, the discrimination of food and nutrition depends on the old age tradition and norms set by the communities. Therefore, this study was conducted to record the gender disparity in the distribution of food among school-age children in a rural community with the objectives of comparing the gender disparity in the distribution of food among school-age children (6-19 years) in rural areas. And to assess the different socio-demographic factors affecting the gender disparity. A school-based study was conducted in Kavrapalanchok district, Bagmati Pradesh of Nepal.

Keywords: Gender disparities, distribution of food, school-age children, nutrition, discrimination

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I. INTRODUCTION

Women themselves are often the victims of food discrimination, which compromises the nutritional and health status of female family members. In many houses and communities, girls and women eat only the food that is left after the males in the family have eaten. This often results in chronic undernutrition. In Southern Asia, men and boys consume twice as many calories, even though women and girls have do much heavy work.

Women themselves are also the victims of food inequality, which threatens women's family members' nutritional and health status. Women and girls in many households and cultures consume only the food that is left after the males in the family have fed. Chronic undernutrition also results in this. Men and boys eat twice as many calories in parts of South Asia, even though women and girls do most of the heavy work. In India, a study found that girls are four times more likely than boys to suffer from acute malnutrition. ([http@www.fao.org/3/y3969e/y3969e03.htm](http://www.fao.org/3/y3969e/y3969e03.htm))

Nutritional standards vary based on age, gender, and health status, and level of service. Women need specific extra nutrients during their reproductive periods, particularly at pregnancy time. It determines the nutritional status of these women and their children. These additional needs are not always known, and the effects are endured by women and children. In developing countries, for example, almost half of women suffer from anemia, which affects their health, limits their mobility, and significantly increases the risks they face during pregnancy and childbirth. Their children also face significantly higher rates of child mortality and birth defects.

In addition to CEDAW, as many as 16 international human rights instruments have been ratified by Nepal, including the United Nations Convention on the Abolition of All Types of Discrimination against Women, the Convention on the Rights of the Child (CRC), International Labor Organization (ILO) Convention 169 and the Convention on the Elimination of Racial Discrimination. Nepal has also agreed to international agreements

setting targets for food security and gender equality (the Millennium Development Goals, preceded by the Sustainable Development Goals). These initiatives are all directed at achieving gender justice (Gheaus, 2012). In conformity with these international provisions, Robeyns (2007) argues that a gender-just society requires similar capability sets for women, removing gender-differentiated constraints on choices and resulting inequitable benefits for women and men.

Through decision-making processes and responsibilities for creating, earning, buying, preparing, and consuming food, gender inequality and cultural power disparities within households can affect the protection of women's food and nutrition (Ramachandran, 2006). Serious public health issues for children in developed countries are nutrition (Nandy et al. 2005). Undernutrition is one of the measures of health status that the World Health Organization (WHO) recommends for quality in health (Zere and McIntyre, 2003) Thus the poor bargaining status of women results in little voice in food decision-making and unequal feeding and care activities that benefit males (De Schutter, 2013). Men have the negotiating power to decide on the allocation of food because they are considered to contribute more to the budget of the household (Griffiths et al. 2002). While women are often found responsible for food preparation, men are responsible for the distribution of food (DeRose et al. 2000).

It has been estimated that about 70% of undernourished children live worldwide. In Asia, the country's largest concentration of nutritious children worldwide is (Khor, 2008) Earlier studies, however, has produced contradictory results. Some studies hasexposed preferences for food allocation for males over adult females, resulting in compared to males; females are less likely to meet their nutrient necessities (Gittelsohn 1991; Gittelsohn, 1997).

Approximately 70% of the world's undernourished children are estimated to live in Asia, giving that region the highest concentration of world-wide children nutrition (Khor, 2008).Earlier research, however, has generated contradictory results. Some studies have exposed that food allocation preferences for adult males over those of adult females, resulting in that women who were less likely to meet their nutrient requirements as compared to that of the men (Gittelsohn 1991; Gittelsohn, 1997).Besides, India has the world's highest rate of childhood undernutrition, and more than half of Indian children are reported to be undernourished (Bamji, 2003). Nepal isn't out of it anymore, either.

For a long time, the status of a child in Nepalese society has been decided by gender. Gender discrimination is the denial of equality, freedom, opportunity, and complementation in any manner based on basis of gender. The girl child faces the disrespect of the family in the form of failure to provide the necessities of life in terms of food, clothing, love, shelter, supervision, education, and medical care. Gender disparities exist in almost every country but to a varying degree. Moreover, till now in many Nepalese rural and urban societies, there are disparities in the distribution of food to children based on gender. The major area of concern and focus is the remarkable degree of variation in demographic profile, socio-economic dimensions, and cultural practices.

II. SCOPE

Disparities, whether implicit or explicit, in the distribution of food, worsened the difficulty of the girl children, which manifests in the form of excess female illness and weaker, as has been highlighted by many studies. Girls are biologically advantageous than the boys in the perinatal and neonatal period. But this advantage is predominated by societal practices and discrimination as the children grow. Girls are facing discrimination from the moment she is born. And this discrimination establishes itself in every walk of life. In other words, they are not raised as equivalent to their male counterpart. Though the importance of girl children has been stressed time and again, yet a wide level of disparity still exists both in the rural and urban areas. Different underlying factors are responsible for this inequality in the rural areas. Achieving gender equity is one of the main foundations for achieving universal health coverage. Therefore this study was conducted to document the gender disparity in the distribution of food for children in the rural community.

III. OBJECTIVES OF THE STUDY

1. To measure age-wise weight and height of school-age children in the rural community.
2. To disclose the different socio-demographic factors influencing the gender disparities in the distribution of food among school-age children in a rural community.

IV. RESEARCH METHODOLOGY

Research Design - Descriptive as well as analytical.

Study Area: Village municipality of Kavrepalanchowk district.

Study Population: School-age children (6 years to 19 years).

Sample Size: 56 girls and boys were selected using purposive sampling. (Girls were selected who have a brother(s) and boys were selected who have a sister(s)).

Nature and Sources of Data: Qualitative as well as quantitative in nature and primary data were used as a source of data.

Data Collection Techniques: Schedule Interview, Observation, and Measurement. (Below 13 years students' parents were interviewed)

Method of Measurement

Age-wise average height and weight measurements were adopted. The World Health Organization (WHO), Gerontology Research Centre (National Institutes of Health (NIH), USA, and the U.S. Centres for Disease Control and Prevention (CDC) average height and weight growth chart was used. Height was measured using a measuring tape. Children were asked to remove their footwear (slippers, sandals or shoes, etc.) and headgear (ribbons, hair bows, etc.). For weight personal weighing machine is used. The footwear was removed and the children were weighed with minimal clothing.

Table No. 1: Average Height to Weight Ratio for Girls

Female Children - 6 to 12 Years		
Age	Weight	Height
6 yrs	44.0 lb (19.9 kg)	45.5" (115.5 cm)
7 yrs	49.5 lb (22.4 kg)	47.7" (121.1 cm)
8 yrs	57.0 lb (25.8 kg)	50.5" (128.2 cm)
9 yrs	62.0 lb (28.1 kg)	52.5" (133.3 cm)
10 yrs	70.5 lb (31.9 kg)	54.5" (138.4 cm)
11 yrs	81.5 lb (36.9 kg)	56.7" (144 cm)
12 yrs	91.5 lb (41.5 kg)	59.0" (149.8 cm)
Teenage Girls - 13 to 19 Years		
Age	Weight	Height
13 yrs	101.0 lb (45.8 kg)	61.7" (156.7 cm)
14 yrs	105.0 lb (47.6 kg)	62.5" (158.7 cm)
15 yrs	115.0 lb (52.1 kg)	62.9" (159.7 cm)
16 yrs	118.0 lb (53.5 kg)	64.0" (162.5 cm)
17 yrs	120.0 lb (54.4 kg)	64.0" (162.5 cm)
18 yrs	125.0 lb (56.7 kg)	64.2" (163 cm)
19 yrs	126.0 lb (57.1 kg)	64.2" (163 cm)

Table No. 2: Average Height to Weight Ratio for Boys

Male Children - 6 to 12 Years		
Age	Weight	Height
6 yrs	45.5 lb (20.6 kg)	45.5" (115.5 cm)
7 yrs	50.5 lb (22.9 kg)	48.0" (121.9 cm)
8 yrs	56.5 lb (25.6 kg)	50.4" (128 cm)
9 yrs	63.0 lb (28.6 kg)	52.5" (133.3 cm)
10 yrs	70.5 lb (32 kg)	54.5" (138.4 cm)
11 yrs	78.5 lb (35.6 kg)	56.5" (143.5 cm)
12 yrs	88.0 lb (39.9 kg)	58.7" (149.1 cm)
Male Teens - 13 to 19 Years		
Age	Weight	Height

13 yrs	100.0 lb (45.3 kg)	61.5" (156.2 cm)
14 yrs	112.0 lb (50.8 kg)	64.5" (163.8 cm)
15 yrs	123.5 lb (56.0 kg)	67.0" (170.1 cm)
16 yrs	134.0 lb (60.8 kg)	68.3" (173.4 cm)
17 yrs	142.0 lb (64.4 kg)	69.0" (175.2 cm)
18 yrs	147.5 lb (66.9 kg)	69.2" (175.7 cm)
19 yrs	152.0 lb (68.9 kg)	69.5" (176.5 cm)

Source- The World Health Organization (WHO), Gerontology Research Center (National Institutes of Health (NIH), USA, and the U.S. Centers for Disease Control and Prevention (CDC)

Respondents profile

Demographic characteristics of the respondents showed that out of 56, the majority of the respondents were in the age group of 13-19 years, 35 (62.5%). The minority of the respondents were in the age group of 6-12 years, 21 (37.5%). Rightly half of the respondents 28 (50%) were both male and female children.

Table 3: Socio-demographic characteristics of the respondents.

Socio-demographic profile	Frequency	Percentage
Age group		
Below Teenage (6-12 years)	21	37.5
Teenage (13-19 years)	35	62.5
Sex		
Male children	28	50
Female children	28	50
Family structure		
Nuclear	33	58.9
Joint	15	26.8
Extended	8	14.3
Caste/ethnicity		
Brahmin	12	21.4
Chhetri	13	23.2
Damai/ Kami/Sarki	8	14.3
Gurung/Magar/Tamang	11	19.6
Newar	10	17.9
Others	2	3.6
Religion		
Hindu	42	75
Buddhist	5	8.9
Christian	9	16.1
Education level		
Primary (grades 1-5)	19	34.9
Lower secondary (grades 6-8)	16	28.6
Secondary (grades 9-10)	21	37.5
The main occupation of the family		
Agriculture/ animal husbandry	38	67.8
Wage labor/ household work	10	17.9
Service/ business/ industries	8	14.3
Economic Status of family		
Not enough	32	57.1
Enough	14	25
Surplus	10	17.9

Source- Field Study, 2019

Along with these demographic characteristics family structure, caste/ethnicity, religion, education, main occupations of the family, and family economic status of respondents were taken as socio-economic characteristics. The above table shows that the majority of the respondents were from nuclear family 33

(58.9%), minority from joint family 15 (26.8%) and only a few 8 (14.3%) were from extended family. By caste/ethnicity 13 (23.2%) were Chhetri, 12 (21.4%) were Brahmin, 11 (19.6%) Gurung/Magar/Tamang, 10 (17.9%) Newar, 8 (14.3%) were Damai/Kami/Sarki and only few respondents 2 (3.6%) were from other caste/ethnic group. Most of the respondents were from the Hindu religion 42 (75%), 9 (16.1%) were Christian and only a few respondents 5 (8.9%) were Buddhist.

According to education level, 21 (37.5%) belonging to secondary level (grades 9-10), 19 (34.9%) from primary level (grades 1-5), and only a few 16 (28.6%) respondents were from lower secondary level (grades 6-8). The majority of the respondents 38 (67.8%) family were involving in agriculture/ animal husbandry, 10 (17.9%) respondents were involving in wage labor/ household domestic work and only a few 8 (14.3%) were involved in service/business/ industries. Among the respondents' family economic status 32 (57.1%) were lower, 14 (25%) were in the middle and only 10 (17.9%) were in the economically high class.

Age-wise weight and height

To examine the age-wise (below teenage 6-12 years and teenage 13-19 years) weight and height of the male child and female child according to above growth chart were considered hereunder.

Table 4: Distribution of the respondents by age wise weight and height.

Variables	Classification	Sex	Level	Frequency	Percentage
Below Teenage (6-12 years)	Weight	Male	High	2	18.2
			Average	3	27.3
			Below	6	54.5
			Total	11	100
		Female	High	1	10
			Average	2	20
	Below		7	70	
	Total		10	100	
	Height	Male	High	1	9.1
			Average	2	18.2
			Below	8	72.7
			Total	11	100
Female		High	1	10	
		Average	1	10	
	Below	8	80		
	Total	10	100		
Teenage (13-19 years)	Weight	Male	High	3	17.6
			Average	5	29.4
			Below	9	53.0
			Total	17	100
		Female	High	2	11.1
			Average	3	16.7
	Below		13	72.2	
	Total		18	100	
	Height	Male	High	2	11.8
			Average	6	35.3
			Below	9	52.9
			Total	17	100
Female		High	1	5.6	
		Average	2	11.1	
	Below	15	83.3		
	Total	18	100		

Source- Field Study, 2019

The above table discloses that below teenage (6-12 years) children weight, majority of the male children 6 (54.5%) are below weight, 3 (27.3%) are average weight and only few 2 (18.2%) are high weight. In the same way majority of the female children, 7 (70%) are below weight, 2 (20%) are average weight and only 1 (10%) are high weight.

Below teenage (6-12 years) children height, majority of the male children 8 (72.7%) are below height, 2 (18.2%) are average height and only 1 (9.1%) are high height. In the same way majority of the female

children, 8 (80%) are below height, 1 (10%) are average height and 1 (10%) are high height by measuring average height and weight growth chart.

The above table shows that teenage (13-19 years) children weight, majority of the male children 9 (53%) are below weight, (29.4%) are average weight and only few 3 (17.6%) are high weight. In the same way majority of the female children, 13 (72.2%) are below weight, 3 (16.7%) are average weight and only 2 (11.1%) are high weight.

Teenage (13-19 years) children height, almost half of the male children 9 (52.9%) are below height, 6 (35.3%) are average height and only 2 (11.8%) are high height. In the same way majority of the female children, 15 (83.3%) are below height, 2 (11.1%) are average height and only 1 (5.6%) are high height by measuring average height and weight growth chart.

Gender disparities in the distribution of food

To disclose gender disparities on the distribution of food in the rural community among the school-age children male and female, respondents were asked first sitting priorities for lunch/dinner, priorities for nutritional food, the decision on selecting food, the decision on purchasing food, and choice for tiffin result of the data is hereunder.

Table No. 5: Distribution of the respondents by discrimination on food

Variables	Classification	Frequency	Percentage
First sitting priorities for lunch/dinner	Male	42	75
	Female	5	8.9
	Both	9	16.1
First priorities for nutritional food	Male	35	62.5
	Female	7	12.5
	Both	14	25
Decision on selecting food	Male	36	64.3
	Female	8	14.3
	Both	12	21.4
Decision on purchasing food	Male	38	67.9
	Female	7	12.5
	Both	11	19.6
Choice for tiffin	Male	40	71.4
	Female	6	10.7
	Both	10	17.9

Source- Field Study, 2019

The above table discloses that most of the respondents 42 (75%) male children of the family have first sitting priorities for lunch/dinner, 9 (16.1%) reported both male and female, only a few 5 (8.9%) respondents reported that female children of the family have first sitting priorities for lunch/ dinner. Women and girls consume only the food left after the male family has eaten in many households. Respondents whose family is giving priorities to female children were asked, for the causes, they mention that for the different domestic work and few mention that for go to school or for study.

To understand the priorities for nutritional food majority of the respondents 35 (62.5%), reported that male children are getting priorities, 14 (25%) reported both male and female children. Only a few 7(12.5%) respondents reported that female children are getting priorities. Teenage (13-19 years) female children were asked whether they are getting nutritional food during the menstruation period. They reported that it is no significant difference in food during the menstruation period.

Based on data received that most of the respondents, 36 (64.3%), reported that male children decide to select food. In select foods, 12 (21.4 percent) male and female children and only 8 (14.3 percent) female children have a part. It is due to the age gap between children.

The above table shows that most of the respondents 38. (67.9%), reported that male children have a role in the decision on purchasing food. 11 (19.6%) reported both male and female, but only a few 7 (12.5%) respondents reported that female children have a role in the decision on purchasing food

To reveals the choice for tiffin, respondents were asked who chose tiffin for school, most of the respondents 40. (71.4%), reported that male children are choosing tiffin for school. 10 (17.9%) reported that both male and female children and only a few 6 (10.7%) female children are choosing food for tiffin. Teenage (13-19 years) male children preferred to take money for tiffin, but girls' children are not getting money for tiffin.

V. FINDINGS

- Below teenage (6-12 years) male and female children weight, majority of them are below weight. In comparison, to male and female children, female below weight ratio is high.
- Below teenage (6-12 years) children's height, the majority of them are below height. In, assessments of male and female children below height below the proportion are high.
- Teenage (13-19 years) children weight, majority of them are below weight. In contrast, to male and female children female below weight percentage is high.
- Teenage (13-19 years) children's heights, almost half of the male and female children height is below. In calculations to male and female children below height, the female segment is high.
- The majority 42 (75%) male children of the family have first sitting priorities for lunch/dinner. But only a few 5 (8.9%) female children have priorities for first sitting for lunch/ dinner.
- The majority of the respondents of 35 (62.5%), reported that male children are priorities for getting nutritional food. Only a few 7 (12.5%) of those female children are priorities for nutritional food.
- The majority of 36 (64.3%) male children have a role in the decision on selecting food only a few 8 (14.3%) female children have a role in the decision to select food.
- The majority of 38 (67.9%) male children have a role in the decision on purchasing food but, only a few 7 (12.5%) female children have a role in the decision to purchase food.

The majority of 40 (71.4%) male children are choosing tiffin for school. Only a few 6 (10.7%) female children are choosing food for tiffin. Teenage (13-19 years) male children preferred to take money for tiffin but, girls' children are not getting money for tiffin.

VI. CONCLUSION

In patriarchal societies like ours, there are disparities in the distribution of food based on gender. Even today, in many households and communities, women and girls eat only the food that is left after males in the family have eaten. That causes female children were more malnourished than male children, or we can say food allocation preferences for adult males over those of adult females, resulting in those women were unlikely to meet their nutrient requirements as compared to that of men. This study discloses that female children's weight and height are significantly low than male children. There are disparities in the distribution of food among school-age children in a rural community of Nepal.

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