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The impact of gender disparities on culinary medicine in a few chosen communities in the Thoubal district of Manipur

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Abstract

According to this study, the mean number of kitchen meals designated as medication for males (N = 88) was 10.08, with a standard deviation of 7.416 and a standard error of the mean of 0.791. In contrast, the mean for females (N = 128) is 9.79, with a standard deviation of 6.250 and a mean standard error of 0.552. Based on this, it was discovered that, although the difference is modest and falls within the range of variability reported for each group, males tend to report knowing a little bit more about medicinal foods in the kitchen than women. Our study's findings showed that there was no discernible difference in men's and women's knowledge regarding how to use goods from the kitchen as culinary medicines.

Keywords: Male, female, kitchen food, demographic parameters, culinary medicine

Introduction

Studies have revealed a link between the typical Western diet and a higher risk of chronic diseases related to obesity (Swinburn *et al*. 2011) [1], as well as heart disease, stroke, type 2 diabetes, cancer, and Alzheimer's disease (Kopp *et al*. 2019) [2]. From an alternative viewpoint, it is widely acknowledged that each nation possesses distinct customary treatments for prevalent illnesses (Pandey *et al*. 2013) [3]. Similar to this, in our nation, using at-home recipes is still highly encouraged in every household in collaboration with traditional medicine practitioners from ancient times due to their ease of preparation, lack of negative effects, and easy access to common kitchen ingredients and herbs (Malapela *et al*. 2022) [4]. Within this same framework, regarding the role of gender in kitchen affairs, the majority of women in Indian society oversee household food activities, which entail a significant daily commitment of time, energy, and expertise (Ellena and Nongkynrih, 2017) [5]. In the Manipuri tradition, mothers pass along their culinary knowledge to their daughters through word of mouth. In addition, many men in traditional patriarchal hierarchical families are counseled to stay out of the kitchen or risk losing their virility in the eyes of other men in their household and in society at large (Taillie, 2018) [6]. But according to Manipuri tradition, only men are allowed to take on the major role of artist and cook during large feast ceremonies for the large number of elderly, young, and female guests. Women are not allowed to prepare the feast for major ceremonial occasions under these conditions and in this particular ceremonial context. Men and women may have different understanding about food production and its medicinal applications in connection to this position. Given these foundational issues and gaps in the field, the current study set out to address them by examining the factors that influence gender disparities in knowledge and how those differences relate to kitchen medicine across all demographic parameters, including age, marital status, level of education, financial status, and so forth.

Materilas and Methods

The studies was appointed a combination of qualitative and quantitative equipment, such as semi-dependent interviews, participant remark, and surveys in a selected village of Thoubal District, Manipur during the year 2019-2024. Data evaluation was drawn from methodologies tailored from previous studies on traditional understanding systems, gender dynamics, and culinary practices. The results data will be analyzed by adapting the methodology of da Costa *et al*. 2021 [7].

Results

Descriptive statistics for the different variables in the dataset

was shown in the table 1. For every variable, the variance, standard deviation, and standard error of the mean were given. With a low variance (0.243), standard deviation (0.492), and standard error (0.034) for gender, the dataset's distribution seems to be very stable. With a variance of 0.377 and a standard deviation of 0.614, Age showed somewhat more variability. The variance and standard deviation of 1.333 and 1.154, respectively, indicated that education levels exhibited more substantial fluctuation. With tinystandard deviations (0.270 for married status and 0.685 for income) and comparably modest variances (0.073 for marital status and 0.469 for income), marital status and income showed comparatively low variability. These figures provided the information regarding the distribution and variability of these important factors among the study's respondents.

Table 1: Statistics

	1	2	3	4	5	6	7	8
Std. Error of Mean	.034	.042	.079	.018	.047	.113	.073	.458
Std. Deviation	.492	.614	1.154	.270	.685	1.661	1.077	6.734
Variance	.243	.377	1.333	.073	.469	2.759	1.160	45.350

Gender; 2. Age; 3. Education; 4. Marital Status; 5. Income; 6. Profession; 7. Landarea; 8. Number of Food Used as Kitchen Medicine

Table 2: Group Statistics

	Gender	N	Mean	Std. Deviation	Std. Error Mean
Number of Food Used as Kitchen Medicine	Male	88	10.08	7.416	.791
	Female	128	9.79	6.250	.552

The variable "Number of Food Used as Kitchen_Medicine" was shown in the table 2 with descriptive statistics categorized by gender (MALE and FEMALE). A mean of 10.08 kitchen meals labelled as medication were found for male (N = 88), with a standard deviation of 7.416 and a standard error of the mean of 0.791. In contrast, the mean number for females (N = 128) is 9.79, with a standard error of the mean of 0.552 and a lower standard deviation of 6.250. This suggested that, on average, male report knowing a little bit more about medicinal foods in the kitchen than do females, but the difference is negligible and falls within the range of variability demonstrated for each group.

Discussion and Conclusion

Women named more items than men did overall, and they particularly mentioned medicinal plants, according to Teixidor-Toneu *et al*. (2021) [8]. With an average of 57 (±13) items indicated, women utilized 19% of them exclusively for medicinal use, 38% alone for food purposes, and 43% for both purposes. An average of 31 (±9) products were indicated by men, of which 14% had usage only for medicine, 64% only for food, and 23% had uses for both. According to Pandey *et al*. (2013) [3], a diet high in plant-based nutrients should comprise 90% of a person's daily intake. These foods should include vegetables, fresh fruits, beans, legumes, avocados, raw nuts, seeds, and starchy vegetables, along with phytochemicals that promote health. These foods or nutraceuticals combine protective ingredients to create a diet that promotes health and prevents disease. A diet high in nutrients will offer the best defense against adult heart disease and cancer as well as against infections, allergies, and asthma. Malapela *et al*. (2022) [4] proposed that home remedies continue to be an essential therapeutic intervention for COVID-19. In a study of 2021, da Costa 2021 *et al*. [7] found that women had higher ratings for their repertory of plant knowledge (more α-diversity), whereas men's plant knowledge was more varied (more β-diversity), indicating less information sharing between them. They saw that women's networks are more cohesive, show more information exchange, and have more central figures. These individuals are probably responsible for maintaining and fostering the community's traditional ethnobotany knowledge. In association to this finding, this study (table 2) found thatmales (N = 88) had a mean of 10.08 kitchen meals labeled as medication, with a standard deviation of 7.416 and a standard error of the mean of 0.791. Females (N = 128), on the other hand, have a mean of 9.79, a standard deviation of 6.250, and a mean standard error of 0.552. Based on this, it was found that men tend to report knowing a little bit more about medicinal foods in the kitchen than women, but the difference is small and within the range of variability shown for each group. The results of our study indicated that there was no appreciable variation in the understanding between women and men about the usage of foods from the kitchen as medications. This can be the outcome of the current trend toward the widespread availability of knowledge acquisition through contemporary digital news sources. This facility made it possible to look for more culinary applications that promote wellness. Hence, there is no difference in the amount of knowledge acquired by gender in the modern day due to the growing awareness of health.

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