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To study the food used in the kitchen by the selected villager of Thoubal district of Manipur as immediate culinary medicines

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Abstract

In this study, there were 216 participants; 88 (40.7%) were men and 128 (59.3%) were women. The gender disparity in the study sample suggested that there were more women than men. The mean number of kitchen meals classified as medication among 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. The very significant results (p<.001) indicate that there are significant gender-based differences in this knowledge. The study encourages the conservation and sustainable use of regional biodiversity, which will protect the loss of numerous habitats and mitigate environmental threats to plants, herbs, insects, and animals to strengthen ecological resilience.

Keywords: Birds and insect as food in kitchen, climate change in food plants and animal, culinary medicines, herbs, thoubal, gender

Introduction

According to certain research findings, gender disparities in knowledge about using plants and foods from the kitchen as medications may differ or be similar in certain sociocultural and demographic contexts (da Costa *et al*. 2021; Teixidor-Toneu *et al*. 2021) [1, 4]. However, the lines dividing these domains-such as kitchen food as medicine-according to factors like gender, marital status, occupation, and level of education are occasionally hazy or undefined in Meetei society, and it's unclear whether or not gender contributes to these distinctions. With regard to Manipur's culinary culture and knowledge of medicinal plants and foods, this study offered the first comprehensive baseline analysis of the relationships between gender and other variables. There is probably a long history of gender inequality in underdeveloped nations when it comes to the knowledge of medicinal plants, with men and women having different levels of expertise in urban and rural kitchens. In light of that perspective, gendered roles in family cooking may have contributed to the family's medical knowledge as a variety of medicinal herbs and other living and nonliving entities are also used in food preparation. Therefore, it is imperative to ascertain how gender differences exist in Manipur between the usage and knowledge of kitchen medicine among men and women. This study was the primary focus of my research. Apart from this research, every home in the Meetei community has been using traditional cooking foods, fish, insects, birds, and herbs as cures for common illnesses and discomforts, many of which have been remarkably successful since ancient times. It is unfortunate that owing to urbanization, changing culinary cultures, climate change, and busy, materialistic lifestyles, many of these tried-and-true recipes have been lost to us and are slowly deteriorating into lost traditions that we cannot pass on to our children and grandchildren. Because of this, and in an effort to preserve the knowledge that our predecessors have forgotten, the current study focused on an overall examination with the stated goals in Thoubal district of Manipur in an emphasis to ascertain how gender and its variations in food knowledge influence kitchen medicine in the setting of Meetei households.

Materilas and Methods

Participant remarks, semi-dependent interviews, and surveys were among the qualitative and quantitative tools used in the investigations. Data assessment techniques were adapted

from earlier research on gender dynamics, traditional knowledge systems, and culinary customs. To investigate relationships and styles within the statistics, statistical studies were also performed, including chi-square tests (Harris, 1912) [2]. In order to guarantee that the sample population was well represented and diverse, this study used a strict multi-stage sampling approach. In order to close the gaps left by the first survey phase, the Thoubal district of Manipur first underwent a comprehensive process of stratification that takes into account both geographic areas and sociodemographic features in the years 2019 and 2020. These findings were then further refined. Only the years 2022–2023 were allowed this survey to end. Subsequently, engaging in expert discussions and refining the reports encountered challenges and setbacks due to a variety of factors, including inconvenient topography, non-supportive responses from respondents that resulted in incomplete data acquisition, and interstate conflicts that again seriously interrupt the data surveying process. But ultimately, in the years 2023–2024, this study was able to complete and began the process of compiling results. This provides assurance that the sample chosen fairly reflects the district's diverse population. To select villages within each stratum, cluster sampling approaches were used, accounting for factors like convenience, accessibility, and demographic diversity. This methodology guaranteed the collection of a wide variety of viewpoints. Following that, houses were chosen from among the villages that had been chosen using a combination of convenience and judgmental sampling techniques.

Results and Discussion

The gender distribution of participants in our study on the knowledge of utilizing food in the kitchen as medication was shown in the table 1. In this result, 88 (40.7%) of the 216 participants were male, and 128 (59.3%) were female. There was a higher proportion of females in the research sample, according to this gender distribution. Comprehending the gender distribution within the sample is crucial for scrutinizing and understanding the ensuing discoveries about the impact of gender on the aptitude for using home-cooked foods for medicinal intentions. The frequency distribution of values for a certain variable is shown in the table 2. Every distinct value (from 4 to 60) in the data set was presented along with the frequency (number of occurrences) and the percent (% of total occurrences) that it represents. The number "5.00"occurred 52 times, or 24.1% of all occurrences, making it the most common value. With a clear break down of each value's frequency of occurrence and relative percentage throughout the dataset, this table sheds light on the distribution and prevalence of various values for the variable under analysis.

Table 1: The gender distribution of participants in our study on the knowledge of utilizing food as medicines

		Frequency	Percent
Valid	Male	88	40.7
	Female	128	59.3
	Total	216	100.0

Table 2: Number of food used as kitchen medicine

		Frequency	Percent
Valid	4	9	4.2
	5	52	24.1
	6	29	13.4
	7	17	7.9
	8	18	8.3
	9	9	4.2
	10	9	4.2
	11	6	2.8
	12	6	2.8
	13	5	2.3
	14	10	4.6
	15	14	6.5
	16	10	4.6
	17	10	4.6
	19	1	.5
	20	2	.9
	24	3	1.4
	26	1	.5
	30	2	.9
	37	1	.5
	39	1	.5
	60	1	.5
	Total	216	100.0

The results of a chi-square test of independence performed on categorical data was shown in the table 3. With 21 degrees of freedom and a Pearson Chi-Square statistic of 17.995, the two-sided asymptotic significance value (p-value) is 0.649. In addition, the p-value is 0.528 and the Likelihood Ratio statistics 19.902 with the same degrees of freedom. Examining relationships in a 2x2 table, the Linear-by-Linear Association test produced a statistic of 0.097 with 1 degree of freedom and a p-value of 0.755. A remark revealed that 28 cells (63.6% of the total) had anticipated counts below 5, with the lowest predicted count being 0.41. The study included 216 valid instances. This finding raises the possibility of constraints brought on by low predicted cell numbers, which may have an impact on the validity of the chi-square test findings. Because the p-values for each of the several test statistics used are often high, these results suggested that there was not statistically significant evidence to reject the null hypothesis of independence among the categorical variables.

H_O: There is no difference between males and females in their knowledge of using kitchen foods as medicine.

H_1: There is a difference between males and females in their knowledge of using kitchen foods as medicine.

Table 3: Chi-square tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	17.995[a]	21	.649
Likelihood Ratio	19.902	21	.528
Linear-by-Linear Association	.097	1	.755
N of Valid Cases	216		

a. 28 cells (63.6%) have expected countless than 5. The minimum expected count is .41.

Conclusion

When Jin *et al*. (2018) [3] investigated the herbal tea plants that Jianghua and Lingnan frequently utilized, they found that the plants' coefficient of similarity was 11.2%, which was noticeably low. Using chi-square analysis, they picked all commonly utilized components for statistical analysis. The results (p value <0.05, $\chi 2$ = 61.333) indicated a substantial variation in the used plant parts between these two distinct regions. Thus, the difference in the amount of used plant parts between the two locations explains not only the differences in the specific used parts described, but also the differences in the rate of use of each common used part. For example, the most commonly cited usable portion in the Lingnan region was the root (20.78%), but the complete plant (38.36%) was mentioned most frequently. The diverse plant parts that were used indicated that the Jianghua and Lingnan regions had quite different medical plant traditions. Jianghua and Lingnan's herbal tea plant traditions diverge significantly, as evidenced by the low coefficient of similarity and variety in the plant parts employed. In an another study of 2021, da Costa 2021 *et al*. [1] 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. These results show how socio-ecological networks might reveal social patterns of knowledge transfer by offering insights and information. The study seeks to empower communities by recording and disseminating traditional healing methods, enabling them to assume responsibility for their health and well-being. This will cultivate resilience and self-sufficiency in the face of health difficulties. Furthermore, the study's emphasis on gender relations within culinary traditions enhances our comprehension of traditional knowledge systems with added complexity. The research examines the impact of gender on the acquisition and transfer of culinary and medicinal knowledge, providing insights into the roles and responsibilities of women in safeguarding cultural legacy and community health. This gender-sensitive approach enhances our comprehension of traditional activities and emphasizes the significance of gender equality in endeavors to preserve culture Hazarika TK, 2018 [5].

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