International Journal of Applied Social Science *RESEARCH PAPER*
Volume 5 (6), June (2018) : 676-682 ISSN : 2394-1405 (Print)
Received : 12.04.2018; Revised : 28.04.2018; Accepted : 12.05.2018

A study on the socio demographic profile, physical activity and dietary pattern of Memon Community

A.K. SANA NOORAIN*[1] AND D. ANNETTE BEATRICE[2]
[2]Associate Professor
Department of Home Science, Women's Christian College
Chennai (T.N.) India

ABSTRACT

Memons are an ethnic group who trace their roots largely to Sindh, Kutch and Kathiawar in South Asia, and are sometimes seen as transitional between the three regions. Memons predominantly adhere to Sunni Islam. The present study aimed to elicit information regarding age, occupation, income, family history of disease, personal habits. The anthropometric measurements and dietary pattern of subjects were assessed. The results showed that, 38 per cent of subjects fall under the age group of 20 to 30 years. Around 43 per cent of the subjects have done under graduation and very few (7%) of the subjects have done till primary schooling. Around 13 per cent of the subjects have completed their post-graduation. Among 37 per cent of the subjects who are male, nineteen per cent are business men, only 26 per cent of the subjects are involved in some form of physical activity. All the subjects follow non-vegetarian diet. Ninety per cent of the subjects follow regular meal pattern. Majority of the subjects consume rice (97 %) and wheat (91 %) daily. With regard to green leafy vegetable consumption majority of the subjects never include green leafy vegetables in their diet- amaranth (51 %), spinach (44 %) and drumstick leaves (47 %).

Key Words : Memons, Socio-demographic profile, Physical activity and dietary pattern

INTRODUCTION

Memons are an ethnic group who trace their roots largely to Sindh, Kutch and Kathiawar in South Asia, and are sometimes seen as transitional between the three regions. Memons predominantly adhere to Sunni Islam. Historically Memons are a mercantile community (and are generally referred to as a business community in Pakistan and India). During the rule of Markab Khan of Samma dynasty (A.D. 1351-1521), several Hindu families accepted Islam from a well-respected. Memons are non- vegetarians in their food habits. Besides meat of sheep and goat, male buffalo's meat is also eaten. Mung or channa are the pulses which are commonly used. Groundnut as well as soya bean oil is for cooking purposes. Easily available fruits like grape, orange, banana, lemon, mango and mausambi (citrus) are eaten. Sweet rice, sameya or kheer is eaten during festivals (Saimddin and Khanam, 2008). There is no studies done on the socio demographic profile of Memon community.

How to cite this Article: Sana Noorain, A.K. and Annette Beatrice, D. (2018). A study on the socio demographic profile, physical activity and dietary pattern of Memon Community. *Internat. J. Appl. Soc. Sci.,* **5** (6) : 676-682.

METHODOLOGY

Selection of sample :

Eighty one subjects from Memon community in Chennai were selected and general information such as age, occupation, income, family history of disease, personal habits were elicited. The anthropometric measurements and dietary pattern were assessed using an interview schedule.

General information :

Interview schedule was used to elicit the general information such as age, occupation, income, personal habits, and family history of disease and dietary pattern of 81 subjects from the Memon community. The Anthropometric parameters such as height and body weight were assessed.

Food frequency questionnaire :

This consists in asking the client (by the interview or by check- off list) how often (daily, weekly, monthly) specific foods are eaten. The frequency list may include a few broad groupings of food or more than a hundred foods common to the geographic region (Robinson *et al.,* 1986).

RESULTS AND DISCUSSION

The data regarding the general information, socio demographic profile, personal habits, family history of diseases, physical activity and dietary pattern of subjects were collected using a interview schedule. The results of the study have been discussed under the following headings:

General information about the subjects :

The percentage distribution of subjects according to different age, gender, educational qualification, marital status, work type, family income and family type are given in Table 1.

From Table 1, it can be inferred that, around 38 per cent of subjects fall under the age group of 20 to 30 years. Nineteen per cent of the subjects fall under the age group of 31 to 40 years. Majority (63 %) of the subjects are females and remaining 37 per cent of the subjects are male subjects. The reason for the higher number of females is they were more willing to participate in the study than males.

According to the educational qualification, around 43 per cent of the subjects have done under graduation and very few (7%) of the subjects have done till primary schooling. Around 13 per cent of the subjects have completed their post-graduation. In some families, parents forbid their sons to seek for higher education, so that they might continue to run family business, as they have for generations. The Memon community then has established innumerable educational institution to benefit Memons and also non Memons. Memons educational and welfare society have proved phenomenal success (Motan, 2006). So many of them now are perusing higher studies.

Majority 75 per cent of the subjects are married, 22 per cent of the subjects are single and very few (3%) subjects are window. Memons usually marry within their own social affiliation (Thaplawala, 2001).

Majority 90 per cent of the subjects are sedentary workers and very few (one %) of the subjects are heavy workers. Sedentary behaviour involves all activities with low levels of metabolic energy expenditure. They highlighted 'too much sitting' as an important sedentary behaviour leading to differing health hazards on metabolism, in relation to the lack of exercise. However, recent evidence supports the fact that both physical inactivity and sedentary behaviour contribute to the

Table 1 : General information about the subjects

Age	Number	Percentage
20-30	31	38
31-40	15	19
41-50	19	23
51-60	16	20
Gender		
Male	30	37
Female	51	63
Educational qualification		
Primary	6	7
Secondary	30	37
UG	35	43
PG	10	13
Marital status		
Single	18	22
Married	61	75
Widow	2	3
Work type		
Sedentary	73	90
Moderate	7	9
Heavy	1	1
Family Income (Monthly)		
5, 000 - 10,000	1	1
10,000-15,000	3	4
15,000-20,000	20	25
>20,000	57	70
Family type		
Nuclear	48	59
Joint family	27	33
Extended	6	8

global burden of chronic disease (Hamilton *et al.*, 2008).

Majority 70 per cent of the subjects earn a monthly family income of more than Rs. 20,000 and only one subject earn a monthly family income of Rs. 5,000 to Rs. 10,000. The nutritional status of children from lower socio economic class was poor as compared to their counter parts came from upper socio economic class. Poverty, low literacy rate, large families, food insecurity, food safety, appears to be the important factors responsible for poor health status of children from low socioeconomic class (Arora *et al.*, 2014).

About 59 per cent of the subjects belong to the nuclear family and very few (8 %) belong to the extended family.

Type of occupation :

The percentage distribution of subjects according to the type of occupation is given in the Table 2.

Table 2 : Percentage distribution of subjects according to the type of occupation

Occupation	Male		Female	
	Number	Percentage	Number	Percentage
Business	15	19	1	1
Charted accountant	2	2	0	0
Doctor	0	0	1	1
Human resource	3	4	0	0
Engineer	7	9	0	0
Home maker	0	0	37	46
Physiotherapist	0	0	1	1
Retired	1	1	0	0
Writer	0	0	1	1
Total	30	37	51	63

From the above Table 2, it is seen that among 37 per cent of male subjects 19 per cent are business men.

Among the 63 per cent of the female subjects majority (46 %) of the subjects are home makers. Very few (one %) of the female subjects are business women, doctor, physiotherapist and writers.

The most Muslim business communities of the Indian sub continent are the khojas, bhoras and Memons. Guajarati community of Memons have developed the business outlook which is distinct in Muslim communities. Ancestors of Memons were lohanas, a Hindu business community (Makra and Mehta, 2001; Motan, 2006). Memons like the organization of the other Hindu commercial castes, stipulates that there be obligatory mutual support of its members in the sphere of business enterprise (Levin, 2014).

Personal habits :

The data regarding the personal habits shows that only one per cent of the subjects had the habit of smoking daily. Nineteen per cent of the subjects had the habit of consuming betel leaves on special occasions. Betel leaf has been used as an important medicinal plant in the traditional treatment systems of Southeast Asian countries. Betel leaves are an integral component of the betel quid that consists of areca nut (*Areca catechu* L.), tobacco (*Nicotiana tabacum* L) and slaked lime. Betel leaf is traditionally known to be useful for the treatment of various diseases like bad breath, boils and abscesses, conjunctivitis, constipation, headache, itches, mastitis, mastoiditis, leucorrhoea, otorrhoea, swelling of gum, rheumatism, cuts and injuries. Traditionally betel leaf is chewing after taking meal having significant medicinal properties and nutritional values. It contains some vitamins, minerals and produce enzyme that helps in digestion and work as mouth freshener (Hossain *et al.*, 2017).

Family history of disease :

Percentage distribution of subjects according to their family history of disease condition is given in the Table 3.

From the above Table 3, it can be inferred that 64 per cent of the subject's parents did not suffer from any chronic diseases and 17 per cent of the subject's parent suffer from diabetes. Eighty eight per cent of the subject's grandparents do not suffer from any chronic diseases, while,

Table 3 : Percentage distribution of subjects according to family history of disease condition

Disease condition	Parents		Grandparents		Siblings	
	No.	%	No.	%	No.	%
None	52	64	71	88	76	94
Diabetes	14	17	10	12	1	1
Hypertension	8	10	0	0	1	1
Obesity	2	3	0	0	0	0
CVD	9	11	0	0	0	0
Kidney disease	2	3	0	0	2	3
Cancer	0	0	0	0	0	0
Liver disease	0	0	0	0	0	0
Ulcer	2	3	6	7	1	1
Osteoporosis	1	1	0	0	0	0

12 per cent suffer from diabetes. Ninety four per cent of subject's siblings did not suffer from any chronic diseases. While, three per cent suffer from kidney diseases.

People with a significant familial history of diabetes are more likely to have concurrent metabolic abnormalities characterized by a chronic state of heightened insulin resistance, abdominal obesity, hypertriglyceridaemia, reduced high-density lipoprotein cholesterol (HDL-C), raised blood pressure and hyperglycaemia (Afarideh *et al.*, 2017).

Dietary pattern of the subjects :

The data regarding dietary pattern shows that all the subjects follow non-vegetarian diet. Ninety per cent of the subjects follow regular meal pattern. With regard to meal pattern 93 per cent of the subjects follow three- meal pattern daily. Eighty eight per cent of the subjects never had the habit of skipping meals. With regards to snack consumption, forty two per cent of the subjects consume noodles twice a month. Fifty one per cent of the subjects consume biscuits frequently. Thirty six per cent of the subjects never consume donuts. Thirty three per cent of the subjects never consume bonda and pakoda and 31 per cent of the subjects consume jams and jellies occasionally.

Food consumption pattern :

The frequency of consumption of cereals, pulses, vegetables, fruits, fats and oils were assessed using a interview schedule and the results showed that majority of the subjects consume rice (97 %) and wheat (91 %) daily. While, majority (72 %) of the subjects never include ragi in their diet. This indicates that broken wheat and ragi, which are high in fibre, are consumed less frequently by the community. With regards to pulses, three per cent of the subjects eat Bengal gram dhal daily in the form of sweets, bajji, pakoda, etc. Majority of the subjects never include green leafy vegetables in their diet- amaranth (51 %), spinach (44 %) and drumstick leaves (47 %). Fifty two per cent of the subjects consume cabbage frequently. Around 86 per cent of the subjects frequently include potato in their diet. Forty seven per cent of the subjects daily include tomato in their diet. Majority 75 per cent of the subjects daily include milk in their diet. Egg is consumed by 27 per cent of the subjects daily. Ninety one per cent of the subjects consume chicken frequently. Twelve per cent of the subjects occasionally include mutton in their diet. With regards to sea food 51 per cent of the subjects include fish in their diet frequently. Fifty four per cent of the subjects consume prawn

occasionally. While sixty eight per cent of the subjects never consume crab. With regards to fruits 82 per cent and 78 per cent of the subjects frequently consume banana and apple. Majority (42 %) of the subjects use sunflower oil for cooking on daily basis. Sugar is consumed by 83 per cent of the subjects daily and 37 per cent of the subjects consume honey occasionally.

Physical Activity :

Table 4 : Percentage distribution of subjects according to frequency and type of exercise

Type of exercise	Frequency of exercise					
	Daily		2-3 times a week		Occasionally	
	Number	%	Number	%	Number	%
Walking	9	11	5	6	5	6
Jogging	2	3	1	1	1	1
Cycling	1	1	2	3	1	1
Yoga	0	0	1	1	1	1
Strength exercise	2	2	1	1	4	5

The percentage distribution of subjects according to frequency and type of exercise is given in the Table 4.

According to the Table 4, only 26 per cent of the subjects are involved in some form of physical activity. While, 74 per cent of the subjects are not engaged in any form of physical activity. Eleven per cent of the subjects walk daily; three per cent of the subjects are involved in jogging and cycling. Five per cent of the subjects are involved in strength exercise occasionally. Very few per cent of the subjects practice yoga 2-3 times a week and occasionally.

Insufficient physical activity is one of the 10 leading risk factors for global mortality. People who are insufficiently physically active have a 20% to 30% increased risk of all-cause mortality compared to those who engage in at least 150 minutes of moderate intensity physical activity per week. Physical inactivity causes 6–10% of the major non-communicable diseases of coronary heart disease, type 2 diabetes, and breast and colon cancers. Regular physical activity reduces the risk of ischemic heart disease, diabetes, breast and colon cancer. Additionally, it lowers the risk of stroke, hypertension, and depression. Furthermore, physical activity is a key determinant of energy expenditure and thus fundamental to energy balance and weight control. With elimination of physical inactivity, life expectancy of the world's population might be expected to increase by 0·68 years (Lee *et al.*, 2012; WHO, 2017).

Conclusion :

Memons are an ethnic group who trace their roots largely to Sindh, Kutch and Kathiawar in South Asia, and are sometimes seen as transitional between the three regions. The general information showed that the majority of Memons earn higher income and their disease conditions. The data regarding the dietary pattern showed that the all subjects are non- vegetarian. Food frequency showed that rice and wheat is staple food of Memon community. Green leafy vegetables are consumed less frequently this may lead to deficiency of some nutrients. While milk and non-vegetarian food is consumed frequently. They are physically inactive, physical activity helps to prevent non communicable diseases. Therefore nutrition knowledge must be given to the subjects to improve their nutritional status and they could lead a healthy lifestyle.

REFERENCES

Afarideh, M., Noshad, S., Ghajar, A., Aryan, Z., Khajeh, E., Shirvani, S. Hosseini, Bonnet, F. and Esteghamati, A. (2017). Family history of diabetes and the risk of coronary heart disease in people with or without type 2 diabetes. *Diabetes & Metabolism,* **43** (2):180- 183.

Arora, D., Datta, S. and Sau, S.K. (2014). An Assessment of Socio-Economic Factors on Nutritional Status in Primary School - A Cross Sectional Study in Purulia of West Bengal. *Internat. J. Occupational Safety & Health,* **4** (2): 15 – 18.

Hamilton, M.T., Healy, G.N., Dunstan, D.W., Zderic, T.W. and Owen, N. (2008). Too Little Exercise And Too Much Sitting: Inactivity Physiology And the Need For New Recommendations On Sedentary Behaviour. *Current Cardiovascular Risk Rep*., **2** (4) : 292-8.

Hossain, F. *et al.* (2017). Uses Impact of Betel Leaf (*Piper betle* L.) on Public Health. *Science J. Public Health,* **5** (6) : 408-410.

http://www.who.int/gho/ncd/risk_factors/physical_activity_text/en/

Lee, I. *et al.* (2012). Effect Of Physical Inactivity On Major Non-Communicable Diseases Worldwide: An Analysis Of Burden Of Disease And Life Expectancy. *The Lancet*, **380** (9838) : 219–29.

Levin, S. (2014). The Upper Bourgeoisie from the Muslim Commercial Community of Memons in Pakistan, 1947 to 1971. *Asian Survey*, Soviet Scholars View South Asia, **14** (3):231-243

Makra and Mehta (2001). Gujarati Business Communities in East African Diaspora: Major Historical Trends *Economic & Political Weekly*, **36**(20): 1738-1747.

Motan, A. (2006). History of Memons. iUniverse Inc Pvt. Ltd. New York. Pg.44.

Robinson, C.H. *et al.* (1986). Normal andTheraupeutic Nutrition.Seventh edition.Macmillan publishers. New York

Saimddin, A. and Khanam, R. (2008).Global encyclopedia- Ethnography of Indian Muslims Volume 2.Global vision publishing house. New Delhi.

Thaplawala, A.R. (2001). History of the Community- part 1.The Memon Community and Heritage. p. 36.

****