

# **SHE MATTERS**

**ISSUE 1**

**JUNE, 2021**

**Eating Disorders  
Underdiagnosed,  
Undertreated,  
misunderstood  
in Pakistan**

**DHAAGA  
SIZE  
DOES  
NOT  
MATTERS**

**RESEARCH ON  
EATING DISORDER  
IN PAKISTAN:  
THE MISSING  
LINK**

**I AM A  
RESEARCHER  
I MATTER**

**PROF. DR. MADEEHA MALIK**



1st Digital Issue, June, 2021

# SHE MATTERS MAGAZINE

Pakistan's 1st E-magazine highlighting  
Women Healthcare Professionals &  
Researchers

**DIGITAL ISSUE 01**  
**JUNE, 2021**

## Editor-in-Chief

Prof. Dr. Madeeha Malik



## Managing Editor

Ayisha Hashmi



## Sub-Editor

Hafsa Azhar



## Research Analyst

Furqan Ahmed Kazi

Ayesha Zafar

Hamza Saeed

Nabia jahangir





# TABLE OF Contents

04

**Message from Editor-in-Chief**

05

**Researcher of the  
Issue**

08

**9 Truths bout Eating  
Disorder**

09

**World Eating  
Disorders Healthcare  
Rights**

11

**Call For Action  
Clinicians, caregivers,  
Individuals**

14

**Obesity A Giant Killer in  
Developing Countries: An  
Overview of  
Islamic vs. Scientific Prospect**

15

**Research on ED in  
Pakistan: The Missing Link**

17

**Community Eating  
Disorder Initiative  
Campaign in Pakistan**

19

**Dhaaga: Size Does  
Not Matter**

21

**Action Plan for Eating Disorders  
Advocacy in Pakistan**

23

**Stories**



# MESSAGE FROM EDITOR-IN- CHIEF



*On behalf of the Editorial Board, it is with great pride and sincere privilege that I am writing this message to present the first issue of She Matters, a quarterly published online magazine. Launching this new magazine would not have been possible without the great and much appreciated contributions from the editorial and technical team. The robust intellectual support and well-timed contribution of content writers deserve special appreciatory applause. Our team expects similar sort of sincere dedication from the writers in near future.*

*According to UIS data, less than 30% of the world's researchers are women. Women in STEM fields publish less and usually, the female researchers especially in the field of healthcare are often not well acknowledged for their research as compared to their counterparts. The female healthcare researchers force must work as collaborative, integrated team to achieve the goal of generating evidence-based research data required to address different public health challenges. A vision for inter-professional research collaboration has emerged on International level, and momentum is building in academic and practice settings in support of this vision. In order to acquire this momentum at National level, for acceleration of inter-professional collaborative research, healthcare researchers and professionals must critically evaluate the area of research for developing interventions, policy and advocacy. The magazine aims to provide such common platform for female healthcare professionals and researchers to promptly share their novel results and latest developments in Pharmaceutical & Allied Sciences, built on advances in medicine, pharmacy, nursing, psychology and physiotherapy. The magazine wishes to serve as a National forum for showcasing and acknowledging the achievements of female healthcare researchers in Pakistan.*

*This inaugural issue is a special edition on Eating Disorders released to celebrate World Eating Disorder Action Day. This issue includes Interview of Researcher of the Issue. Eating disorders resource materials developed by Association of Eating Disorders on truths related to eating disorders, patient rights, action plan for individual, clinician and caregivers are part of the issue. Moreover, article by Ms. Anam Malik focusing on obesity in context of Islam and Science and another article by Ms. Hafsa Azhar analyzing the published evidence-based data available on eating Disorders in Pakistan are part of the issue. Articles highlighting the community eating disorders initiative campaign by Ms. Nabeeha Jahangir and Action plan for eating disorders advocacy in Pakistan by Ms. Ayisha Hashmi have been included. Moreover, the stories of those effected by eating disorders have also been added to this issue.*

*The emergence of a new magazine comes from a long process, hence, all essential steps to make it a high caliber scientific publication were taken. We are relying on the alliance of all our writers, editors, and contributors to make it up to date, vibrant and relevant publication. We hope you will enjoy reading our first issue. We invite you to submit your best articles for publication.*

*With my kindest regards,*

*Prof. Dr. Madeeha Malik*

*Editor-in-Chief*

*She Matters*



# She Matters Researcher of the Issue



Dear Readers!

We welcome you to the inaugural issue of our E-magazine "She Matters" with a focus on promoting females healthcare professionals and researchers in Pakistan. Our first issue is a special edition on Eating Disorder as to celebrate World Eating Disorder Action Day. Our Researcher of the Month for this issue is Prof. Dr. Madeeha Malik who is an academican, researcher, administrator & entrepreneur who is actively engaged in different activities related to promoting awareness, research and advocacy for eating disorders as well as other public health issues in Pakistan.

Let's talk to her and seek answers for some interesting questions.

**Q1. Hello Dr. Madeeha. Would you like to share your brief profile with our readers?**

Ans. I am a researcher, pharmacist, academican, trainer, community builder, healthcare service entrepreneur and an advocate of gender equity. I hold a PhD degree in Pharmacy Practice from University Sains Malaysia and have done my Post Doctorate in Pharmacy Practice from Northwest University, South Africa. Currently, I am serving as Director/Professor at Pharmacy Department, Hamdard University, Islamabad. I am proud to share that I am the first youngest and only female Professor of Pharmacy Practice in Pakistan. I have also served as Visiting Professor at University of Illinois, Chicago, USA to strengthen research and academic collaboration between US and Pakistani Pharmacy Schools. I was selected as the focal person for Euro-QoL in 2019, one of the top Research Organization of the world known for establishing value sets and transformation of health care system of more than 100 countries globally, for full scale study of health valuation for Pakistan. I also won the 2018 fellowship award of National Medicine Symposium, organized by WHO in Australia and represented Pakistan at the prestigious Health Technology Assessment (HTA) forum. I am also serving as the member of IHCOM working group for Eating Disorders. I have also served as a consultant for development of HRD module of National Medicine Policy of Pakistan, 2018 as well as for Pakistan Pharmacy Council (PCP) for development of quality assessment indicators for inspection of Pharmacy schools. I am also serving as the member of ICT Infection Control committee. Moreover, I am also serving as HEC approved supervisor for Masters and PhD students and have supervised fifty six M.Phil students till date. I have published over hundred peer-reviewed articles, three book chapters and have presented as keynote and podium speaker in more than

fifty conferences and conventions Nationally as well as Internationally in nearly twenty different countries. Recently, I have registered my company with the name of Cyntax Health Projects, Pvt, Ltd and have also got it registered as Contract Research Organization (CRO) with Drug Regulatory Authority of Pakistan (DRAP). It is the first female pharmacist led registered CRO in the country. My areas of research expertise & interest includes health & drug policy, obesity and eating disorders, health literacy, health related quality of life, rational drug use, pharmaco-economics, pharmacovigilance, community services, smoking control & cessation, clinical pharmacy, mental health, emotional intelligence, health technology, pharmacy education and workforce and skincare research.

**Q2. How do you envisage current scenario of evidence-based research produced by female researchers for policy advocacy in Pakistan?**

Ans. Well, if I talk about female researchers, according to UIS data, less than 30% of the world's researchers are women. If you look at the literature, it reveals that women in STEM fields publish less, are paid less for their research and do not progress as far as men in their careers. However, limited research has focused on identifying the extent of these disparities at international or even country level. As far as Pakistan is concerned, I believe female researchers are producing quality research, even if they might be less in number. However, they do not get appropriate acknowledgement and recognition for their research as compared to men in Pakistan. Although, research opportunities are available equally for both genders in Pakistan but at times it is difficult for the females to avail them due to personal and cultural issues especially where field research is involved. One of the reasons for less publishing by female researchers might be that usually they prefer to work in isolation as compared to men who possess more connecting working pattern.

**Q3. What major challenges are faced by female healthcare academican, administrator and researcher in Pakistan?**

Ans. Pakistan stands 143rd out of 144 countries in the World Economic Forum's Global Gender Gap index with respect to gender equality and is also ranked worst in terms of the gender pay gap. Nearly, four out of every five Pakistani adult females do not represent the work force as only about 25% of Pakistani women, who have a university degree, work outside the home. As being one of the female healthcare academican, administrator and



researcher, I think it is not an easy task to get yourself recognized in a male dominance society. I see it harder for the females to prove their worth as academician, researcher or administrator. Females are usually more judged at workplace as compared to their counterpart, especially at administrative positions. Moreover, I feel that at times lack of family support resulting in difficulty to manage work life balance coupled up by lack of workplace facilities which adds to the agony. At times, they have to face a biased attitude of their senior male colleagues or bosses but usually I have still seen them highly motivated to face these challenges at the workplace.

**Q4. How do you perceive current scenario of eating disorders in Pakistan?**

Ans. Pakistan has been ranked 9th among 188 countries facing obesity challenge around the globe. One quarter of the Pakistani population has been classified as overweight/obese. Females are found more prone for the risk of developing eating disorders as compared to the males in Pakistan. Almost 1 % of the total budget is spent on health in Pakistan. Focus on addressing the mental health is seldom seen as the top most priority of the government. Lack of screening and treatment services, low number of experts, less public awareness regarding different types of eating disorders are few of the major challenges currently faced by Pakistan. Health related quality of life is a neglected area for research in the country.

**Q5. You are working as member of IHCOM ED group. Would you like to tell us more about role of IHCOM in eating disorders management?**

Ans. Three organizations namely Harvard University, Boston Consulting Group and Karolinska Institute with the desire to unlock the potential of value-based health care founded ICHOM in 2012. One of the objectives of this group is to provide a comprehensive view of measurements for evaluating healthcare for patients with Eating Disorders with a feasible recommendation that providers can reliably implement. To achieve this goal, EAD working group comprised of experts around the world has been constituted to develop the Standard Set of outcomes which will allow providers to measure the effectiveness of treatment modalities. Moreover, IHCOM aim to deliver a minimum Standard Set in eating disorder which will enable outcome measurement in routine clinical practice to: Improve decision making between providers and patients, facilitate quality improvement and allow benchmarking across organizations worldwide.

**Q6. You started a grassroots eating disorders awareness campaign with the name CEDI. Would you like to share the idea behind it.**

Ans. Cyntax Health Projects launched a Community Eating Disorders Initiative (CEDI) in 2020 dedicated to address the needs of individuals suffering from eating disorders and prevent such illness through advocacy, research, education and services in Pakistan. The idea behind this campaign was to create public awareness regarding eating disorders prevention, identification and interventions through

provision of information, online tools and events. After leading massive grass root campaign for Eating Disorders i.e. CEDI in Pakistan for the last one year and collaborating with different International Organizations, we decided to register an association with the name Eating Disorders Association of Pakistan (EDAOP). The launch of EDAOP is scheduled on 2 nd June, 2021 i.e. considered as World Eating Disorder Action Day, 2021. EDAOP aims to provide a platform for addressing the needs of individuals suffering from eating disorders and prevent such illness through advocacy, research, education and services in Pakistan.

**Q7. You have also launched a pret wear brand named Dhaaga linked to eating disorders campaign. Would you like to share the story behind it.**

Ans. We aim to break the social taboo associated to unrealistic appearance ideals and promote healthy body image and self-esteem among women/girls in Pakistan. One of the biggest challenges in Pakistan is to find small and plus sizes clothing in pret wear. We offered Dhaaga as a versatile customized clothing brand available in any design or size for everyone. All the current brand ambassadors of Dhaaga are common women/girls from different fields, age groups, sizes and appearances who might not be considered fit as an appearance idol by the society but they feel themselves perfect which is in fact the most important belief for one's self-esteem and confidence.

**Q8. Recently we have also witnessed you as an emerging female entrepreneur. You won the "Seed Entrepreneur of the Year" award this year. How and why you started your entrepreneur journey?**

Ans. To be honest this came to me as a challenge given by few colleagues that academicians or researchers especially pharmacists could never become entrepreneurs. This was a kick to start this journey. I decided to register my own company along with a group of my alumni. We registered this company with the name Cyntax Health Projects, Pvt, Ltd with SECP in January, 2020. We work vertically as service, business and social entrepreneurs to serve the community and enhance their quality of life through innovative approach for our healthcare, education, pharmaceutical and research sectors. As a service entrepreneur, we provide services as a CRO. As a business model, we have launched our organic skincare brand known as Mady skincare with a range of forty products including three lines for face, body and hair after extensive research and development. With premium organic and naturally-derived ingredients, safe formulas, and simple applications, our products are effective and available at economical cost. We have developed our products by utilizing the local plants of Pakistan with maintaining the quality according to international standards. We are also proud to launch the first ever organic cosmetics in Pakistan for healthy and glowing skin. We believe in the notion "Be Healthy, Be Beautiful. Moreover, our customized pret wear brand named Dhaaga is also been well acknowledged. Our team identifies the social challenges faced by community and develops innovative systems to empower them. We as social entrepreneurs



are focusing on eating disorders, mental health issues, gender equity and women empowerment.

**Q9. Are you planning to launch any initiative for training and promoting research among female healthcare researchers in Pakistan?**

Ans. Yes, we have planned to launch Women Healthcare Professionals Resource Hub for all the dynamic women healthcare professionals and researchers who are ready to break all stereotypes in achieving their goals. Women Healthcare Professionals Resource Hub (WHPRH) will provide an incredible and convenient platform where women healthcare professionals & researchers across the country can be contacted as speakers, trainers, consultants, counsellors and mentors. This hub is specifically devised to provide a comprehensive summary of the current evidence base data generated by women researchers in Pakistan. Moreover, a research database will be compiled showcasing the achievements of women researchers in Pakistan. Research mentoring program has also been planned for young women researchers to upgrade their knowledge and research skills by using latest research software's for literature search and data analysis. This initiative is also supported by Gender Equity Hub, a collaborative initiative of UCL School of Pharmacy, UK, Hamdard University Islamabad Campus supported by British Council and International Pharmaceutical Federation (FIP)

**Q10. Your message for our readers.**

Ans. Well, I would to like to say have faith, plan, focus and execute with dedication and hard work and sky is the limit. Do have mentors in life as they lead you towards your goals. Always own your failures along with your achievements in life. Professionalism, ownership and dedication is the key to success; never let it go.



# 9 TRUTHS ABOUT *Eating disorder*

- Many people with eating disorders look healthy, yet may be extremely ill.
- Families are not to blame, and can be the patients' and providers' best allies in treatment.
- An eating disorders diagnosis is a health crisis that disrupts personal and family functioning.
- Eating disorders are not choices, but serious biologically influenced illnesses.
- Eating disorders affect people of all genders, ages, races, ethnicities, body shapes and weights, sexual orientation, and socioeconomic status
- Eating disorders carry an increased risk for both suicide and medical complications
- Genes and environment play important roles in the development of eating disorders
- Genes do not predict who will develop eating disorders
- Full recovery from an eating disorder is possible. Early detection and intervention are important



# World Eating Disorder Healthcare Rights

## ACCESS TO QUALITY CARE

All patients have the right to immediate care for medical and/or psychiatric instability, followed by timely and non-discriminatory access to appropriate specialty care.

## RESPECT

All patients, caregivers, and family members have the right to be treated with respect throughout the assessment, planning and treatment process. Patients and carers should never be judged or stigmatized based on symptoms, behaviors or past treatment history.

## INFORMED CONSENT

When making healthcare decisions, patients and caregivers have the right to full disclosure by healthcare professionals about treatment best-practices, risks, costs, expected service outcomes, other treatment options, and the training and expertise of their clinicians.



## PARTICIPATION

Families and other designated carers have a right to participate in treatment as advocates for the best interests of their loved-ones. Caregiving responsibilities and degrees of participation will necessarily vary depending on the age, mental state and diagnosis of the patient, as well as the caregiver's skills, availability, personal health, resources and other circumstances.

## COMMUNICATION

All patients and carers have the right to establish regular and ongoing communications through clearly defined channels. Caregivers and family members have the right to communicate their observations and concerns to professionals and to receive information when the patient's medical stability and/or psychiatric safety is threatened or at risk.

## PRIVACY

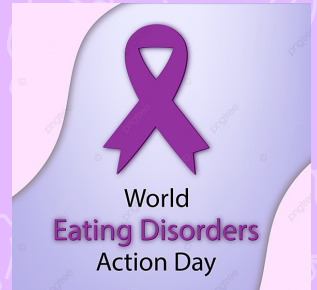
All patients and carers have the right to establish regular and ongoing communications through clearly defined channels. Caregivers and family members have the right to communicate their observations and concerns to professionals and to receive information when the patient's medical stability and/or psychiatric safety is threatened or at risk.

## SUPPORT

All caregivers have a right to receive information, resources and support services to help them understand and carry out the expectations and responsibilities of their roles as partners in treatment.



# Call for Action



## "Clinicians" 10 Actions

1

Understand that physical appearance alone does not measure the presence or seriousness of an eating disorder. Thoroughly assess thoughts and behaviors in relation to food, eating, and compensatory behaviors such as purging or exercise.

2

Involve family and/or others that the individual identifies as support persons in assessment and treatment. They are experts on their loved one, and they can offer valuable insight and support. Research shows improved prognosis for those who have support from family and friends.

3

Recognize that eating disorders have a ripple effect that creates a state of crisis not only for affected individuals, but for their families as well. Assess how the eating disorder is affecting everyone and offer guidance to help alleviate distress and optimize support. Provide resources, education, and support for all.

4

Help individuals and caregivers understand the complex etiology of eating disorders. Genetics environment and many other factors contribute to their development. Don't use language that reinforces that eating disorders are choices or that blames anyone for the disorder.

5

Maintain a high index of suspicion for these serious disorders. Screen individuals who present with 1. unexplained weight loss, gain or fluctuations, 2. fertility issues, 3. changes in mood or anxiety, 4. amenorrhea, 5. fatigue, 6. changes in exercise or eating patterns, 7. Changes in attitudes or behavior, especially when related to food, exercise or weight.

6

Re-evaluate frequently for medical and psychological danger. Weight, size, body shape, and BMI are not the only markers for health. Educate yourself, the individual, and family members about the increased risk of medical complications and suicide. Refer to the Academy for Eating Disorders Medical Care Guidelines for more information.

7

Reassure individuals and their caregivers that recovery is always possible. Even though prognosis is improved with earlier diagnosis and treatment, recovery can happen even in someone with a longstanding eating disorder.

8

Take caregiver concerns seriously and investigate further, even if the individual denies concerns. Individuals with eating disorders may not recognize the seriousness of their illness and/or may minimize their symptoms.

9

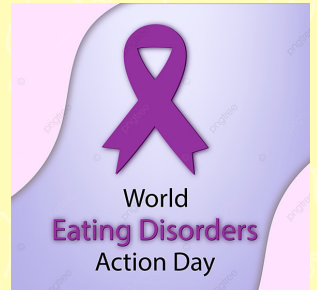
Explain to individuals and their families that recovery is about more than just weight restoration. Emphasize that eating disorder thoughts and behaviors are also important in determining recovery, and that these thoughts and behaviors can take longer to resolve. Some individuals may need to reach higher weights to achieve full recovery.

10

Promote diversity in clinicians and clinical spaces. Understand how clinician biases regarding weight, or the types of individuals that get eating disorders, influences care. Recognize that eating disorders affect individuals of all shapes, sizes, ages, races and genders.



# Call for Action

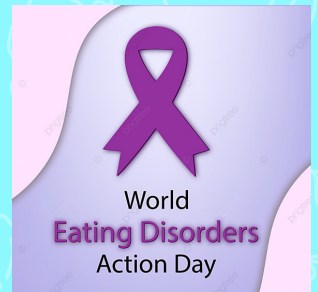


## "Caregivers" 10 Actions

- 1** Learn as much as you can about eating disorders and about evidence-based treatment. Take your place as a vital member of the treatment team; you are the expert on your loved one and you both can and should offer invaluable insight and support.
- 2** Accept that there is no eating disorder stereotype. Eating disorders affect people of all genders, races, ethnicities, weights, body shapes, sexual orientations, and socioeconomic statuses. It's an equal opportunity, biologically influenced mental disorder. It's not a choice.
- 3** Know that your loved one's physical appearance does not measure the presence or severity of an eating disorder. Thoughts and behaviors in relation to food, eating, exercise, and other compensatory behaviors offer a more accurate assessment.
- 4** Make sure that your loved one gets a full medical evaluation by an experienced eating disorder professional. Read the Academy for Eating Disorders Medical Care Guidelines and take a printout with you to the appointment.
- 5** Always be vigilant. Learn about comorbid conditions and suicide assessment. Be on the lookout for signs of medical complications and suicidal ideation. These risks can occur at any weight, across the spectrum of eating disorders, and can carry extreme danger. Also, watch for symptoms of relapse.
- 6** Hold firm to what you know about your loved one, trust your intuition, be an empowered advocate, and push for further diagnostics when you feel that something is wrong.
- 7** Recognize that eating disorders can compromise brain function. Your loved one may not "buy into" treatment, and that's okay; treatment can still be effective. You may have to make decisions on behalf of the affected person for a while, even when your loved one is an adult.
- 8** Prioritize your love one's recovery. Your loved one may need to take time off from school, work, and other activities. You may need to temporarily take time off as well in order to focus on their care. An eating disorder is a serious medical crisis that necessitates immediate and full attention. Full nutritional rehabilitation is an absolute priority.
- 9** Make sure that everyone in the family has support. The ripple effect that eating disorders have on the entire family is exponential. Know that siblings can be good at hiding their suffering so as not to further upset their parents. Caregivers especially need lots of support. Accept the help that you need.
- 10** Hold the vision of your loved one's recovery. Know that full recovery is possible at any age, even when it may seem improbable, and regardless of the duration of the illness. Understand that recovery is not linear; there are ups and downs. Thoughts and behaviors may persist long after eating and weight are stabilized. Gear up for a marathon, not a sprint.



# Call for Action



## "Individual" 10 Actions

- 1** Learn as much as you can about Eating Disorders (EDs), including how genetics and environment combine to trigger them, vs. a “lifestyle choice” where it is “your fault.”
- 2** Expand your idea of the “stereotypical ED;” they affect individuals of all sizes, shapes, ages, races, genders, and socio-economic statuses, and your struggles are valid regardless.
- 3** Look beyond your physical appearance to measure the presence or seriousness of your ED. Your thoughts and behaviors in relation to food, eating, exercise, compensatory behaviors, and quality of life, are much better determinants of how your ED is holding you back.
- 4** Know that, even if you “look healthy,” your ED is worthy of treatment, so that you can get rid of, or greatly reduce, the related thoughts and behaviors, and recover your quality of life.
- 5** Seek treatment as soon as possible. You are in a serious medical crisis which could threaten your life (like cancer or a traumatic brain injury), and you need serious, specialized treatment.
- 6** Be on the lookout for medical complications, and/or suicidal ideation, and talk to your physician and/or therapist. If they seem dismissive or unhelpful, seek a second opinion until you get the care that you deserve. Your life depends upon it.
- 7** Prioritize your recovery. You may have to take a temporary break from work, school, friends, and/or exercise, and that’s OK; when you recover, you will have better focus for all of this!
- 8** Find your support network in recovery. This can be from your biological family, and/or your “chosen family” of significant others, friends, and communities of others with EDs
- 9** Adjust your expectations about recovery; it is not linear. Don’t assume consistent progress. There will good days and bad days. Some things will feel better at first, and some won’t. Pace yourself; it is a marathon, not a sprint.
- 10** Maintain hope that full recovery is possible at any age, no matter how long you have had an ED. There are many examples of individuals who have recovered after decades. Recovery looks different for each person, but the worst days in recovery are better than the best days with ED.



Out of 671 million obese reported worldwide, 50% of them live in ten countries: China, USA, Russia, India, Mexico, Brazil, Germany, Egypt, Pakistan, and Indonesia. Men and women were overweight in approximately 33.0% and 42.1% of the cases. An analysis of 46 Muslim countries demonstrated that the overall prevalence of obesity in these populations was 37.4%. Overeating is believed to be an enemy of moral, healthy, and spiritual life. As per the verse of Holy Quran "Eat and drink, but be not excessive. Indeed, He likes not those who commit excess" Quran (sura Al-'A'raf: 31). Islam encourages etiquette of eating is moderation. Allah says in Quran "A man does not fill any vessel worse than his stomach. It is sufficient for the son of Adam to eat enough to keep him alive. But if he must do that, then one-third for his food, one-third for his drink and one-third for his air" (Narrated by al-Tirmidhi, 2380). Keeping body hydrated can help to lose weight. The Holy Prophet (P.B.U.H) said "Zamzam water is what one intends to drink it for. When one drinks it to be healed, Allah heals him; when one drinks it to be full, Allah makes him full; and when one drinks it to quench his thirst, Allah quenches it" (Ahmad and Ibn Majah). Research showed that consumption of  $\geq 1500$  mL of water causes a modest decrease in body weight and BMI in overweight persons. Islam guide regarding healthy life style and emphasizes that Muslims should take dinner at sunset, sleep early, and wake up at dawn for worship, preferably to pray and meditate. Research showed bedtime and night time snacking are associated with obesity. Physical activity is one of the prime components of healthy life style. Muslims pray five times a day. The Prophet PBUH said: "The further one is from the mosque, the greater will be one's reward." He encouraged Muslims to walk when going to masjid by saying that: "Every step that you take towards the prayer is a charity".

Research has shown that physical activity aids in weight management which helps to manage high blood pressure and glucose levels. Quran emphasized the use of certain foods including dates, olive oil, milk, fennel seeds, black caraway and honey in daily life. Research showed all of these food help in weight management and prevention of certain diseases. Moreover, Islam encourages mothers to breastfeed their babies. In one verse of the Qur'an, it is stated: "The mothers shall give suck to their children for two whole years, (that is) for those (parents) who desire to complete the term of suckling". (Quran sura al-Baqarah: 233). Research demonstrated that breastfeeding was protective against childhood obesity. Intermittent fasting is beneficial in the treatment of obesity. Recent studies on experimental models show that fasting periods increase longevity, improve health and reduce disease, including cancers. Islam encourages facultative fasting on Monday and Thursday every week, three days in the middle of the lunar month, on the ninth and tenth day of the month of Muharram, and six days in the month of Shawwal, which follows Ramadan (Sahih Muslim). The Ramadan fast is similar to intermittent fasting as it involves temporary food restriction. This type of intermittent fasting has notably demonstrated good results and has been reported to be similarly or more effective than continuous modest calorie restriction with regard to weight loss, improved insulin sensitivity, and other health biomarker.

# Obesity A Giant Killer in Developing Countries:

## *An Overview of Islamic vs. Scientific Prospect*

**Anam Malik is an advocate for mental health and eating disorders and a professional blogger working at Eating Disorders Association of Pakistan**



Eating disorders have been misunderstood, under reported and misdiagnosed in Pakistan. It is rarely considered as a mental illness. Weight and body appearance are seen as social taboos in the country. There is lack of specialized services for management of eating disorders with inadequate experts. Limited research data is available on the issue of eating disorders and only seventeen studies have been conducted to the best of my knowledge till date. Most of the studies conducted are based on prevalence of eating disorders. Abideen et al in 2011 highlighted that the increasing prevalence of eating disorders and rising number of young females employed in weight loss endeavors. Memon et al in 2012 and Haroon et al in 2016 reported significant number of medical students in Karachi and Islamabad at higher risk for developing eating disorders, respectively. Females were found more prone than males. The earlier these disorders are diagnosed and assessed, the better the chances are for enhanced treatment and fuller recovery. Similarly, Mahmood et al in 2014 and Jamali et al in 2020 highlighted higher prevalence of eating disorders among management sciences and engineering students, respectively. A considerable number of students particularly females and individuals from lower age groups were also found more susceptible to develop eating disorders. Moreover, Waris et al in 2020 reported rising prevalence of anorexia nervosa among female university students in Lahore. Anorexia was found higher among hostilities as compared to day scholars. Furthermore, Malik et al in 2019 highlighted moderate prevalence of binge eating disorder (BED) among overweight/obese in two major cities of Pakistan. Although, moderate binge eating disorder was seen among most of the obese individuals but BED in most of the cases goes undiagnosed. Binge eating disorder was found more common among students and non-smokers. Early detection and evidence-based treatment strategies can help the patients to recover at initial stages and prevent from further complication of binge eating disorder. Additionally, Warsi et al in 2020 reported high prevalence of eating disorders was observed in diabetics, more commonly among Type II diabetic patients. Non-significant fluctuated anthropometric indicators were observed among diabetics type I and II and patients with eating disorders.



# *Research on ED in Pakistan: The Missing Link*

**"Hafsa Azhar is a pharmacist and Chief Operating Officer for Eating Disorders Association of Pakistan. She is actively involved in campaigning for eating disorders awareness through social media"**

As far as the role of life style and dietary habits are linked with eating disorders, Asim et al in 2021 highlighted nutritional status of reproductive age women in Pakistan as poor, with 14 % being underweight (BMI less than 18.5) and 42 % experiencing iron deficiency anemia. Moreover, Hussain et al in 2020 highlighted that health behavior is linked with gender, marital status, age, physical activity, and educational qualification of adults



whereas stress was associated with physical activity and qualification of adults. Females had unhealthy eating habits where males had bad sleep patterns. The stress factor has an inverse relationship with qualification and physical activity. Healthcare professionals should design innovative interventions to improve healthy eating behavior and reduce depression and stigma associated with obesity.

Low self-esteem and fear of negative evaluation were reported as negative predictors of eating habits among young overweight women by Javed et al in 2021. Fear of negative evaluation might be a helpful factor in reducing the weight and changing the unhealthy eating habits of overweight women. Zaidi et al in 2020 reported that the night eating syndrome as a common practice which was found correlated to depression among medical students. Moreover, Saleem et al in 2014 highlighted interdependence between eating disorder risks (Dieting, Bulimia & Oral Control) and prevalence of depression among undergraduate university students. Females had more eating disorder and depression as compared to males. Zahid et al in 2021 highlighted that social media has been known to influence eating habits especially amongst young children and adolescents. Excessive use of social media was associated with an increased risk of eating pathology. Evidence based research is required for identifying more barriers related to social taboo of eating disorders in Pakistan in order to develop effective strategies for addressing the challenges of low screening and appropriate treatment of eating disorders in Pakistan.



In the year 2020, Cyntax Health Projects PVT LTD started a platform by the name of Community Eating Disorders Initiative (CEDI) which is a project dedicated to address the needs of individuals suffering from eating disorders and prevent such illness through research, education and services in the community. CEDI envisions a community where all people affected by eating disorders live healthy and fulfilling lives by providing them care and support.

Throughout the year, CEDI organized various activities to create awareness related to eating disorders which are mostly misunderstood by communities in Pakistan. A series of awareness videos were launched by the team to June 1-6, 2020 which included reviews, suggestions and guidelines regarding weight stigma, eating disorders, their types, treatment and prevention ways. A live event was aired on our Facebook page where participants shared their stories of struggle and recovery from eating disorders. Along with that a special show was aired with guest Ms. Maha, a renowned UK blogger with the blog "Islam and Eating Disorders". The team behind CEDI has also released two awareness songs, in English and in Urdu language, to create awareness among the community.

In addition to these campaigns, CEDI also has launched various other campaigns to support the mission of creating awareness and providing support to the community. Such initiatives include:

★ **Eating disorder screening initiative:**

The purpose of eating disorders screening initiative is early detection of eating disorders among community with the help of mobile app in order to cater larger segment of community.

★ **CEDI Walks:**

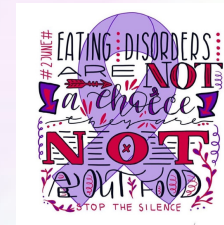
The purpose of CEDI walks is to increase awareness of public regarding eating disorders, collect funds that can help individuals and families affected by eating disorders and give hope to those who are still suffering from an eating disorder.

★ **CEDI WEIGHT STIGMA AWARENESS WEEK:**

The purpose of CEDI week stigma awareness week is to arrange various activities for the purpose of breaking the stigma of weight and body image among community.

★ **CEDI: BE YOURSELF PROJECT**

The purpose of CEDI: Be Yourself Project is to provide a platform for teenagers, young adults and post-partum women to discuss and confront unrealistic appearance ideals and develop healthy body image and self-esteem.



# Community Eating Disorder Initiative Campaign in Pakistan

Nabia Jehangir is a certified Clinical Psychologist having expertise in counseling individuals suffering from mental and eating disorders. She has worked with a variety of clients particularly teenagers suffering from depression and anxiety.

★ **CEDI HEALTH BOOSTER PROGRAM:**

CEDI health booster program is a customized special program promoting weight management through healthy life style behaviour.





## CEDI ADOLESCENCE AND PARENTS SUPPORT PROGRAM:

The purpose of CEDI Adolescence and Parents Support Program is to promote screening and awareness regarding eating disorders among adolescents, teachers and parents.



## EATING DISORDER COMMUNITY BLOG:

Eating disorders community blog is introduced to break the myths around eating disorders among the community along with promoting awareness regarding different types of ED, their initial signs & symptoms, prevention and available treatment options.



## EATING DISORDERS PODCAST:

The purpose of eating disorders podcast is to provide a platform for the community for getting in touch with the experts. Moreover, special media campaigns are designed for targeted community segments for promotion of eating disorders among community.

All our campaigns are released on our social media pages and our youtube channel The Change Pk. You can also visit our website [www.edaop.com](http://www.edaop.com) for more information on CEDI Campaigns.



## INTERVIEW WITH MS. MAHA, BLOGGER ISLAM & EATING DISORDERS:



**CEDI WALKS**

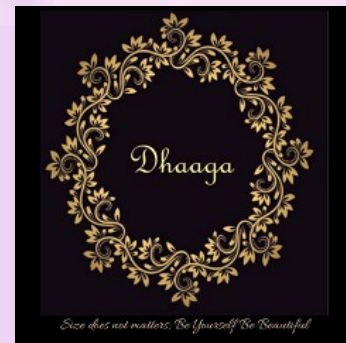


**THE CHANGE PK**



*Dhaaga is a project of Community Eating Disorders Initiative (CEDI) led by Women Empowerment Wing of Cyntax Health Projects PVT LTD to confront unrealistic appearance ideals and develop healthy body image and self-esteem among women/girls in Pakistan. One of the biggest challenges in Pakistan is to find plus as well as small size clothing in pret wear. Dhaaga is a versatile clothing brand which will help to customize any design in any size for everyone. All the brand ambassadors are women/girls from different fields, age groups, sizes and appearances who might not be considered fit as an appearance idol by the society but they feel themselves perfect which is in fact the most important belief for one's self-esteem and confidence.*

The notion usually portrayed by mass media regarding ideal appearance refers to thin-ideal, beauty-ideal or cultural-ideal. This puts immense pressure at times on the women/girls to feel themselves misfit in the society in order to match the expectations of an ideal appearance. Our team decided to launch different initiatives to break the social taboos regarding color and size. Our organic skincare brand named Mady'Skincare is one of its kind to promote organic products formulated using native plants at economical cost with the idea "Be healthy, Be beautiful" to condemn the perception of beauty tagged to fair complexion.



**DHAAGA  
SIZE  
DOES  
NOT  
MATTER**

**MADY'SKINCARE**

Organic skincare, haircare, bodycare  
and bath products developed by pharmacists.

We truly believe that using natural  
and organic skincare products  
is the way to make yourself  
feel healthy and beautiful

All products are silicon, sulfate,  
parabens and cruelty free.  
[www.madyskincare.com](http://www.madyskincare.com)

# DHAAGA: BRAND AMBASSADORS



[www.dhaagaclothing.com](http://www.dhaagaclothing.com)



Cyntax Health Project, Pvt, Ltd is the first female led registered Contract Research Organization working with the main focus on health, education and technology. Cyntax Health Projects after leading massive grass root campaign for Eating Disorders in Pakistan decided to launch its association, Eating Disorders Association of Pakistan (EDAOP) on World Eating Disorder Action Day, 2021 to synchronize its activities with the national and international goals and to provide a platform for addressing the needs of individuals suffering from eating disorders and prevent such illness through advocacy, research, education and services in Pakistan. The mission of Eating Disorder Association of Pakistan (EDAOP) is dedicated to the identification of eating disorders, their prevention, breaking stigma attached to negative body image by raising awareness, providing education, and serving as the leading resource of support and identification of treatment resources in Pakistan. However, the vision is to lead and promote healthy body images and positive relationships with food through education, research and advocacy for treatment and prevention of eating disorders in Pakistan.

In addition, the strategic goals of the association include: (a) To produce evidence-based data on prevalence and management of eating disorders in Pakistan; (b) To establish a database of healthcare professionals involved in management of eating disorders for establishing eating disorders service in Pakistan; (c) To develop innovative pharmacologic or behavioral interventions for the screening, treatment and prevention of eating disorders; (d) To design web-based tools to enhance early identification, awareness, treatment and prevention of eating disorders for community; (e) To develop and adapt available international resources in local context in order to increase access to accurate information, eradicate myths and collectively advocate for resources and policy change in Pakistan; (f) To design certified training programs for improving training for health care providers and support for caregivers; (g) To design a roadmap for engaging and empowering all those affected by eating disorders in our

# ACTION PLAN FOR EATING DISORDERS ADVOCACY IN PAKISTAN

"Ayisha Hashmi is a pharmacist, researcher and certified cognitive behavioural therapy coach working for creating awareness regarding eating disorders in Pakistan. As the Vice President of Eating Disorders Association of Pakistan, she along with her team runs video campaigns for the public"

scope of service provision; (h) Develop strategic alliances with International partners to secure sustainable funding and increase the range and quantity of effective eating disorder support; (i) To develop national and international partnerships for promoting equity in research and program funding for screening, treatment and prevention of eating disorders. The action plan includes four initiatives addressing different stakeholders including: Community Eating Disorders

Initiative (CEDI) with the focus on community involving eating disorders screening initiative, CEDI walks, CEDI weight stigma awareness week, CEDI: Be yourself project, CEDI Health booster program, DHAAGA: Size does not matter pret wear brand, CEDI adolescence and parents support program, eating disorder community blog and eating disorders podcast. The Healthcare Professional Eating Disorders Initiative (HEDI) is specifically designed for healthcare professionals encompassing eating disorder HCP directory, eating disorders HCP certification training program, HCP eating disorder chat room, eating disorder resource material hub and eating disorder conference series.

Moreover, Eating Disorders Advocacy Initiative (EDAI) aims to identify the required policy changes for the cause of eating disorders and leading letter writing campaigns, phone calls or face-to-face meeting with policy leaders. Moreover, print as well as electronic media campaign, public speaking, organizing and rallying, meeting individually with influential people, joining forces with other advocacy organizations are also the part of this initiative. While Eating Disorders Research Initiative (EDRI) has been designed to generate evidence-based data on prevalence and management of eating disorders in Pakistan. This initiative also includes designing and implementation of clinical trials/research studies for developing innovative pharmacologic or behavioral interventions for the screening, treatment and prevention of eating disorders. The initiative also focuses on developing strategic alliances with International partners to secure sustainable funding and increase the range and quantity of effective eating disorder support. Furthermore, developing national and international partnerships for promoting equity in research and program funding for screening, treatment and prevention of eating disorders are also part of this initiative.



# STORIES

## STORY 1

I am currently 26 years old and have issues with my weight and self-esteem since university. My weight has increased in the past few years. I love to eat but I cannot control myself while eating. I feel guilty and ashamed of myself at times when I think how people will perceive this habit of mine. I struggle a lot but feel helpless.

## STORY 2

I belong to a tribal family with so many customs and traditions. Along with them following weight watch is a bit scary thing. As my family as per our tradition loves to eat more fatty food. I am also being forced to include only fat and meat in our diet which has pushed me to put on a lot of weight. I have become obsessed with it, I try a lot to diet but I am not allowed to do so. I feel one day I will explode. I would not be able to walk and will be bed ridden.

## STORY 3

I am 17 years old. My friends and I were thinking of starting a diet. We saw a movie on youtube where a girl was puking after eating losing weight. I thought that this is an easy way to lose weight so I tried. First time I felt unpleasant but I also felt wonderful. I kept this routine for 4 months in which I did not used to eat breakfast and lunch and only used to eat evening snacks and dinner which I quickly vomited after 15 minutes of eating. I lost weight by this routine. But one day I had urge to eat which I could not control and I ate all which was available. I am in this routine since past 1 year. I want to lose weight and I vomit but then after few days I can't control myself eating. I feel helpless.

## STORY 4

I am a mother of a 9 years old kid. My child never liked solid foods. He has always liked soft foods such as mashed potatoes. The problem is he still does not like foods which we eat normally such as roti, bread and raw vegetables. He is underweight and teachers also complain that he is a slow learner. Doctor has prescribed multivitamin syrup. I wonder it will help him.

## STORY 5

I want to share my story. While I didn't have a need to lose weight, the constant weight loss idea infiltrated my brain. Clean eating became a way of life, my religion. I began to make changes to my meals, eventually cutting out entire food groups and drastically limiting my portion sizes.

To my colleagues, I was a super-healthy eater. Little did they know, I was spiraling out of control and feeling powerless. I wasn't the one in charge because food was controlling me. My days became consumed with thoughts about what I ate yesterday, what I would eat today, and most importantly, what I couldn't eat. Certain foods and food groups became off limits and I avoided them like corona.

I dropped weight like crazy. I was hungry all the time, but was too afraid to eat anything I deemed "bad." My energy plummeted, my hair fell out, and my skin took on a grayish tone. Yet I continued to be praised for how healthy I was eating. My parents noticed my drastic weight loss and urged me to eat more, but I saw their efforts as a plan to "fatten me up" and foil my plans. On the rare occasion I did eat a "bad food," I would compensate with hours of exercise. This helped to give me a small illusion of being in control.

I am still in this condition and cannot find a way out.

## STORY 6

My brother loves to exercise to the point that he forgets to eat food and does not sit with us. He is always busy in learning new exercises and always going to the gym. His colleagues also tell our family that he is always talking about workout. I saw your series on eating disorders on youtube and wonder if he has any sort of eating disorder.

## STORY 7

I was born baby fat. I was being bullied by family and friends since

I was a child. I became oversensitive. I feel myself worthless and think I am the most ugly person in this world who can do nothing or is useless as I do not fit into the standard of others. This feeling is disgusting I have left eating anything. I am crazy in dieting or trying any new medicine or instrument launched in the market for weight loss. I think this obsession will kill me someday.



## STORY 8

After watching your series, I think I have an eating disorder. I was not serious about it before.

I like to lick on burnt matchsticks. I lick upto 50 matchsticks per day.

## STORY 9

While my class fellows were busy in deciding what to buy from the school canteen, I sat alone on the bench thinking of how could I become slim. I was a bright student throughout my school life, but when I entered college life my friends began to tease me always telling me I was a bit chubby and I should run in the college ground. This regular teasing became a part of my life; everyday I used to think how to become slim and I stopped eating my favorite foods. Going to the grocery store with my mother was a nightmare for me. I used to look at the foods at all the aisles but never had an urge to buy anything which I used to had before. My weight started dropping. I am 23 years old now with 5'6 height and a weighing 45kg. I am trying to cope up with my eating disorder but still in vain as i am scared my friends will again tease me for being fat.

## STORY 10

I had been skinny since my childhood. I grew up listening comments upon my physique during all these years. People always point out about my thin built up and always make fun of my size. I left eating after listening all these comments as I feel that no matter even if I will eat I will remain same. I have left socializing as I am scared to be the centre of attention as people always makes fun of me.





***Grow through what you go through***



***Beauty starts in your head not in your mirror***



***Eating Disorder also affects Pakistani men***



***If you want to feel better, Eat better***



***Enjoy each day Eat the healthy way***



***Beauty starts in your head not in your mirror***



***Anorexia is the sickness that robs your fitness***



***Let's get Real***



***Be Healthy Not Dead***



## *Our Story*

Cyntax Health Project, Pvt, Ltd is the first female led registered Contract Research Organization working with the main focus on health, education and technology. Cyntax Health Projects after leading massive grass root campaign for Eating Disorders in Pakistan decided to launch its association, Eating Disorders Association of Pakistan (EDAOP) on World Eating Disorder Action Day, 2021 to synchronize its activities with the national and international goals and to provide a platform for addressing the needs of individuals suffering from eating disorders and prevent such illness through advocacy, research, education and services in Pakistan.

## *Mission*

Eating Disorder Association of Pakistan (EDAOP) is dedicated to the identification of eating disorders, their prevention, breaking stigma attached to negative body image by raising awareness, providing education, and serving as the leading resource of support and identification of treatment resources in Pakistan.

## *Become a Member of EDAOP* *Professional Membership*

Professional membership reflects high standard of medical or paramedical knowledge. Individuals with a postgraduate-level qualification who have worked in the fields of psychology, psychiatry, medicine, pharmacy, nutrition, dietetics, nursing, social work, or any relevant field for a minimum of 2 years are welcome to apply for this membership.

## *Volunteer Membership*

Membership as volunteer is for students who are currently enrolled in a relevant undergraduate program and individuals who have completed and earned a relevant undergraduate degree who are not practicing in a relevant field.

You can also become our partner and sponsor any of the activities being organized by EDAOP.

## *Contact Us*

Website: [www.edaop.com](http://www.edaop.com)

