

Towards Effective Nutrition Education

by

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WITH the control of many of the communicable diseases, steady improvement in the health services after independence and the emergence of sulpha drugs and antibiotics, there has been a significant increase in the expectation of life in India from 32 in 1940 to 47 today. It is safe for an infant of today to hope to see its 47th birthday. But there is also the sad picture of people who due to several factors, particularly those of mal-nutrition and under-nutrition cannot enjoy a fuller life of vigour and vitality. There is a general inertia and a lowering of physical and mental out-put. With little or no power of resistance to diseases like tuberculosis, what can one expect but sub-normal efficiency in whatever activities they undertake? It is no wonder, therefore, that there has been a large number of refusals in the recruitment to the army during the present National Emergency. But it is heartening to know the instances where a slight modification of the daily intake of certain foods raised the nutritional level of the people resulting in the reduction of sickness and improvement of the working capacity of men.

Nutrition Education is the Key

Many people could have balanced and health-giving diet within their financial resources and cultural pattern by better selection and preparation of those foods which are already available to them. This could be achieved through well-organised nutrition education which is the key to the solution of many problems related to health and disease. Lack of knowledge of the most simple facts of nutrition is the root cause of a high proportion of cases of mal-nutrition. The inability to select the right kinds of locally available foods and to cook them in such a way that will retain all the nutrients; and inability to develop taste for inexpensive foods which provide nourishment in ample measure, are the main causes for the widespread low standard of nutrition among different sections of the population.

Sporadic Publicity Efforts

Some efforts are being made towards education for better nutrition. Most of it is sporadic dissemination of information. A few lectures are given, press and radio are used now and then, pamphlets and popular literature are distributed and posters are stuck. Health visitors, home science workers and others give talks and conduct cooking demonstrations. Field publicity units and mobile health propaganda vans show films on food and nutrition.

Effectiveness of these activities has not been assessed scientifically. It may not be wrong to assume that

the people, by and large, have not yet gained much knowledge or developed favourable attitudes or improved their food practices. There may be several reasons for these not having influenced the common man to improve his diet by his own efforts.

Understand Why People Eat What They Eat

It may be important to have the data about calories and nutrient requirements for different categories of people, and to know the correct information about the composition of different kinds of food articles. It may be also important to possess the skill to conduct diet or nutrition surveys, and pin-point the prevailing pattern of nutritional deficiency. But for planning effective nutrition education programmes, it is vital to find and fully understand the answers to the questions such as—*why do people eat what they eat?* What influences them in selecting only certain kinds of food? Who makes the decision and in what areas? What values (nutritive and others) are attached to different food-stuffs and why? What makes them to prepare a dish in a particular way at a particular time or season? Why should they eat only in a certain manner and sequence? Who takes meals first and last, and why?

Most people are not free to eat what they like to eat and at the time, place and in the company of their choice. They may also not be in a position to have foods combined, prepared and served in the form and the way they want. They are born into the 'food culture' of the community to which they belong and conform to it as it is safe for them to follow the prevailing pattern.

The illiterate masses, who form 75 per cent of the population, have some notion (which the literate might consider as primitive) about the body, its organs, and their composition and functions, food and its functions, composition and qualities of different foods, the process of digestion and metabolism and the elimination of waste products from the body. Whatever may be his concepts of these, they are real to him and have become a part of his personal and community life. The new ideas that are thrust on him, however scientific they may be today, will be rejected if they do not fit into his pattern of concepts, or he sees no relationship between them. Chances of success of nutrition education programme are remote when its content is contrary to the current views and feelings of the community dubbing them as superstitious.

The Basis of People's Concepts

What could be the basis of the people's concepts, attitudes, beliefs, values, habits and customs? India has the impact of thousands of years of rich cultural

and spiritual heritage. The vitality of Indian culture has continued through ages despite many historical vicissitudes because it has its roots deep in the sons of the soil. Without understanding these roots, one will never be able to understand what our people are and what they want, and much less one would be able to judge what they would assimilate and why? Our culture has the characteristics of continuity and common outlook among people. It comes from the past, adjusts itself to the present and moves forward to shape the future. It has been a flowing stream in which attitudes and beliefs about food and diet have got submerged as tributaries. An able nutrition educator should understand this.

Common traditions and norms of conduct have prescribed diet and regimen of life, which, if followed by a normal healthy man, could result in improved health, happiness and longevity. The system has woven the social, cultural, economic, religious and spiritual components of life into it and made health as the foundation on which the others had to be built. The villagers and, perhaps the majority of the urban people, are still influenced by these factors, though at times of emergency they may be attracted towards modern medical care. It is no wonder that patients still continue to ask the doctor, what they should eat and when, whether they should sleep after taking medicine, whether they should drink hot or cold water, etc.

Food and Diet in Ancient India

The ancient Indian medicine considers food as the very life of all living creatures, and the body is stated to be the product of the food taken. Its chief function is to nourish the various *dhatu*s which uphold the integrity of the body. It is interesting to know that it advocated the use of diverse kind of food for maintaining the growth, strength, complexion, happiness and prolongation of existence of a healthy body. If a normal healthy man wishes to keep up his health, he has to take food in various forms possessing various tastes and attributes so that no one *dhatu* may come to be in excess or deficit. Food is stated to be converted into *rasa* and this in turn into blood, flesh, fat, bone, marrow and semen. Food is also stated to act as the fuel to the digestive fire, replenishing it and making it function properly. Thus food serves many vital functions of the body and so Charaka and Sushruta gave a very high place for the knowledge of the composition and qualities of various kinds of food, and directed that one should never take any food from motives of desire only, or in ignorance. The use of beneficial food, to them, was the only cause of disease. This concept of food and diet seems to prevail widely among our rural people. An effective nutrition education should take note and utilise these concepts profitably.

Further, Charaka and Sushruta made critical studies of various kinds of things available as food, and discussed in great detail their merits and demerits. They felt that foods were compounds of five elements (*Bhutas*) possessing various qualities (*Gunas*) which play an important role in the physiology of digestion and metabolism, the most important quality being taste or

Rasa. The nutritive power of food is stated to depend on six different '*Rasas*'. The six '*Rasas*', separately or in admixture, taken or administered properly and in due measure, nourish the body. Besides these six primary qualities of food, Charaka mentions ten pairs of other '*gunas*' of food—heavy and light; cold and hot; oily and dry; soft and hard, etc. Great stress is laid on the properties of 'heavy and light.' People attach, rightly or wrongly, great importance to these qualities while selecting and using different articles of local foods. Nutrition education workers who dismiss this type of classification as superstitious, will have a hard time in initiating new dietary practices. No amount of dissemination of information about vitamins, minerals and proteins will be able to convince the person and his family to take to a new article of food which they believe will have adverse effect on them.

Daily and Seasonal Regimen of Life

People in different parts of the country have also certain ideas about daily regimen of life—*Dinacharya* to be followed. One of the important items of *Dinacharya* is meals and diet. It gives specific directions regarding the time for meals, articles of diet, sequence of dishes, how to sit at meals, drinking of water at meals, amount of important food to be eaten, hygiene of the mouth after meals, etc. The dietetic regulations also varied with the season and climatic conditions. These regulations—*Ritucharya* were divided to be fitted into six seasons. Food articles which possess the qualities of *Vayu* are minimised or prohibited during cold and rainy season. Similarly salt, sour, pungent, and hot things which produce *pitta* are avoided during summer and autumn. In winter and spring *kapha* is stated to be aggravated and one is advised to eat fats, milk preparations and heavy and rich food. Charaka and Sushruta give in great details the regulations to be followed with regard to food, the department and practices.

Use Ancient Regulations for Nutrition Education

The above regulations, though in a modified way, still seem to be followed by many communities. For effective nutrition education, a thorough study of these is quite essential to find out the most acceptable articles of food during different seasons. A doctor or nutritionist advising people to take a diet contrary to *Dinacharya* or *Ritucharya*, will be administering a cultural shock which will lead to the rejection of the advice.

Nutrition education in a traditionally-bound society is both complex and difficult, especially when ideas and practices of modern nutrition developed in a different culture is to be implanted in a totally different socio-cultural environment. This makes it very interesting as well as challenging. The challenge can be met by strictly adhering to the philosophy and principles of extension education and the worker having implicit faith in them.

Extension Principles

The basic philosophy and principles of extension education are well-known to the workers engaged in community development work and hence just a recapitulation of them may suffice:

- (i) Have faith in people and in their inherent capacity to change.
Respect human dignity and believe in democratic process.
- (ii) Help people to recognise nutrition problems, in finding solution with their own resources, in planning a programme and in assessing progress.
- (iii) Know your community : Nutrition needs to be satisfied ; where are the people in their knowledge, attitudes, and practices with regard to food and diet ; local leadership (lay and indigenous medical practitioners) in nutrition ; local resources in terms of availability of food articles, means of production, storage and distribution.
- (iv) Plan with people—Interpret modern concepts of nutrition for acceptance ; help in seeing the goal clearly ; plan step-wise for implementation by the people ; co-ordination of different agencies, engaged directly or indirectly with food and nutrition ; sustain interest by continuous evaluation and follow-up ;
- (v) Know your communication process : local background of the existing process ; developing effective local methods and media, to provide information, develop understanding and belief with a view to gain acceptance of new nutrition practices, to provide opportunity for action which result in the desired action and satisfaction.

Opportunities for Nutrition Education

As food is an integral part of the life process, there will be innumerable opportunities for nutrition education. One should be alive to these situations *see, feel* and *seize* them. Sensitiveness to these opportunities could be developed in workers by proper training. The worker has also to perceive the various opportunities as an integrated whole, beginning from the production to the utilisation of food in the most beneficial way. This means a co-ordinated and joint effort of all agencies concerned with food and nutrition.

All the stages of human life present situations and motivations to carry out nutrition education. The young mother, who is pregnant is in the susceptible mood for initiating new dietary practices. The mother-in-law and the husband who will be looking forward to the coming baby, perhaps will be ready to accept the use of articles of food which were not used by the family before. The entire family will be in receptive mood and well-motivated for an advocated change. Even during the lactation period such an atmosphere may continue wherein the child and mother would get a preferential treatment.

Successful nutrition education could be built in around the growth and development of the infant. The period when the infant is taken to the *Balwady* or

M.C.H. Clinic gives another opportunity for either reinforcing or for introducing dietary changes by group acceptance and pressure. The period when a child goes to the school and partakes a school meal, provides another opportunity for nutrition education. Well organised school lunch programmes have shown to influence not only child's attitudes and practices towards food but also affect the home. School meal programme which includes school gardening and sanitation have proved as potent tools in developing a child into a healthy youth.

Nutrition education can also be woven into the urges and aspirations of the youth. Sports and games, physical culture competitions, National Cadet Corps, National Discipline Scheme and Youth Leagues—all these provide a number of opportunities of integrating nutrition education.

The adult going to a factory or an office has special nutritional needs. He uses canteens, cafeteria and restaurants which could influence his taste, likes and dislikes. Carefully thought out nutrition education could be carried out through these catering organisations.

Hospitals, clinics, sanatoria, dispensaries etc. will have patients and their families who could be made receptive to advocate dietary practices provided the medical and health personnel employed in them are trained to undertake this useful work.

The community itself could be a centre of nutrition education. The Village Panchayat, Co-operatives, Mahila Mandals and Community Leaders can play a vital role in improving the nutrition of the community if they are adequately prepared and supported to undertake this work.

All the extension methods and media could be used in nutrition education. No simple method alone will achieve the result. Varying methods and media combined and used in different ways and repeatedly, will help the programme to move towards the desired goal. The key to all methods and media is the adequately trained educator who identifies himself with the people, who practises what he preaches, who has immense faith in the methods he uses, who talks in the language of the people and who believes that people can improve their nutritional status with their own efforts. A worker who has developed such an attitude will be an exemplar and a guide to the people towards values and goals set by purposeful nutrition education.

List of Donations received during December, 1963 and January 1964

General Fund	Rs.	NEFA Fund (Now closed)	Rs.
Delhi State Branch, TNAI	1,500 00		
College of Nursing, New Delhi	200 00	Students & Staff, General Hospital, Pondicherry	100 00
Building Fund			
Delhi State Branch, TNAI	1,000 00		
Welfare Fund		SNA Fund	
Delhi State Branch, TNAI	2,000 00	General Hospital, Pondicherry	40 00