

NUTRITION EDUCATION

Dr. M. Akmal Khan, M. Sc., (Hons),
Ph. D. (London), M. I. Biol., F. R. S. H.
Department of Nutrition,
W. P. Agricultural University, Lyallpur.

There is considerable body of scientific knowledge in the field of nutrition, but very little has yet been done towards application of this knowledge to improve the nutrition standard of the masses. No other single factor has as much positive influence on health as nutrition. Adequate nutrition not only helps prevent diseases, but it also promotes physical, mental and social well being.

Malnutrition is wide-spread in our country. It is well known that malnutrition lowers the resistance to infectious diseases leading to higher death rate. In Pakistan, 25% of the deaths occur during the first five years of life. The nutritional status of adult population is also far from satisfactory. Most affected groups are pregnant and lactating women. The adult size is much smaller than their counterparts in Western countries and the average weight is much lower, resulting in general state of weakness and listlessness that impairs labour in-put and efficiency and reduces productivity, thereby constituting a major obstruction to development.

With low-income there is usually accompanying illiteracy and poor home sanitation. Nutrition illiteracy interferes with correct feeding of the family. Due to ignorance and unawareness of the growth needs of children, most of the body building food, meat, eggs, fish etc., go to the father on the excuse that he is the earning member of the family.

Education is one of the ways to combat the malnutrition. Food and nutrition education is a full discipline including—

- *part of health education.
- *economic aspects (home economics in particular)
- *cultural aspects (food patterns)
- *sociological aspects.

The basic aim of nutrition is to enable people to promote and protect their own health and well-being and that of their children and the community in which they live, within the existing economic and food limits. The specific objectives of nutrition education may be—

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1. control and prevention of general and specific malnutrition syndromes or disease among a specific sector of community.. e.g. protein calorie malnutrition, vitamin A deficiency, anaemia, goitre etc.
2. Improvement in child rearing practices.
3. Better utilization of the available food resources.
4. Helping families to improve their food production, processing, storage and consumption.

Nutrition education aims at adopting better habits. In order to change habits, people must acquire knowledge in such a way that new beliefs and attitudes result. It is important to create the desire for change. There are three criteria for successful motivation of the individual to change his behaviour.

- (a) He must realize that there is a problem for him.
- (b) He must know that this problem has serious consequences.
- (c) He must believe that there is a practical solution to the problem.

The process begins with understanding, followed by the winning of confidence and the introduction of incentives, such as, health, economic improvement or social status. Unless the people develop incentive for the improvement of their feeding practices, they will not respond to nutrition education.

To educate adult community the education may be divided into two phases :

- (i) a preliminary stage of 'preparing the ground' and
- (ii) a later stage of sowing the seed when necessary nutrition education is actually carried out.

Preparing the ground :

- (a) *Lightening the women's load* : In rural areas, women are fully occupied with hard work. In addition to look after children they have to spend long hours in the fields, in carrying water, collecting fuel for cooking fire and in preparing and cooking the meals. The most costly operation in time for women is the preparation of food—pounding, grinding, making flour etc. The introduction of some labour saving devices such as small mechanical mills, baking bread etc., would lighten the work load of women and allow them more time for care of the family or for attending centres of nutrition education.

- (b) *The establishment of educational centres* : Rural service centres including community development and social welfare activities, maternal and child health clubs, women clubs, village women councils could provide most useful setting for nutrition education and their establishment should be encouraged. Village health committees may be set up under the supervision of local school masters, with the coordination of Health, Agricultural and Education Departments.

The nutrition education may be incorporated into children wards in Hospital where mothers come in with their infants and young children. This is a valuable custom because it reassures the child, encourages the mother to carry out nursing and permits the continuation of breast feeding. It may also offer an opportunity for nutrition education not only by individual counselling but also by means of small group discussion, demonstration, etc.

- (c) *Training of personnel* : It is very important that the worker must have the same background as the people with whom he is working. City people have greater opportunity for obtaining education and it is they who are recruited for work in villages and poor urban communities. Their lack of understanding of peasant mentality may hinder the education of the public. Centres where nutrition education can be carried out are however useless unless the educator knows his job the nutrition facts and the educational skills required. An important part of preparing the ground therefore lies in the training of all types of medical, agriculturists, school teachers, home economists, ayurvedic physicians, health and social workers, ex-army men and religious leaders (Maulvis). The agricultural extension worker may motivate the farmers grow more and better quality of food by practising modern techniques and to help them to improve storage and marketing techniques. He can carry out nutrition education during the course of his agricultural duties.

- (d) *Educational Aids* : These are to bridge the gap between the educator and the educatee and to clarify and simplify the nutrition knowledge and practices.

REPORT OF THE DISCUSSION GROUP ON NUTRITION EDUCATION

Chairman : Dr. Ahsan-ul Haque Rana. Rapporteur : Dr. M. Akmal Khan.

The present situation of food and nutrition education and other nutritional problems were reviewed and following topics were discussed :

1. Dietary
2. Food Production
3. General Hygiene

It was recommended that more emphasis should be on the prevention of protein calorie malnutrition.

- (a) Diet for pregnant and lactating mothers, use of available sources of protein, vitamins and iron especially the best use of legums and green leafy vegetables.
 - (b) value of breast feeding, the economy, prestige and modernness of breast feeding requires stress (safe and cheap).
 - (c) Danger of bottle feeding—Danger of infection and high cost should be emphasized.
 - (d) Special topic may be required in some regions i.e. use of iodene to prevent goitre in mountaneous regions of Pakistan.
- (ii) Food Production :- (a) Introduction or increased cultivation of cereals, beans, pulses and other vegetables (kitchen gardens); (b) Animal protein productions such as poultry, use of fish ponds, rabbits etc. (c) Improving village level food preservation and storage including the use of insecticides; (d) Control of soil erosion; (e) Increasing soil fertility by the use of fertilizers.
- (iii) Hygiene : (a) Importance of cleanliness—personal, feeding utensils and house (b) Improvement of village, housing including kitchen, water supply and unselected water storage. (c) Avoidence of harmful local customs.

Other recommendations were made in the paper on nutrition education read by Dr. Akmal Khan.

It was also recommended that the following subjects may be included in the syllabus for Adult Education programme :

- (1) food and its functions
- (2) the food groups
- (3) food we eat and its nutritive value (cereals, meat, fish, eggs, milk, pulses, vegetables and fruit)
- (4) effect of cooking and processing.