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Research Article

IMPROVING NUTRITIONAL SECURITY THROUGH NUTRITION EDUCATION IN RURAL COMMUNITY

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Abstract: Nutrition education is a crucial importance as the problem of ignorance, ill health and malnutrition go in hand therefore, such education is probably greatest and most urgent for the pooper vulnerable section of the community. Most of the protein energy malnutrition micronutrient deficiencies. Such as vitamin A, B complex, Iodine and iron deficiency anomia are the nutrition problem frequently encountered, particularly among the rural poor and urban slum communities. Malnutrition is a serious nutritional problem in rural area. It is well known that the widespread under nutrition, which exists in countries like India is due to a gamut of factors, such as low income, poor education level, too many birth and little parental attention. A sustained programme of nutrition education therefore should be an essential pre requisite of overall nutrition strategy. Hence nutrition education is the only means for bringing about an awareness in the individuals or community of the needs for nutritional improvement. The present study was conducted in Durg and Dhamdha block district of DURG Chhattisgarh quantify the impact of nutrition education to improve nutritional security of household in rural areas. The result suggested that nutrition education is the only means for bringing about awareness in the individual or community of the needs for nutritional improvement.

Keywords: Nutritional security, Nutrition education, Food belief, Vulnerable section, Immunization

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Introduction

Nutrition is also an essential input for national development and healthy, well-nourished and educated population being the best foundation for promoting over all national productivity and progress [1]. what needs to be taught and communicated would largely depend upon the needs of each groups community or individual. Nutrition education provides people with correct information on the nutritional value of foods ,foods quality and safety ,methods of preservation ,processing and handling ,food preparation and eating to help them person. The best choice of food for an adequate diet. A knowledge of the feeding habits is essential before effecting any change that may be needed. Nutritive value of different food, sound cooking methods, prevention food waste weaning food supplementation with low cost local food, May from the core of programme Effective nutrition education results not only in the acquisition of knowledge and skill but also desirable changes in the eating habits of learners [2]. Nutrition education should be practical and adapted to suit the socio economic condition, food habits and local food resources. It should form a part of the integral community development programme. The stages of nutrition education are described by Devdas [3]. Nutrition security implies physical, economic and social access to balanced diet and microbiologically and chemically clean drinking water. There is nexus between disease free environmental and nutrition security, often forgotten [4]. The individuals go first through awareness or getting the first knowledge about a new idea or practice. Attention comes next creating an interest in the project to find what it is, how it will work and what it will achieve. Interest must be followed by the urge or the desire to act. At this stage the individual evaluates the information received and decides whether or not the idea, product or practice is suitable for him/her and whether or not he/she wants to adopt it. FAO and WHO have since their inception provided technical aid and stimulated co-operation among countries in the fields of nutrition education [5]. In this paper an attempt has been made to see the impact of nutrition and health education and the rural families.

Research Methods

The study was conducted in DURG district of Chhattisgarh. In all 60 families selected in three villages each village in 20 families in simple random sampling data were collected by face to face interview with the help of nutrition education was carried out using pretested schedule [6]. Interview schedule consisting of 50 questions. The question was yes, no, don't know type [7]. The content of interview scheduled was from the following broad areas

- Basic health and nutrition
- Nutrition for vulnerable section.
- Immunization.
- Hygiene and health
- Environmental sanitation
- Cooking practice and food belief

The subject was then exposed to a short duration nutrition and health education through lectures, posters, charts, demonstration, training and groups discussion method and 4 weeks after imparting nutrition education, the subject was again interviewed on the previous questionnaire for their improved awareness and/or practice of health and nutrition concepts.

Research findings and discussion

In the present study the nutrition education programme was conducted in two phases. In the first phase the initial knowledge of the workers was gathered through a specially prepared Performa. The difference in the knowledge of the subject regarding different aspects of nutrition and health" before" and" after" nutrition education could be judged by them [6]. The first set of questions was on" Basics of health nutrition" it consisted of 15questions [Table-1]. The correct answers received before and after nutrition education were 20% and 63.33% respectively. The second set "Cooking practice foods beliefs" and which consisted of 05 questions. The percentage of subjects answering correctly to this concept "before" and "after" nutrition education was 15% and 53.33% respectively.

Table-1 Data showing response of subject to nutrition and health concepts before and after nutrition education

Group Type	No of question	Correct		Incorrect		Doubt	
		Before	After	Before	After	Before	After
Basics of health nutrition	15	12(20%)	38(63.33%)	40(66.66%)	10(16.66%)	08(13.33%)	02(3.33%)
Nutrition for vulnerable section	05	09(15%)	32(53.33%)	39(65%)	20(33.33%)	12(20%)	06(13%)
Cooking practice	13	20(33.33%)	32(53.33%)	35(58.33%)	21(35%)	15(25%)	07(11.66%)
Immunization	04	18(30%)	31(51.66%)	38(63.33%)	27(45%)	04(6.66%)	02(3.33%)
Health and Hygiene	08	22(36.66%)	48(80%)	30(50%)	19(31.66%)	08(3.33%)	03(5%)
Enviourmental and sanitation	04	26(43.33%)	41(68.33%)	24(40%)	15(25%)	10(16.66%)	04(6.66%)

Note: Percent value are given total household

The third set of question which was on "Nutrition for vulnerable sections "consisted of 13 questions. The scores for this group of question were 33.33% and 53.33% respectively for "before "and "after" nutrition. The fourth set of which was" Immunization" and consisted of 04 questions. The scores obtained "before and "after "nutrition education for this concept are 30% and 51.66% respectively. The fifth group of question was on "Health and hygiene" and it consisted08 question. The scores obtained for this concept 'before "and "after' nutrition education was 36.66% and 80 percentage respectively. The last group of question was on "environmental sanitation "it consisted of05question 43.33% gave correct answers before nutrition education while 68.33 % answered correctly after education on this concept. The results are recorded in [Table-1] the scores obtained by the subjects before and after nutrition and health education are shown in [Table-2]. The initial average score by the families was 17.83. The maximum score was 20. After exposure to a short duration nutrition education the average score of the families was 20. The maximum score was 37. No special food is given to the vulnerable groups the wrong food habits and ignorance of the right way of cooking is also one of the causes of nutrient deficiency. Superstitions and beliefs invariable influence the attitudes to words foods. Vaccination and immunization and medical therapies have been to be poor in rural community .They do not utilize the medical and preventive facilities available to them .The common beliefs ,customs and practices connected with health and diseases have been found to be intimately connected with the treatment of diseases. There are socio-psychological reasons too. Personal hygiene is almost no proper existent rural families bother very little about basic hygiene practice, among the bathing is more a matter of ritual and usually means throwing a small quantity of water on the body. They do not use daily soap or any other cleaning agent. Lack of awareness and ignorance are probably responsible for this. They do not use daily soap or germicide or washing clothes witch is necessary for removing the dirt and germs. Rural area drainage system proper type absent, rural go to outer area near ponds or to the open fields. Such unhygienic sewage facilities mat lead to many chronic and long term illnesses. The awareness and infrastructure building under *Swachh Bharat* is positive result. It was amide at encouraging and incentivizing public health facilities in the country to demonstration high level of cleanliness, hygiene and infection control practices through a cycle of periodic assessments. The overall mean score of all the 60 families on all the aspects of nutrition, right cooking practices, nutritional care of vulnerable section and the use of diet during illness. The personal health and hygiene, importance of immunization, environmental sanitation

Table-2 Mean Score (± S.D.) of the 60 families "before" and "after" nutrition health education

	Before Nutrition Education	After Nutrition Education
MEAN	17.83	37
S.D.	±6.33	± 6.69
Range	17	50

Conclusion

The results reveal an encouraging and favourable response to nutrition education. The subject learned about balanced diet, mixed diet, importance of fruits and vegetables, right cooking practices, nutritional care of vulnerable section and the use of diet during illness. The personal health and hygiene, importance of immunization, environmental sanitation. It is true that the study had the short time education. Inspite of the encouraging picture, no definite conclusion can be drawn on the long term effects of the education. Also, it cannot be assumed that the observed alteration would be sustained long enough to bring about change in dietary pattern and practices. It was also observed that after nutrition education the changed their attitudes towards locally available food supplements and government support, external funding and the strengthening of local managerial and community capacities.

Application of research: The trend of success of this education campaign strengthens the case for more intensified and enlarging efforts of nutrition education to the rural families in population in general.

Research Category: Nutrition education

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