STRENGTHENING RURAL WOMEN'S NUTRITION THROUGH IEC STRATEGIES

DR.V.MARY PRAMILA SANTHI*
srpramicic@gmail.com
The Principal, St. Antony's College of Arts and Sciences for Women, Thamaraipadi, Dindigul

ABSTRACT

A research study was carried out in three villages within the Thoppampatti block of Dindigul district to evaluate the understanding of 120 rural women aged between 35 and 55 years regarding specific nutritional topics. This assessment followed the provision of education utilizing various Information, Education, and Communication (IEC) materials. Data collection was performed through interviews with the selected participants. The tools employed included an Interview Schedule and a Nutrition Knowledge Scale. The Test-Retest Method was applied within the Nutrition Knowledge Scale, and to gather information on the women's dietary habits, the 24-hour recall method was utilized. The intake of different nutrients among the subjects was calculated and compared against the Recommended Dietary Allowances (RDA). The nutrition education significantly enhanced the mean nutrition knowledge scores from 0.42 to 1.9 ($P<0.05$). A notable increase in awareness regarding nutritional deficiencies and sources of nutrient-rich foods was observed among all participants. The incorporation of multimedia resources proved to be highly effective in elevating the knowledge levels of the women.

1. INTRODUCTION

Enhancing women's ability to make informed decisions in their lives, often referred to as women's empowerment, holds intrinsic value. Consequently, it is essential to implement strategies aimed at improving the status of women globally. The empowerment of women also serves an instrumental purpose; it is a means through which society can achieve other critical welfare outcomes, such as child nutrition, particularly during the first 1,000 days of life. Supporting this assertion, the UN's Scaling-Up Nutrition initiative underscores the importance of women and girls assuming leadership roles in national scale-up efforts.

Though nutrition interventions have been made in India, significant improvement in nutritional status has not occurred especially in women and girls. Nutritional disorders like anemia, poor weight gain in pregnancy and poor caring practices in girls are still common in all socio-economic groups and the due reason for it is women herself. Therefore, IEC activities regarding nutrition in this high-risk group is essential.

Additionally, nutrition-sensitive programs designed to elevate women's status can significantly contribute to improving nutritional outcomes for children. It is important to emphasize the continuation of breastfeeding, the supplementary feeding of infants, the identification of malnourished children who require special attention, and the proper methods of cooking and food storage. Raising awareness about the significance of good nutrition among the population is also vital. Women aged 35 to 55 should receive comprehensive education to enhance the nutritional status of their families. Given that women are typically responsible for cooking, it is imperative that they understand the nutritional aspects of food preparation. Education is the key to fostering behavioral change. Nutrition education must be provided to women to inform them about appropriate cooking practices, nutritional deficiency diseases, and sources of nutrient-rich foods. The findings of this study will assist grassroots personnel working in health, rural development, anganwadi, and noon meal centers in delivering nutrition education to rural women.

Concept of the Reviewers:

The relationship between quantitative measures of women's empowerment and child nutrition was explored in three peer-reviewed studies published in 2015 and 2016. These studies significantly enhanced the understanding of this field. The initial investigation into the connection between women's autonomy, a key dimension of empowerment, and children's nutritional status was conducted by Carlson et al. Meanwhile, Cunningham et al. focused on the association between child feeding practices in South Asia and women's empowerment. Pratley provided a more comprehensive analysis of how women's empowerment influences various maternal and child health outcomes, including nutritional status in low- and middle-income countries. The reviews concluded that there is a general correlation between child nutrition and women's empowerment; however, they also pointed out the difficulties in interpreting the results due to the variety of empowerment indicators and classifications. Since these evaluations were published, there has been a considerable amount of literature discussing the significance of women's empowerment.

2. MATERIALS AND METHODS

Selection of the Samples:

One Hundred and Twenty rural women with the age group of 35-55 years were selected by purposive random sampling method. From each village 40 women were randomly selected. The sample constituted 120 women from three different villages.

Data Analysis and Interpretation:
To facilitate data recording and analysis, the variables selected for this study were classified, and the data were subsequently edited, coded, and organized into tables. Statistical methods such as mean, percentage, and significance testing were employed.

3. RESULTS AND DISCUSSION:

Nutrition Knowledge Scores:
Three methods like lecture, use of flip chart with lecture and multimedia presentation were used for imparting nutrition education. The knowledge scores of the respondents before imparting education was zero. Compared with three methods, the mean scores of women on knowledge of nutritional deficiency diseases had increased with the use of multimedia presentation. After education, women understood the concept of malnutrition and scurvy clearly than other deficiency syndrome.

Table 1
Knowledge Level of the Respondents after Imparting Nutrition Education

Nutrient rich food sources	Respondents (N=120)		
	Mean knowledge Scores Total Mean Score=2		
	Lecture Method	Use of Flip Chart	Use of Multimedia
Milk	0.58	1.6	1.7
Whole Wheat & Hand Pounded Rice	0.53	0.96	1.1
Sprouted Legumes & Pulses	0.50	0.80	1.6
Ragi	0.48	0.96	1.1
Amla	0.45	0.92	1.8
Guava, Orange & Lemon	0.45	1.20	1.5
Dry Fish	0.43	0.68	1.3
Rice Porridge	0.42	0.89	1.39
Greens	0.42	0.90	1.2
Jaggery, Liver & Egg	0.32	0.87	1.2
Papaya	0.32	0.92	1.2

The effect of use of multimedia on the knowledge of respondents on nutrient rich food sources revealed that the knowledge level of respondents had risen considerably with the use of multimedia. The knowledge level of women on nutrient rich food sources has improved considerably with the use of multimedia than other two methods.

Table 2
Comparison on Three Methods of Imparting Nutrition Education

Aspects	Respondents (N=120)		
	Mean Knowledge Scores Total Mean Score=2		
	Lecture Method	Use of Flip Chart	Use of Multimedia
Balanced Diet	0.85	1.2	1.9
Healthy Foods	0.81	1.2	1.8
Nutrient Content of Food Items	0.75	1.3	1.7
Cooking Practices	0.75	1.3	1.8
Nutritional Diseases	0.68	1.2	1.7

Table 2 shows the knowledge level of respondents after using three different methods. Compared with three methods the mean scores of women on different nutrition related aspects had increased with the use of multimedia. Thus the analysis reveals that the knowledge level of women on different nutrition related aspects has improved considerably with the use of multimedia than other two methods

Table 3
Knowledge Scores on Selected Nutrition Aspects

Knowledge Scores	Before Nutrition Education	After Nutrition Education		
		Lecture Method	Use of Flip Chart	Use of Multimedia
Below 14 (Low)	54 (45)	15 (12.5)	8 (6.7)	–
14-44 (Medium)	66 (55)	105 (87.5)	86 (71.6)	50 (41.7)
44-58 (High)	–	–	26 (21.7)	70 (58.3)
Total	**120**	**120**	**120**	**120**
	Range=0-28	Range=4-42	Range=12-56	Range=22-58
	Mean =12.85	Mean =23.98	Mean =35.56	Mean =50.53

(Figures in parentheses show percentage.)

As shown in Table 3, before giving nutrition education, the knowledge scores of the respondents ranged between 0-28 with an average of 12.85. After using three methods, their knowledge scores have been increased. Nearly 60 per cent of the respondents got the highest scores between 44-58.

4. CONCLUSION

One third of the respondents were illiterate, consumption of two meals a day was observed in many families. Rice, sambar, kulambu and rasam are normally found in their meals. All food items are not covered generally. Correct method of cooking was done only in 31.7 per cent of families. Energy giving foods are dominant in the menu of majority of the families. None of them had the knowledge on nutritional deficiency, nutrient rich food sources before imparting education. Use of multimedia has a great impact on increasing the knowledge level of women on selected nutrition aspects.

REFERENCES

1) Report of working group on integrated nutrition with health, GOI the XI five year plan (2007-2012), Ministry of women and child development,November2006.
2) **K.Park.** Park's textbook of Preventive and Social Medicine, 20th edition Jabalpur: Bhanot Publishers; 2009.p 480.
3) **Rawat CMS,Garg SK,Singh JV** et al.Socio-demographic correlates of anemia among adolescent girls in rural area of district Meerut (UP).Indian J Community Med 2001;26(4):10-12.
4) **Chakrapani C., S.Vijaykumar**, Changing status and role of women in Indian society, 1st edition, publisher-Vijay K. Gupta, 1994.
5) **Saibaba A.,Mohanram M, Ramanarao GV** et al.Nutritional status of adolescent girls of urban slums and the impact of IEC on their nutritional knowledge and practices. Indian J Community Med 2002; 27(4) 151-156.
6) www.solutionexchange-un-net.in,solution exchange for the food and nutrition security community. Accessed 30 June 2009
7) **Dr.Gary Gleason**, "Anemia prevention in four republics in Central Asia and Kazakhstan, Plenary session V:case study panel" International conference on Health promotion, Forging Effective Strategies to Combat Iron Deficiency, 2001p.23-25.
8) **Kanani Shubhda**, "How gender sensitive is the national nutritional policy of India?-A view of the policy through the gender lens", Medico Friend Circle Bulletin, January-February 2002.
9) **Sunderlal** "Reaching adolescents for health and development" Indian J Community Med 2001;26(4) 167-172
10) **Horward White**, "Impact of Bangladesh Integrated Nutrition Project", Health Policy and Planning 2005;20(6):408-411.
11) http:// www.kerala.gov.in/dpt_health/iec.html
12) **Barbara Smith**, "Past experiences and needs for nutritional education: summary and conclusion of nine case studies"FAO Corporate Document Repository, nutritional education for the public, discussion papers of the FAO expert, 2002
13) **Sharada Shankar, Ann c.Klassen,Elizabeth Garrett-Mayer, Peter s. Houts**, "Evaluation of nutrition education intervention for women residents of Washington, DC, public housing communities", Health education research 2007;22(3):425-437.
14) **Young-Mee Lee, Jung-Hyun Kom,Yu-Jin Oh,Min-June Lee**, "Mother's perception of children's food behaviors of focus group interview study, Nutrition research and practice". 2008;2(4):259-268.
15) **Dr. Shubhda Kanani** ,Assessment of IEC Activities of Government Health Centres and ICDS Anganwadis – Towards Reduction of Under nutrition in Gujarat Project Highlights 2008, Supported By Department of Health and Family Welfare, Government of Gujarat
16) **Batt SR, Bhatt SM, Singh Anita**, Impact analysis of knowledge practice for food safety in urban area of Varanasi. Pakistan Jr. of nutrition, 2010;9(2):186-190

17) **Gupta Nidhi, Panchal Priti**, "Extent of awareness and food adulteration detection in selected food items purchased by homemakers". Pakistan Journal of nutrition 2009; 8(5):660-667
18) **Subha Rao GM, Sudarshan RV, Rao Pratima** et al, "Food safety knowledge, attitudes and practices of mothers – findings from focus group studies in south India", Science Direct 2007;49 (2):,441-449.
19) **Sudarshan RV**, SubhaRao GM, Rao Pratima et al, "Food safety related perception and practices of mothers-A case study in Hyderabad, India", Science Direct 2008;19(5):506-513.
20) **Jevsnik Mojca, Hoyer Silvestra, Raspor Peter**, Food safety knowledge and practices among pregnant and non pregnant women in Slovenia, Food control, 2008;19(5):526-534.