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GENERAL ASPECTS ON APPLIED PHASE OF WEANING NUTRITION PROJECTS - EDUCATIONAL ASPECTS

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I. INTRODUCTION

A. Importance of Nutrition Education

B. Wrong interpretation of "Weaning"

Nutrition of the child is the responsibility of his parents, hence, education of the parents is the key solution for better child nutrition aiming at the improvement of his nutritional health.

The word "weaning" is wrongly interpreted by most of the families and communities as "stop of mothers' milk"; though a basic educational principle -especially in the tropics and subtropics- is to encourage breast-feeding, preferably, to the end of the second year. Breast milk is the best, cheapest and safest food for the child, during early childhood. Nutrition education should encourage breast feeding as long as feasible.

A better term for weaning has been introduced by Jelliffe (1) as "transitional feeding" and for weaning period as "transitional dietary period". Another suitable terminology is "supplementary feeding during early childhood". This will help to avoid the misleading interpretation of the word "weaning".

II. OBJECTIVES OF NUTRITION EDUCATION

The main objectives of nutrition education are :

A. Promotion of health -of the family in general and the child in particular- through better nutrition.

B. Control and prevention of malnutrition especially in infants and young children through better nutrition.

C. Improvement of the "transitional feeding" through better dietary practices.

D. Better utilization of available food resources in the feeding of the vulnerable members of the family according to their nutritional priorities.

E. To help the families improve their food production, processing and consumption, with special attention to high-protein and other protective foods.

F. Teaching the value of safe and clean foods especially during the transitional dietary periods.

G. Development of educational approaches, techniques and aids suitable for the particular needs and characteristics of the community; and definition of the role of the available services in the educational programmes.

III. EDUCATIONAL DIAGNOSIS (COLLECTION OF BASE-LINE DATA)

The collection of base-line data serves the following purposes :

A. To define the health and nutritional problems of the community; and their aetiological factors.

B. To define the economic, social and ecological characteristics of the community and their relation to their common nutritional behaviour.

C. To determine the beliefs, prejudices and practices of the community towards child feeding.

D. To assess the availability of food at the family and community levels, and the local food habits.

E. To serve as a milestone or a bench mark for future evaluations.

IV. DATA TO BE COLLECTED

A. Data already available : Census data, morbidity and mortality statistics, food and agricultural statistics, etc..

B. Data to be especially collected : Through rapid or comprehensive nutrition surveys especially concerning the dietary habits and the feeding patterns of the family, transitional feeding practices,

foods available at family and community levels, the nutritional health of the child and mother. Clinical and dietary surveys are essential components of a nutrition education programme. Laboratory surveys if feasible, help the detection of latent and subclinical malnutrition.

V. THE DYNAMIC NATURE OF FOOD HABITS

Food habits of the family are usually the outcome of a strong reaction for many years -maybe decades or centuries- between the social, cultural and economic patterns of the family, the foods available in the community and the ecological characteristics of the environment. Food habits are never static, they have a dynamic nature, changing slowly to get adapted to the changing economic, social or cultural patterns of the family. This dynamic nature is too slow to be detected at short intervals.

The nutrition educator will be more successful if he educates towards the correct direction of the change. Education in the opposite direction will be very difficult, time consuming and less effective.

VI. DISCOVERY AND DEVELOPMENT OF INCENTIVES (2)

Unless the family develops or has already developed incentives for the improvement of their feeding practices, they will not respond to nutrition education. The following are the possible incentives at the family level :

A. Health as an incentive : Health promotion or "better health" is a weak incentive; but cure of disease -as an emergency- is a strong incentive. Therefore combination of nutrition education with curative services is more effective -especially for developing communities- than with preventive services. The medical staff, thus, should be well trained in nutrition education, so as to make the best use of this opportunity.

B. Economic improvement as an incentive : If the nutrition educator combines his teaching with some economic gain, his education becomes more successful; e.g. production of more animal and vegetable foods that may save some expenditure or increase family income; especially if combined with improvement of food resources or food habits. Sound nutrition practices will be cheaper if connected with local food resources.

C. Social incentives : Satisfaction of the psychological feeding of the family by the introduction of some of the correct feeding habits practised by higher class families is known to be a strong motive for dietary improvement. Therefore, it is the duty of the nutrition educator to discover sound food habits of the higher class families that can be introduced to other families, on the condition that they can be practised within their economic limits. Habits of 'elite' families should be well scrutinized before introduction to other families. Bottle feeding which is common in sophisticated families will be a dangerous practice with the average or low-income families.

D. Religion as an incentive : Religion is a most effective incentive, especially among most of the population in developing countries. Study of the verses from the holy books that advise better feeding habits, breast feeding, correct dietary techniques helps effective nutrition education. The support of religious leaders makes education more popular and easily accepted.

E. Connection with desired needs : Connection of the newly introduced feeding practices with the felt or desired needs of the family will enhance their implantation. The felt needs of the community should be given due consideration even if they differ from the educational priorities in the eyes of the educator.

VII. LIMITATIONS TO NUTRITION EDUCATION

The educator should be aware of the factors that interfere with his educational efforts. A thorough base-line study of the community helps him avoid these obstacles and limitations :

A. Economic stress : The newly-introduced techniques should not cause any economic stress beyond the capacity of the family. Any additional expenses may be met only during the emergency of disease, but will be stopped as soon as the patient's condition improves. Therefore, a study of the economic limits of the family is a pre-requisite.

B. Introduction of the unknown : The introduction of a food or a feeding practice already known to the family or the improvement and encouragement of a sound dietary pattern already practised by the community will be much easier, less laborious and more successful than the introduction of an unknown food or a new feeding practice; hence, the importance of the study of the food resources and food habits of the family and community as a basic step in the nutrition education process.

C. Contradiction to the social or religious beliefs : Unless the educator will be aware of the social prejudices and religious beliefs of the community, his educational efforts will end in failure.

D. Poor service or unfriendly reception : The careless attitude of the personnel in the local services, especially the health and medical services, the waste of time of the mother during attendance, shortage of food supplements or medicines are strong limiting factors to the nutrition education activities. Therefore, effective education of the personnel in the different local services, raising their interest and ensuring their full cooperation with coordination of their teaching efforts is an essential part of the educational programme.

VIII. EDUCATIONAL AIDS AND MEDIA

Aids and media in nutrition education should be chosen with care, to ensure their maximum effectiveness :

A. Aids should serve the purpose in a direct manner, being directly related to the problem to be solved or the practice to be introduced. Simple aids are more successful than complicated aids. A simple poster imparting one idea, grasped in a very short time, by an illiterate individual without depending on written words will be a most effective educational aid.

b. Aids should be suited to the cultural patterns and educational levels of the community. Therefore the educational aids should be tested within the respective community before they are reproduced. Educational aids developed at a national level are more effective than imported aids. Aids become more successful if produced on a local or regional basis. Use of the local language is essential.

C. Less expensive aids are preferable to the expensive ones. Posters, flannel graphs produced by educator himself, also food demonstrations using the local foods and the traditional stoves and utensils are the most effective aids.

IX. EDUCATIONAL CHANNELS AND APPROACHES

The choice of educational channels and approaches depends upon the social development of the community, the availability of infra-structure services and the administrative patterns of the community :

A. MCH Centres : The basic function of the MCH centre is health and nutrition education. Education of the mother is the natural channel for improvement of the feeding practices of the child aiming at improvement of his nutritional health.

The health visitors should therefore understand their duties and convenient approaches for the realization of this basic function. The MCH centres should extend their educational activities to the homes, through home visits, to reach mothers with poor attendance records.

B. Hospitals : Paediatric out-patients and departments can play an effective role in nutrition education for the improvement of the transitional feeding habits and techniques. In the hospital, the mothers are extremely receptive to education. Mothers should be allowed to stay with their sick children, and use this opportunity for nutrition education. It is the duty of the paediatrician to integrate preventive aspects and nutritional care with his curative practices.

C. Social Welfare Units : These services are becoming more popular; child care is one of their basic functions. Correct education about child feeding should be a main activity of such centres. Nutrition and health education can be successfully combined with the improvement of the family income through training in homecraft, needle-work, cultivation of kitchen gardens, better keeping of poultry for a better source of protein. Clean foods and clean homes are components of social welfare activities.

D. Reaching all the family : Nutrition education activities should be extended to cover all the members of the family. The father can be a limiting factor in the development of better feeding techniques. Unless the wife gets the blessing of her husband, she will be unable to practise the new techniques she has learned. Fathers can be reached through union councils, trade unions, men clubs, agriculture and veterinary units, or in the mosque or church. Children can be easily approached through their schools. Nutrition education in schools should be a basic function of the school, especially when combined with school feeding. Nutrition education of girls is usually more fruitful

due to their natural love of motherhood. Nutrition education should be as applied as possible; theoretical education is least effective.

X. NUTRITION EDUCATION AS INTEGRATED PART OF APPLIED NUTRITION PROGRAMMES (3)

Applied Nutrition Programmes have been defined by an FAO/WHO technical Committee as "a comprehensive type of inter-related educational activities aiming at the improvement of local food production, consumption, and distribution in favour of local communities, particularly mothers and children". Interpretation of this definition gives the following facts :

A. Educational activities are the core services of the A.N.Ps.
B. The applied nutrition programme aims at the improvement of local food production, consumption and distribution, which are the objectives of nutrition education.
C. The A.N.P. directs its activities particularly towards mothers and children, thus enhances the effect of nutrition education towards better transitional feeding practices.

Nutrition education becomes easier and more effective if combined and integrated with applied nutrition programmes.

XI. TRAINING IN NUTRITION EDUCATION

Education of the field staff of the health, educational, social, agricultural and other community services is essential for the implementation of correct and effective nutrition education. Training should cover the technical educational institutions as well as periodical in-service training of the field personnel. Training should be as applied as possible : field training is preferable to in-doors education. Social and preventive paediatrics should be given more attention in medical education.

XII. EVALUATION OF NUTRITION EDUCATION ACTIVITIES (4)

The nutrition educator should try, -at regular intervals- to assess his achievements towards his objectives. Educational diagnosis should be periodically repeated, taking the starting base-line data as the original mile-stone. Since the start of the programme, the educator should define his indicators and criteria for the evaluation of his achievements and results. Criteria in nutrition education may be :

A. Changes in habits and practices : such as the improvement of techniques and patterns in the feeding of infants and young children; use of foods of better quality; better utilization of the family food resources; more attention to safe and clean food.

B. Changes in activities : better attendance to MCH Units; starting a kitchen garden or poultry keeping; better expenditure on food purchase.

C. Changes in opinions and beliefs : Such change is a weaker indicator; it may not mean a change in practices and habits; it means a change in nutrition consciousness, but still needs more hammering to become an applied change.

D. Improvement of child health : shown by better growth, steady increase in height and weight, less prevalence of malnutrition; decrease in infant and child deaths. This is the ultimate -but remote- objective of the educational programme.

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3. Joint FAO/WHO Technical Meeting on Methods of Planning and Evaluation in Applied Nutrition Programmes; WHO Technical Report Series No.340 ; 1966 ; p.7

4. Latham, M.; Manual on the Planning and Evaluation of Applied Nutrition Programmes; 2nd draft, FAO/WHO ; 1968 ; pp. 175 - 178.