

IMPACT OF IEC ACTIVITY ON WOMEN'S KNOWLEDGE THROUGH HEALTH EXHIBITION ARRANGED ON WOMEN'S DAY

Reshma Sudhir Patil¹

¹Assistant Lecturer, Department of Community Medicine, Bharati Vidyapeeth Deemed University Medical College Pune

Correspondence:

Dr.Mrs.Reshma Sudhir Patil

A-106, Kanchanban Phase -II, Shivtirthnagar,

Kothrud, Pune - 411038

E-mail: reshsu2001@yahoo.co.in

Mobile: 985066052

ABSTRACT

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. The present study was planned to impart nutrition education to women who (n=100) attended health exhibition arranged on women's day 2008. The effectiveness of the activity was evaluated by taking feedback. Maximum women (98) were satisfied with knowledge gained and it was beneficial for them in increasing their awareness regarding health and nutrition. Awareness of women regarding food adulteration has no significant relation with their age ($p>0.05$). Also women have shown a positive response for making changes in their attitude towards nutrition and food adulteration.

Keyword - IEC, nutrition education, demonstration, food adulteration

INTRODUCTION

Nutrition and health are two sides of the same coin and are therefore inseparable. It is increasingly being recognized as an indicator of development at national and international levels. India has progressed dramatically in various fields but the levels of malnutrition in the country are not showing desired reduction rates. As a result the magnitude of the problem of malnutrition and poor health indicators like infant mortality rate, under five mortality and maternal mortality rate in the country are higher than some of the developing countries of south-east Asia.

In India, women in reproductive age group (15-45 years) and children (<15 years) constitute nearly 59% of total population. They comprise the vulnerable section of population due to risks

connected with child bearing in case of women and growth, development and survival in case of children. Among adolescents, girls constitute another vulnerable group during which due to growth spurt food and nutrient needs are proportionately high. In spite of comprising 50% of population, women are considered lower than that of men. Such disadvantageous groups suffer not only due to poverty but also because of cultural beliefs, taboos, prejudices, and superstitions. All these have a strong bearing on attitude formation which in turn effects health and nutrition care of children in which women plays the primary and active role. A woman can perceive her role with full interest and participation in nutritional care of herself and her family better, when educated. Since majority of adolescent girls especially representing the lower segment of society are undernourished

with associated social melodies like son preferences ,incidence of early marriages and high rate of maternal mortality, a strong focus on improvement in nutritional status of adolescent girls through IEC is warranted.

Hence effective communication with the target group is essential. Policies and action plans do mention IEC activities as important intervention for behavioral changes among mothers reaching adolescent girls, improving dietary quality using various communication strategies.¹⁻⁶

Thus a study was planned to impart nutrition education to women and to evaluate the effectiveness of these nutrition education activities.

MATERIAL AND METHODS

A health exhibition was organized by department of Community Medicine, Bharati Vidyapeeth University Medical College, Pune on women's day i.e.8th March 2008, in Dhankawadi urban slum of Pune city. In this exhibition information regarding health, nutrition and food adulteration was given through charts, specimens and demonstration.

The list of charts displayed was as follows -:

1. Balanced diet
2. Healthy family
3. Sources of food groups -I
4. Sources of food groups -II
5. Diet of adolescent girls
6. Do's and Don'ts in food items
7. Diet for normal female
8. Diet for pregnant mother
9. Diet for lactating mother
10. Diet for women of more than 40 yrs age
11. Calcium rich food
12. Cycle of malnutrition
13. Anemia
14. Easy ways of cooking nutritious food
15. Food adulteration

These charts were prepared in local language and attractive pictures were included for easy and better understanding of the messages. For solving the queries of women a group of two interns were appointed per chart. Trays of green leafy vegetables (spinach, fenugreek), fruits and sprouts were displayed. In addition to this "demonstration of food adulterants" was organized. In this demonstration, food adulteration practices, common food

adulterants, method of identification of food adulteration were explained.

The data was collected by interview technique. Due to time limit and tremendous response to health exhibition every alternate married woman (n=100) was interviewed by use of predesigned questionnaire.

Statistical Analysis

Association between selected variables was tested for significance by using Chi-square test.

RESULTS AND DISCUSSION

In general women's role can be differentiated into three major stratas.They are premarital status role (daughter), familial status role (wife, housewife, mother) and extramarital status role (employee).

Table 1: Women's response about adequacy of knowledge gained in health exhibition

Women's response	No. of Women
Adequate	80
In adequate	20
Total	100

Thus women play multiplicity of roles that far exceed those of her counterparts. ⁴ One of the major role in all this, is in the food chain from production to consumption of food, are providers and cares for fulfilling family's needs; yet their own nutritional needs get neglected.⁷ Child mortality and nutrition are closely linked with health and nutritional status of the mother and the care and services she receives during pregnancy and child birth.¹ Among twenty leading causes of maternal mortality ,anemia is ranked second accounting for about 20% maternal deaths and affecting 70% women and adolescent girls.⁶ Adolescents represent about fifth of India's population. NFHS data revealed that over 50% girls marry below the age of 18 resulting in a typical reproductive pattern of "too early, too frequent and too many". Thus too much work, too little rest, not enough food, cultural beliefs, poverty leads to caloric imbalance which results in nutritional depletion, poor immunity and morbidity. Another important cause for nutritional depletion is inequitable distribution of food for female

children and adult females. Therefore strengthening nutritional services for all women including old age is required rather than only for pregnant/lactating women.⁶⁻⁸

Table 2: Details of additional information required by the women

Name of Topic	No. of Women
Adolescent girls(diet & health problems)	5
Children(diet & health problems)	5
Conception & Family Planning	1
General Diseases	2
Diseases above 40	1
Soaps with chemicals	2
Mixing of food for improving quality	3
Spices	1
Total	20

In the present study, maximum numbers of women (98) were satisfied with knowledge gained through this exhibition. It was beneficial for them in increasing their awareness regarding health and nutrition. A.Saibaba et al in his study done in slums located in twin cities of Hyderabad and Secunderabad observed that IEC activities were effective in increasing nutritional knowledge of adolescent girls.⁵ Studies done in four Republics in Central Asia and Kazakhstan found that IEC played a significant role in raising awareness and communicating messages aimed at promoting healthy behavior for high levels of anemia in women and children.⁸ ICMR intervention programme of two years for adolescents in rural area achieved marginal success on mother's awareness and attitude about their daughters in respect to nutrition.⁹ While studying the impact of BINP(Bangladesh Integrated Nutrition Project),Howard White found that women have gained a good knowledge regarding nutrition through IEC activities.¹⁰The National Nutrition Monitoring Bureau has been carried out diet and nutrition survey in various districts of Kerala in which nutrition education camps were conducted that helped in improving the nutritional awareness of people.¹¹W.Roszkowski et al in his study of nutritional information done in Poland found similar results.¹²Out of total 100 women, 80 women were satisfied with the knowledge provided through health exhibition. They replied that it was an adequate knowledge

for their attitudinal change regarding health and nutrition. Only 20 women wanted some additional information on other topics.[table-1]Sharada Shankar et al mentioned in his study done at Washington on nutrition education intervention for women that adequate knowledge on nutrition produced dietary improvement in attenders.¹³

Table 3: Effect of age on awareness of women regarding food adulteration practices

Age groups	Aware	Not aware	Total
20-40	54	05	59
40-60	31	02	33
>60	08	00	08
Total	93	07	100

P>0.05, Not Significant.

It was also necessary to know in which topics women were more interested. Out of those 20 ,maximum (5) women were keen in knowing information on nutrition and health problems of children and adolescent girls and few were interested in mixing of different food items to make food more nutritious[Table 2].Young - Mee Lee et al found in his study that women were mainly interested in serious nutritional problems of children.¹⁴ IEC project undertaken by NETNAA(Network for nutrition awareness and advocacy)in various schools in Gujarat found that parents want more knowledge about healthy food for children.¹⁵C.M.S.Rawat et al also mentioned in his study among adolescent girls in Meerut that detailed nutritional knowledge is necessary for adolescent girls.³

Out of the total sample, 93 women were aware of food adulteration but did not bother to complain or to take any action. Food adulteration practices were totally new for 7 women. It was a matter of surprise for all women to know the details of food adulterants added in daily food items. Table also shows that there is no significant association between age of women and awareness regarding food adulteration. [Table 3] Shuchi Rai Bhatt et al and Nidhi Gupta et al reported the similar findings in their studies.^{16, 17} G.M.Subha Rao et al and R.V.Sudarshan et al also mentioned in their studies that women were very reluctant for taking any action against food adulteration.^{18, 19}

Table 4: Responses of women about Food Adulteration practices

Responses	No. of Women
Will buy carefully in future	30
Will look for symbols (ISI)	23
Want more information	03
Find technology to detect at home	03
Understood	29
People should take advantage of such demonstration	08
Will try to avoid giving such items to children	04
Total	100

In the present study effective demonstration on food adulteration was organized for women. On getting knowledge regarding adulterants, women gave positive response to make changes in their attitude towards food adulteration. 30 women responded that they will buy food items carefully (check for food labels). 29 women understood the details of adulteration very well and 23 decided to see the authentic symbols (ISI) before purchasing the food items [Table 4]. Mojca Jevsnik et al showed that a high level of food safety was possessed by women in his study and they were ready to pay attention to checking 'Best Before Dates'.²⁰ W. Rozkowski reported the similar findings.¹² Young -Mee Lee also mentioned additional information on bad effects of food adulteration is the need of women.¹⁴

Few women (10) gave some suggestions after attending this health exhibition. These suggestions are very important as we can judge the interest of women in such topics and their level of understanding regarding the importance of health and nutrition. Women want such exhibitions repeatedly in different areas which will create a good impact on people's mind [Table 5].

Table 5: Suggestions of women after attending health exhibition

Any suggestions	No. of women
To conduct such camps on periodic basis	10
No suggestions	90
Total	100

Dr. Kanani has mentioned that repetition of nutrition messages is very important for people

to act on these messages.⁶ Young Mee Lee et al in his study on mother's perception of children's food behavior found that easy, practical, inexpensive nutrition education programmes are needed for mothers and it should be arranged repeatedly to get positive attitudinal changes.¹⁴ Thus if adequately planned and implemented by committed personnel, a "Nutritional Health Education Communication" activity will show a positive and significant impact on nutritional behavior of vulnerable group (i.e. women).

CONCLUSIONS

The present study concludes that arranging IEC activity through health exhibition was very effective. Also women were interested in knowing more details of certain topics like diet and health problems of children and adolescent girls which are of their own interest. Age of women doesn't show any relation with awareness regarding food adulteration practices. The study also concludes that women were ready to apply the knowledge gained through demonstration for controlling practices related food adulteration. And they want the repetition of such exhibitions to make more women aware. Thus IEC intervention brought about a significant improvement not only in awareness of nutrition and food adulteration but also changed women's attitude positively towards the same.

ACKNOWLEDGEMENT

I am grateful to staff of Public Health Laboratory, Pune branch who have been of immense help in providing the required knowledge and demonstration regarding food adulteration to women during health exhibition.

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, November 2006.
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 2001p.23-25 International conference on Health promotion, Forging Effective Strategies to Combat Iron Deficiency
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 Jr 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.