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# NUTRITION EDUCATION: A POTENT TOOL IN HEALTH PROMOTION AND DISEASE PREVENTION AMONG ADOLESCENT GIRLS

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## ABSTRACT

*Nutrition Education is the combination of educational strategies, accompanied by environmental supports, designed to facilitate voluntary adoption of food choices and other food- and nutrition-related behaviors conducive to health and well-being. Nutrition education involves teaching about the importance of nutrition, providing educational materials that reinforce messages about healthy eating, teaching adolescents skills essential for making dietary change, and providing information on how to sustain behavior change. The capacity for more abstract thinking coupled with the changing psychosocial milieu of adolescence provides both challenges and opportunities for health professionals when providing nutrition education. Adolescence is an opportune time in order to train adolescents and assess their own eating behaviors and set goals for dietary change. Health & nutrition education is a key element in promoting sustainable health of adolescent girls.*

**KEY WORDS:** *Nutrition education, adolescence, sustainable health and adolescent girls.*

## 1. INTRODUCTION

Adolescents constitute one-tenth of the total population and about 84% of this population lives in developing countries. According to WHO (2014), children in the age group of 10-19 years are referred to as adolescents. Adolescence is the transitional phase of life from childhood to adulthood, during which period, growth spurt with rapid increase in height and weight, psychological and sexual maturity with cognitive development are observed among adolescents (Kumar S. P. *et al.*, 2014). Adolescence is one of the most imperative stage of growth and development of human cycle. Nutritional imbalance during this pubertal stage is

supposed to have prodigious impact on their growth and development. In India, malnutrition among adolescent girls could be due to their frequent erratic eating pattern; lack of health and nutrition awareness; poor dietary pattern; inadequacy of food supply; poverty etc.

Nutrition education activities are consistent with the dietary guidelines and emphasize the appealing aspects of healthy eating habits. They promote nutrient rich foods, healthy food preparation methods, good nutrition practices and include enjoyable, developmentally appropriate and culturally relevant participatory activities.

The purpose of this review is to analyze various factors influencing nutrition related behavior and to emphasize the importance of nutrition education as a sustainable approach to improve the nutritional status of adolescent girls.

**2. FACTORS INFLUENCING NUTRITION RELATED BEHAVIOUR**

The nutritional status of an individual is the final outcome of many interacting factors operating simultaneously and concurrently on the individual in the physical, ecological and cultural setting of the community. The food habits and practices reflect the cultural, social and educational values and the economic conditions of the community. They are the outcomes of the sum total of numerous influences- thoughts, sentiments, beliefs and activities in a group or community. Food habits indicate not only the practices in selecting, combining, cooking and eating food but also the psychological, social and emotional values of food.

Adolescents constitute about 22.8 per cent of the population in India (Dasgupta *et al.*, 2010). Nutrition is usually taken as a significant indicator of the health and overall status of adolescence.

Adequate nourishment is especially critical for adolescence as it is an essential determinant of the growth spurt (Spear, 2002). Poor nutritional status is often cited as the major reason for the delay in the onset of puberty in Indian adolescent girls due to gender discrimination (UNFPA, 2000).

Nearly 67.63 percent of India’s population live in the rural areas (Census India, 2011). Rural people in India, have their own beliefs and practices regarding health and nutrition. Rural health problems could be due to lack of literature, health consciousness, occupational hazards, poor maternal and child health services.

Malnutrition is one of the most dominant health related problem in the rural areas. In India, rural population is bound together by the time-honored customs, traditions, rights and taboos which govern their communities. Eventually distinctive food preferences and prejudices are formed. A few of the factors influencing the nutrition related behaviours among Indian population are considered here. Figure 1 depicts factors influencing nutrition related behaviour.



**Figure 1. Factors influencing nutrition related behaviour**

**3. BEHAVIOURAL CHANGES RELATED TO NUTRITION EDUCATION**

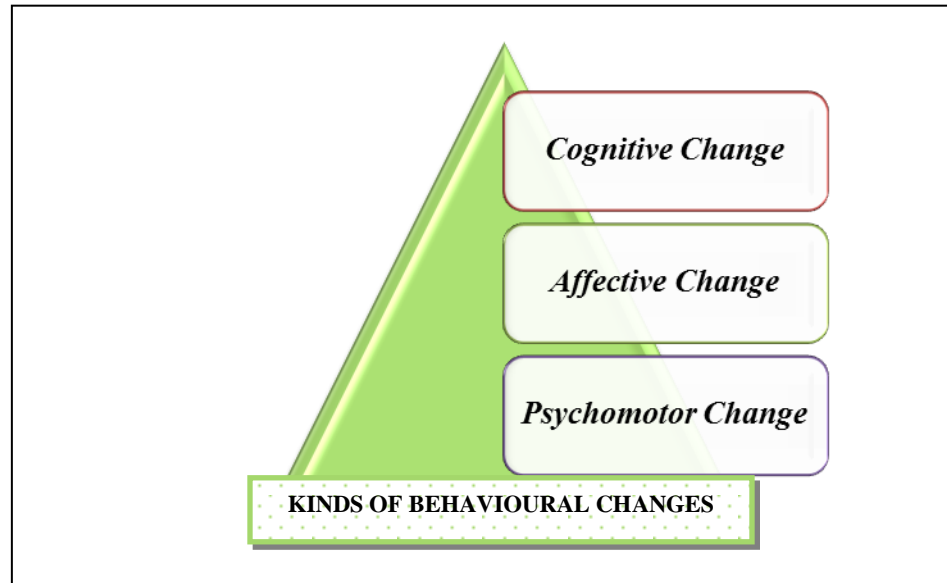
Nutritional wellbeing of a population depends on the interaction of a multitude of socio-economic and cultural factors. Nutrition education

is likely to influence some of the variables directly and some other indirectly. In order to explain the role of nutrition education it is necessary to define it.

Assessment of any nutrition education programme must be viewed against the backdrop of

existing consumer behaviour, their beliefs and habits. Education is the process of bringing in desirable changes in human behaviour in knowledge, attitude and skills, either in all, or one or

more of them (Adivi Reddy A., 1976). Figure 2 indicates three kinds of behavioural changes which includes cognitive, affective and psychomotor changes.



**Figure 2. Kinds of Behavioural Changes**

Behavioural changes can be classified into three types, which are as follows:

- i. **Cognitive change:** This includes intellectual outcomes such as knowledge, understanding and thinking skills.
- ii. **Affective change:** This includes those outcomes that emphasize feeling and emotion such as interests, attitude, appreciation and methods of adjustment.
- iii. **Psychomotor change:** This emphasizes the motor skills such as house keeping, sewing and cooking. Usually psychomotor outcomes include both psychological and physical activity. So, cognitive and affective behaviour in turn influence the psychomotor outcomes or psychomotor behaviour.

Various types of nutrition education programmes have been designed and implemented thus exposing many individuals to the principles of sound nutrition. Although specific objectives and goals differ all nutrition education programmes are aimed at a positive change in knowledge, attitude and practices with regard to food and nutrition (Dastur K.S. *et al.*, 1977; Devadas R.P. *et al.*, 1980).

#### **4.NUTRITION EDUCATION: A SUSTAINABLE APPROACH TO COMBAT MALNUTRITION**

Nutrition is an input to the foundation for health and development. Better nutrition is a prime entry point for ending poverty and a milestone for achieving better quality of life. Adolescent girls health plays an important role in determining the health of future population, because adolescent girls' health has an inter-generational effect. Chronically malnourished girls are more likely to remain undernourished during adolescence and adulthood. It's a vicious cycle of malnutrition. In order to break this intergenerational cycle, a special focus is needed to overcome adolescent malnutrition. In order to overcome nutritional vulnerability, tremendous focus is required to be forced on imparting nutrition education in order to enhance awareness, knowledge and skills regarding healthy eating habits. Understanding the specific nutritional needs and considerations, an evidence based nutrition based strategical methods could be implemented for achieving positive outcomes.

In order to improve adolescent girls health and to eradicate the problem of malnutrition the following can be the objectives of health and nutrition education intervention.

- to impart information & facts about nutrition
- to change unhealthy attitude to healthy attitude
- to enhance the positive skills to accomplish nutritional goals

Empowerment of adolescent girls is necessary in order to help them to cope with the changes and promote awareness regarding health particularly nutrition and reproductive health, so as to break the intergenerational life cycle of nutritional and gender disadvantage and provide an enabling and supporting environment for self-development. There is a strong positive association between education level and health outcomes, which could be partly explained by dietary behaviour. Changing ones dietary behaviour is a difficult task, but not impossible. Health and nutrition education is extremely essential in order to enhance the awareness, knowledge, attitude and skills regarding healthy eating habits among adolescent girls. Further, the objectives of health and nutrition education intervention programme can be fulfilled by undertaking following health and nutrition education topics to prevent nutritional vulnerability among adolescents.

- ♦ Enhancement of adolescent's knowledge regarding health related deficiencies and disorders.
- ♦ Awareness regarding various nutrients and their food sources.
- ♦ Encouraging the girls to consume iron and calcium rich foods.
- ♦ Enhancing the awareness regarding balanced diets.
- ♦ Knowledge regarding Foods Guide Pyramid, thereby indicating knowledge about healthy food choices.
- ♦ Awareness regarding maintenance of personal health, hygiene and sanitation practices.

Health and nutrition education intervention programmes can be made more effective by using audio visual aids such as nutrition video shows, health related cartoon movies, multimedia. Further, Puppet shows, role play, quiz competitions can be organized by adolescent girls.

Healthy lifestyle games can be introduced in the health and nutrition education intervention programme in order to make the programme interesting and efficient for adolescent girls depending on their age groups, which includes nutrients and ladder; foods and nutrition messages; Nutrition sudoku; Nutrient word search etc.

Moreover, Adolescents spend an average of more than 7 hours/day using media and the vast majority of them have access to a bedroom television, computers, the internet, a video game

console and a cell phone. However, recent evidence raises concerns about media's effects on aggression, sexual behaviour, disordered eating and academic difficulties. Therefore, recommendations for parents, practitioners, the media and policy makers should be provided, for the ways to increase the benefits and reduce the harm that media can enforce on adolescents (Stranburger V. C. *et al*, 2014).

## 5. IMPORTANCE OF NUTRITION EDUCATION

Nutrition education is a potent tool that enhances the overall development of adolescent girls and further leads to health promotion and disease prevention. Many studies have shown that eating habits established early in the life cycle, tend to carry throughout to adulthood. As a result, the food that children eat, will undoubtedly influence their state of health in later life. Making informed food choices is an integral part of a child's normal growth and development. Healthy eating habits developed early in life will encourage healthy eating in adulthood. Although most Indian children don't have access to an adequate food supply there are concerns about the balance and adequacy of their overall food intake, which could be the reason for undernutrition, anaemia, nightblindness, scurvy and various other micronutrient deficiencies. The link between diet and chronic disease has long been recognized and, as a result, nutrition education has become a necessary and important part of overall personality development of adolescent girls.

## 6. CONCLUSION

Health and nutrition education of the adolescent girls affects the health and survival of the future generation. Adolescent girls are the future mothers of tomorrow and no edifice can be built on a foundation which is extremely weak. Adolescents form an important vulnerable and neglected sector of the Indian population. Therefore, health & nutrition education is a key element in promoting sustainable health and changing dietary behaviour of adolescent girls.

## 7. REFERENCES

1. Adivi Reddy, A. 1976. *Extension education*. Srilakshmi Press, Bapatla, Second edition.,7-10.
2. *Census India*. 2011. *Census population*. Registrar General of India, Govt. of India.
3. Dasgupta A., Butt A., Saha T. K., Basu G., Chatopadhyay A. and Mukherjee A. 2010. *Assessment of malnutrition among adolescents: Can BMI be replaced by MUAC*. *Ind. J. Med.*,35(2): 276-279.
4. Dastur K.S., Kundapur S. and Eswaran S. *Nutrition education in community*. 1977. *Proc. Nutr. Soc. Ind.*, 21: 10-16.
5. Devadas R. P. 1980. *Nutrition and health education*. *Proc. Nutr. Soc. Ind.*, 25: 61-66.
6. Kumar S. P., Nagarani R. and Rajendran A. K. 2014. *A study on the prevalence of undernutrition*

- among the rural tribal adolescent girls in Thiruvallur District, Tamil Nadu, South India. *Int. J. Bio. Med. Res.*, 5(1): 3834-3836.
7. Spear B. 2002. *Adolescent growth and development*. In: Rickert VI (ED). *Adolescent nutrition assessment and management*. New York, Chapman and Hall., 1-24.
  8. Stranburger V. C., Jordan A. B. and Donnerstein E. D. 2014. *Health effects of media on children and adolescents*. *Pediatrics.*, 756-767.
  9. UNFPA (United Nation population fund). 2000. *Adolescents in India – profile*, UNFPA., 9.
  10. WHO (World Health Organization). 2014. *Health for the World's Adolescents*. WHO. Geneva.