Chapter 1

INTRODUCTION
The scourge of malnutrition affects the developmental process in India like a double-edged sword. While on one hand, malnutrition in the form of under-nutrition or deficiencies of essential vitamins and minerals continues to cause severe illness or morbidity among millions of people, on the other hand, the problems related to dietary excesses, overweight and obesity have been affecting a substantial proportion of the population.

India is home to over 200 million undernourished people (FAO, 2001). It is estimated, more than 56% of women in the age group of 15-49 years, a greater number (58%) of pregnant women and pre-school children (under 5 years age) (79.2%) are affected by Iron Deficiency Anaemia (NFHS-III). Data from rural areas of nine states surveyed by the National Nutrition Monitoring Bureau (NNMB) during 2005-06 depicted a grave picture with 55% of adult men and as many as 75% of non-pregnant/ non-lactating women as anaemic. The data also indicated that underweight, stunting (less height for age) and wasting (less weight for height) are prevalent among 40%, 45% and 20% of children (under 5 years) respectively. On the whole, the survey concluded that over 33% of all males and females were suffering from chronic energy deficiency (NNMB, 2006). Apart from these, a host of micronutrient deficiency disorders like Iodine Deficiency Disorders (IDD) and Vitamin A deficiencies are prevalent among the population in India. These nutritional deficiencies make the population less productive and thus they get stuck in the vicious cycle of poverty and malnutrition. On the other side of the spectrum is the
alarming rate at which overweight, obesity and related non-communicable diseases (NCDs) are growing. NFHS-III data shows that as many as 15% of women and 12% of men are overweight or obese. Though the proportion may appear small, the seriousness of the problem is much higher owing to the sheer size of the population of the country.

In this scenario, the present thesis attempts to explore the role that development communication research and practice has been playing traditionally, in public health nutrition and examines the current models of nutrition communication in practice.

**Lack of effective communication - a bottleneck**

The need for alleviating nutritional problems was recognized in India long ago. Article 47 of the Indian Constitution says, "State shall regard raising the level of nutrition and standard of living of the people and the improvement of public health among its primary duties." Though there has been unequivocal commitment to the cause of nutrition through constitutional provisions, the primary focus was always on providing food to the needy. Policy makers have often equated lack of adequate food to lack of nutritious food. It is only lately that we realised that excessive food stocks in the country, if properly distributed, can only tackle the problem of hunger, while prevention and control of undernutrition is all together a different task. Researchers have been pointing out that the problem of ‘hidden hunger’ is
widespread. Most families make do with food that may be deficient in micronutrients owing to their inability to afford fruit, vegetables and animal foods needed to provide balanced diets. Today, refined wheat and rice have virtually displaced coarse grains and millets as the staple cereal among the population. This in a way has resulted in substantial reduction in fibre content in the diet and possibly, also the content of micronutrients such as vitamin B-complex, zinc and chromium (Rajagopalan, 2003a). Hunger today refers not to the overt and obvious hunger of poor people who are unable to afford at least one square meal a day, but to a more insidious hunger that is caused by eating food that is filling but deficient in essential vitamins and micronutrients (Subba Rao, 2004).

A surfeit of nutrition and health programmes was developed to cover all aspects of lifecycle. The three most important nutrition programmes viz., National Nutrition Anaemia Control Programme, National Prophylaxis Programme for Prevention of Blindness due to Vitamin A Deficiency, and National Iodine Deficiency Disorders Control Programme - are aimed at combating micronutrient deficiency problems of anaemia, blindness and iodine deficiency disorders respectively. Despite implementation of these programmes for quite a long time, impact evaluations at different points of time showed poor coverage. Among the main bottlenecks identified were: lack of proper orientation of health functionaries and poor beneficiary compliance due to low-awareness among beneficiaries as well as the general
public due to weak IEC (Information, Education and Communication) component or its inadequate usage to create awareness (Vijayaraghavan and Rao, 1982).

Integrated Child Development Services (ICDS) scheme was launched in 1975. ICDS integrates nutritional services with primary health care, education and development programmes for children. The main beneficiaries under this scheme are pregnant and lactating women and pre-school children. Despite all these measures, both NFHS (2006) and NNMB (2006) depict a gloomy picture of prevalence of anaemia and other nutritional deficiencies among these women. This profile is the result of reproductive behaviour of earlier cohort of undernourished mothers resulting in 33 per cent of children with low birth weight (LBW). These LBW children are likely to grow up to be malnourished adults who are vulnerable to the incidence of chronic diseases thus making themselves susceptible to double burden. Proper communication and creation of awareness about these programmes to ensure compliance and participation is again the weakest link (ICMR, 1989; Sarma et al., 1992; NIPCCD, 1992).

Nutrition education, communication and participation

The prevalence of malnutrition is often attributed to poor nutrient intake, lack of resources, illiteracy, ignorance and to a large extent to lack of proper awareness. There was always a need felt for nutrition and health
education and awareness programmes to achieve the goals through appropriate interpersonal and media. One fundamental feature of nutrition education often has been its implicit emphasis on dietary behavioural change brought about by educational intervention (Contento et al., 1995). Many a nutrition education effort has been directed more towards the purpose of disseminating nutrition information than toward the purpose of improving dietary habits (Whitehead, 1973). Such an approach was effective in increasing knowledge, but was not very effective in changing dietary behaviour or practices. Exposure to new information or services, which is thought to induce knowledge acquisition, may not result in change in attitudes and/or dietary behaviour. Ignorance, largely, is a result of illiteracy, socio-economic factors and food belief systems that may interfere with behaviour change, even though awareness has increased among the people. Illiterate families will not be able to benefit from any available information on health and good nutrition. A paradoxical situation that is often observed in the developing countries is that people do not consume some nutritious foods even when available because of several food beliefs and socio-cultural practices resulting in food taboos (Nayak, 1999).

Everett Rogers (1995) suggested that some kinds of knowledge are more motivating than others – ‘Awareness’ knowledge as the kind that captures people’s attention, increases awareness and enhances motivation, whereas ‘how-to’ knowledge is the kind needed when they are already
motivated. However, dissemination of ‘how-to’ type of knowledge would just remain ‘information’ when people are not motivated to understand the potential positive and negative consequences of behaviour. Therefore, both motivational and instrumental (i.e., ‘how-to’ knowledge) are needed for effective nutrition education designed to foster behavioural change.

Suttilak Smitasiri (1994) suggested that traditional nutrition education efforts in less developed countries is based on the assumption that people lack nutritional knowledge leading to nutritional problems, and that when people correctly learn about nutrition, they will act appropriately according to their knowledge. Lack of a coherent and well articulated theoretical framework has been considered one of the weaknesses in communication programmes.

Other researchers have taken a different perspective when they reiterated that ‘good’ health and nutrition communication is one that is continuous and iterative. As in other fields, communication and awareness campaigns should be based on multi-media approach and should be continuous while being culture-specific. IEC strategies and campaigns should be phased over a period of time, as people move through different steps of behavioural change (un-aware, aware, concerned, knowledgeable, skilled, motivated to change, trial and sustained behaviour change) (Saibaba, 2003).
Many communication researchers are of the opinion that most of the nutrition communication carried out in India is based on modernization and dependency paradigms. These are essentially one-way horizontal communication models of information transmission from source to receiver (e.g. development project to development recipient) (Hornik, 1985; Nayak, 1999). As an alternative to both the modernisation and development communication paradigms, the emerging participatory communication paradigm (for development) emphasises the importance of people's participation in the process of communication design, implementation, and evaluation (Bordenave, 1994). The rationale behind participatory communication is that it eliminates a one-way, prescriptive, and non-participatory approach to development. Thus, it involves people (development recipients) in two-way dialogical interactions in the design, development, implementation, and evaluation of development projects. Similarly, the involvement of people in a development communication process is very important, as they are the ultimate beneficiaries of development communication policies and planning.

Linking this to development communication paradigms, participatory actions rest on two-way communication, which helps eliminate the pitfalls of a top-down, non-participatory communication approach that inherently does not fully involve people in all phases of a development project (design, development, implementation and evaluation). Unlike top-down approaches,
participatory communication is usually based on local conditions and constraints. Experience has shown that when a community is fully involved in the design, implementation, monitoring and evaluation of nutrition and other development projects, these are likely to be more effective and sustainable. Such participatory efforts more often meet the real needs of the people in the community and achieve results that can be continued with minimal external inputs (Achterberg, 1993).

In view of the growing importance of the involvement of people in a development project, it appears that some of the nutrition-related projects in various parts of the world have already successfully applied participatory communication approach to their projects (Khadka, 2003).

Today nutritional concerns are being integrated into various developmental policies and programmes being taken up at various levels of governance. Non-Governmental Organisations (NGOs) and international organisations like UNICEF and FAO are also putting in considerable efforts in taking the message of nutrition to the community. In some cases all the three sectors (Government, Voluntary and International Organisations) are working together. All these organizations are emphasizing the need to involve the beneficiaries in the process of evolving programmes and/or implementation of the same. Community participation is the key word. The euphoric word ‘participation’ has become a part of development jargon. People’s
participation in development in which the control of the project and decision-making power rests with planners, administrators and the community’s elite is ‘pseudo-participation’. When the development bureaucracy, the local elite, and the people are working cooperatively throughout the decision-making process and when the people are empowered to control the actions to be taken, only then there can be ‘genuine participation’ (White, 1994). Similarly, in different nutrition communication programmes too the extent of participation varies and accordingly the approaches to communicating nutrition information are also likely to differ.

In this scenario, it is extremely difficult to determine what exactly works and what does not. There is a need to carry out a critical analysis of various approaches to communication and to understand the perceptions of the key people who devise and implement nutrition communication strategies. At the same time various approaches in use, their successes and failures need to be understood. Given the plethora of nutritional problems, the diversity of cultures, populations and the stakeholders in nutrition communication, it is difficult to critically examine all the nutrition communication endeavours in vogue.

Given this milieu, the present thesis attempts to fulfil two broad objectives – to explore the evolution as well as trends in development communication vis-à-vis nutrition communication; and to take a critical look
at various nutrition communication approaches in different contexts – firstly among adolescents in the confines of educational institutions and the other among the larger contexts of ‘community’ setting.

Overview of the thesis

While critically examining the evolution of development communication globally, the chapters dealing with the history of nutrition communication would examine the concept of nutrition in the public health discourse in colonial and post-colonial eras, document the history of nutrition research in India and then critically examine the trends in nutrition communication research globally.

The subsequent chapters deal with various approaches to communicate nutrition information to the adolescents and young adults in educational institutions. This chapter includes three different research studies and attempts to critically examine their strengths and weaknesses and culminates in examining the extent of food and nutrition component in the school science curricula.

The later part of the thesis takes a macro view and critically examines the institutional perspectives to nutrition communication by examining the approaches being adopted by three different organizations from three different sectors viz., Government, Voluntary Sector and Research and Development.
Methodology

As mentioned above, the thesis deals with a wide array of issues including the historical aspects, trends and evolution of development communication with specific emphasis on nutrition education and communication vis-à-vis the Indian context. In order to compile these chapters, literature from historical sources such as books and government policy documents, from published literature such as articles from peer-reviewed/ indexed journals, newspapers etc. were used.

Subsequent chapters dealing with approaches to communicate nutrition information to adolescents / young adults in educational institutions as well as the chapter on institutional approaches to nutrition communication include four different studies and three case-studies respectively. The specific materials and methods used for each of these studies have been elaborated in the respective chapters.

Therefore, before proceeding with the chapters related to the history of nutrition and nutrition communication in India, a description of various theories and models of development communication will be succinctly presented.