INTRODUCTION
Deliberate and sustained nutrition education has been recognised as a potent tool for the prevention and control of malnutrition all over the world. Among the underlying causes of malnutrition, ignorance is perhaps one of the single most important factors. Lack of knowledge on the role and use of food in achieving and maintaining nutritional well-being is significant in this regard as well as is the as well as are the desirable food practices which develop over time. If people are armed with right information and motivation to achieve good health, a large proportion of malnutrition could be well avoided. Individuals and communities need to be well guided on to make better use of foods available to them. Nutrition education, which has been used over time, can be reinforced using innovative learning approaches for improving the nutritional status of populations, especially vulnerable groups.

The root of the problem is mainly seen in the home where human behaviour and attitudes towards food and health is influenced by several social and cultural factors. Understanding the factors that constrain or prevent people from following desirable dietary practices and finding practical and acceptable solutions that overcome these "resistance" points are crucial.

As food behaviour is social and changing, it often requires group decisions as well as individual decisions and actions. It requires planned efforts to bring about desirable behavioural change among individuals and communities. People in the community need to be educated and well sensitized to adopt desirable nutritional behaviour, which can be sustained. In this regard, it is important for the household or family to gain understanding, knowledge, skills and attitudes necessary to act rationally in the selection, production, purchase, storage, preparation and consumption of food.

Hence, it is important to understand existing beliefs and actions and recognise needs of mothers upon which can be built positive nutrition messages and participatory action programs aimed at combating key nutritional problems (Hubley 1986, Yhoun-aree, 1994). This can be achieved, in part, by effective communication measures suited to individual and community conditions and situations. Several national and international organisations have firmly acknowledged that many nutrition
problems can be overcome if effective communication is used not only to educate people, but eventually to change their behaviour patterns.

A broad spectrum of approaches are being used to improve nutritional status of people. An even greater variety of nutrition education and communication methods are used in efforts to change people's behaviours. The use of various communication tools and methods for nutrition education like actual foods, models, films, filmstrips, charts, demonstrations, dramatisation and puppet shows have proved to be very effective (Candy and Grover, 1991; Swarnalatha, 1992; Devdas et al, 1994). It is necessary to articulate and promote workable communication methods for nutrition education involving people in order to achieve the impact.

There may exist more of such potentially effective communication resource material within the environment, which would need identification. Exploring effectiveness of such innovative communication tools will furnish new dimensions in addressing the problem of malnutrition.

Efforts are also being made worldwide for the prevention and control of malnutrition through community based actions. Malnutrition reduction strategies involve the use of both short term and long term actions. Though the immediate goal is to prevent the acute effects of malnutrition, which may be either by supplementation or food fortification, such measures can only temporarily address the problem. The permanent solution lies in the sustenance of positive nutrition behaviour for which, there is a need to bring about long-term desirable change in dietary intake patterns. The acceptance of locally available nutritious foods may require adaptations of cultural attitudes (Gerster, 1997). A change in attitudes and practices regarding intake of appropriate foods and sustaining these changes in communities is therefore vital. Individuals and community groups can be mobilised to initiate, implement and sustain change towards improved health and nutrition behaviour in the community.

This change needs to be brought about primarily among women, who play crucial roles in the maintenance of family health and nutrition. They must be suitably
educated in the area of nutrition and get enlightened towards developing positive food behaviour. This will eventually lead to significant improvement on the community’s nutrition and health status through a significant behavioural change process. Communication steps up the knowledge and this knowledge gained further motivates and brings about a change in attitude and behaviour. Effective nutrition communication through motivation, capacity building and participation of women volunteers in the community is crucial in this regard (Attig et al, 1993).

Community health workers play important roles as ‘change agents’ in the effective delivery of services and also contribute to promotion of community health. Acquiring knowledge and skills to deal with the people effectively is essential in this regard. Training and capacity building of community health workers can serve as a valuable investment to facilitate behaviour change in the community to which they essentially belong. This will not only equip them to efficiently deliver the services but more crucially contribute towards need based problem identification and resolving the situation through participatory community involvement, as in this instance, participatory learning. Thus, training and capacity building of community health workers are vital for building successful programs.

The present study was undertaken to develop a nutrition communication package targeted towards initiating change in nutrition behaviour with a specific focus on nutritional problems such as PEM and Vitamin A deficiency. To develop this package, an assessment of community situation and knowledge, attitudes and practices (KAP) of mothers with respect to child nutrition was carried out in selected slum areas of Mumbai. This package was field tested and evaluated for its effectiveness in the community. Community health workers were subsequently trained who thereafter facilitated the process of change in the community.
HYPOTHESIS
There is positive association between nutrition communication and nutritional behaviour of the people.

Effective nutrition communication will create awareness about nutrition and promote positive attitudes and practices regarding preparation, purchase and consumption of nutritious foods among mothers of pre-school children in disadvantaged areas, such as urban slums. It would lead to potential improvement of nutritional behaviour of the target group.

The conceptual framework of the study is schematically presented in Figure 1.1.
OBJECTIVES
The present study was undertaken with the following objectives.
1. To gauge the knowledge, attitudes and practices of mothers with respect to protein energy malnutrition and vitamin A deficiency.
2. To assess nutritional status of the pre-school children and study their food behaviour.
3. To develop nutrition communication modules on selected key aspects of PEM and VAD.
4. To train community health workers at different levels to act as change agents in promoting positive nutrition behaviour in the community.
5. To execute nutrition communication modules in the community.
6. To assess the effectiveness of the nutrition communication modules in the community.

OPERATIONAL DEFINITIONS
Operational definitions of the terms used in this study are presented as follows.

Nutrition Communication: It refers to transmission of nutritional messages related to the nutritional problems, to the target group with the use of innovative techniques. It consists of different methods and materials used to impart knowledge, positive attitudes and practices as well as skills to influence the same.

Modules: Modules refers to a package of instructions on vital aspects of a problem, which provide practical guidance to address the problem at family and community levels. They highlight the key messages in an innovative manner.

Community: Community refers to the people residing in same locality.

Knowledge: Knowledge is understood here as verbalised or demonstrated ability to reproduce from memory, facts, principles, recipes, etc., related to nutrition.
Skills: Skills are here understood as capacity of accomplishing something with precision and certainty; practical knowledge in combination with ability to achieve the specified results related to nutrition.

Attitudes: Attitudes here are understood as a lasting emotional, motivational, perceptual and cognitive organisation of beliefs that tends to influence positively or negatively group or individual behaviour towards a specific object, predisposing one to respond in preferential manner with regard to nutrition.

Practices: Practices refers to the actions related to health and nutrition in day to day situations.

Nutrition behaviour: Nutrition behaviour implies knowledge, attitudes, practices and all the actions related to nutrition.