From the Departement of Nutrition, Medical School, University of Indonesia, Jakarta.

Nutrition Education to the Community

by

SOEMILAH SASTROAMIDJOJO

Abstract

The improvement of the nutritional status of the Indonesian children requires an increase in food production, per capita income, level of education, better environmental hygiene, imunization and health services and nutrition education.

Nutrition education is as important as an adequate food supply (by the government) and purchasing power as long as long as ignorance and superstitions concerning food are present.

The importance of nutrition education is realized by the Indonesian government and is reflected in its Five Years Development Plans.

Nutrition education will be emphasized and included in the program of health improvement.

There should be "educators" (in nutrition) available to make this program a success.

The medical doctor, even more the pediatrician, is potentially, the right person as nutrition educator. However, the clue is that each doctor realizes the importance of nutrition education and does nutrition education, making the best use of his/her potentials.

Received 18th. Sept. 1974.

The improvement of the nutritional status of the Indonesian children requires an increase in food production, increase of per capita income, level of education, better environmental hygiene, better immunisation & health services and nutrition education.

It is no exaggeration to state that nutrition education is as important as an adequate food supply and purchasing power. Enough food available and a high income do not ensure a nutritionally adequate diet/menu, especially in the case of small children, as long as superstition and taboos concerning food are present. (Tan et al., 1970).

The government realizes the importance of nutrition education which is reflected in its Five Years Development Plan. In the First Plan nutrition education was included as a means to improve the nutritional status and health of the population. Before and during the First Five Years Development Plan, nutrition education was a.o. implemented in the Applied Nutrition Program, carried out at Mother and Child Health Centers, School Health Services and Health Centers.

In the Second Five Years Development Plan, nutrition elucation will be emphasized and included in the program of health improvement/development. As much attention will be paid to nutrition education as to food production and the distribution of food.

Nutrition education will be focused towards the development of a nutritionally well ballanced menu for the population.

Mely Tan et al. have shown through surveys done in the islands of Java, Bali and South Sumatra in 1970, that the menu pattern in these areas consisted of a staple food (rice, corn, cassava, sweet potato), side dishes consisting of a protein source (mostly fish, peanut presscake, fermented soya bean, soya bean curd, legumes, nuts) and vegetables. Such a menu pattern if consumed in adequate amounts would make a nutritionally balanced diet, also for children.

Unfortunately, children in the areas investigated were not given the animal protein sources such as fish or meat, due to food taboos.

Based on these facts and within the context of the Indonesian Five Years Deevelopment Plan, to improve the nutritional status and health of the Indonesian children, it would be appropriate to direct the nutrition education program to a change of attitude towards the menu pattern of children so that children will be given the animal sources available in the family diet and next to an adequate amount of the staple, also locally available legumes and green leafy vegetables.

Planning a nutrition education program includes the determination of the learner (communicant), the teaching material, the educator (communicant), the method of teaching, teaching aids and consideration of the local environment/conditions (see framework attached).

In our case, the most appropriate teaching target/learner/communicant would be the "mother", because she is the person who selects the food stuffs, cooks, distributes and feeds the smaller members of the family. The teaching material, needless to say, should be "to set up a nutritionally adequate diet" using locally available foodstuffs which are within the reach of the family budget.

Then the questions arises as how to make the mothers interested in our teaching material, understand it and change their attitude and behaviour towards food taboos. To achieve this, the teaching material should be easily understood by the learner and there should be a motive strong enough to make the learner ready to change her/his attitude. The educator must be aware/know the felt need of the learner, because the (hope for) fulfilment of one's felt need is a very strong motivation to change one's behaviour or attitude. Generally, everybody has at one time or another the felt need of getting a certain prestige, social status, or to earn more money or acquire good health. For this last reason, the role of educator could be played by anybody with the following characteristics: a key person who is aware of health and nutrition problems to be solved, has an adequate knowledge of the teaching material and knows the characteristics of the learner.

A medical doctor, even more a pediatrician, is potentially the educator in our case, because a doctor has all the charactristics mentioned previously. Moreover, a doctor surpasses the other key persons on 2 points, i.e. a doctor knows the health and nutrition problems best, and a doctor is considered the most ideal person to meet the learners need for good health. A doctor has a wide opportunity to do nutrition education, for instance as a private practitioner, through the hospital, as a member of parents, and teachers' association, through meetings of housewives organized by the „Rukun Tetangga" and „Rukun Warga", at the Mother and Child Health Centers, Health Centers and „Taman Gizi" (Nutrition Education and Rehabilitation Center) „Karang Balita", (Under five clinic) as a regular writer in magazines or newspapers, or through radio or TV programs, etc.

For each occasion, the educator should choose/select the proper method of teaching, language and teaching aid, because the success of a teaching depends also on these factors.

There are various kinds of teaching methods and teaching aids, like speeches, lectures, discussions, demonstration, posters, plays, „wayang", film, etc. Each method or aid has its positive and negative points.
However, it can be said that the method which requires the learner to use more of his (maximally 5) senses is better than one which requires the use of less senses. There is a proverb saying "What I hear I forget, what I see I remember and what I do I know".

The best teaching method is "learning by doing". This is a method practised in the Taman Gizi and Karang Balita (Under Five Clinic) in Indonesia and in the Nutritional Rehabilitation Centers/Mother Craft Centers abroad.
In these centers, mothers set up menus using nutritious, cheap, locally available foodstuffs, cook them, distribute and feed them to their children who are brought to the center. The mothers are guided by personnel who have an adequate knowledge of nutrition, e.g. a dietician, nutritionist, mothers, girls or women who have had some training in nutrition. In Indonesia the so called Taman Gizi and Karang Balita are supervised by a doctor.

Thus, I would like to underline that a doctor is potentially the educator for a nutrition education program for the community.
The program to improve the nutritional status and health of the Indonesian children will be more successful if each doctor realizes the importance of nutrition education and does nutrition education.

REFERENCES

1. RANCANGAN RENCANA PEMBANGUNAN LIMA TAHUN, KEDUA, II B, Bab. 25, hal. 2, 9, 23 (1974 - 1979).
2. RULANTI SETYODIRGO : Nutrition Education for Mothers in Cimacan Subvillages (Rarahan and Kubang). Thesis for Diploma, The Regional Graduate Applied Nutrition Course SEAMEO, Jakarta (1974).
3. SOEMARKO TIRTODHIATMO : Pendidikan Gizi (hand out, 1972).
4. TAN M.G. and DJUMADIAS : Social and Cultural Aspects of Food Patterns and Food Habits in Five rural Areas in Indonesia. National Institute of Economics and Social Research (LEKNAS) — LIPI and Directorate of Nutrition, Ministry of Health R.I., Jakarta (1970).

NUTRITION EDUCATION FRAMEWORK