

SCANNED

NUTRITION PILOT PROJECT
COOK ISLANDS

The South Pacific Commission, on the request of the government of the Cook Islands, undertook a nutrition Survey in Aitutaki - Rarotonga of the Cook Islands in January/February of 1975.

The Preliminary findings of the Survey show that there is a great need to modify

- 1) the infant feeding habits due to:
 - the high incidence of diarrhoea and gastro-interic disease
 - the low intake of Protein.
- 2) Promote a balanced diet to
Pregnant Women
Lactating mothers.
- 3) Include nutrition education (practical as well as theoretical) at all school levels.

The following proposal is a suggested plan of action to achieve the above goals. To be effective, all concerned departments should collaborate to have a unified approach (Departments of education, health, agriculture, community development programmes, adult education, etc.)

The South Pacific Commission would provide the technical assistance required to implement such a programme (training local staff, drawing detailed plan of action, helping in the production of educational materials (development pretesting, etc.) But local staff is required for the implementation and Supervision of this project. This cannot be done by non-resident qualified people.

The Cook Islands have several qualified people that can be coopted to set up this project:

There are two qualified dietiticians one working at the hospital (Taiora Matenga) and Kura Guinea who is not working at the moment.

There are a number of home economists working at the Tereora College these can be coopted for the training of the Staff (Mrs June Savage, Miss M. Tungata.

There has been several people who have received their training in the Community Education Training Centre (S.P.C. Center in Suva, Fiji) and they can be very useful at the Community level. (Miss M. Haupini, Miss N. Teao).

Objectives:

1. To Promote the health of the family in general and the Child in particular through better nutrition.
2. To Control and Prevent Malnutrition especially in infants and young children through better nutrition.
3. To improve the utilization of available food resources in the feeding of infants and children pregnant and lactating Women.



4. To meliorate the dietary habits and practices during the weaning period.
5. To teach the value of safe and clean foods especially for infants and children.

How can these be achieved:

Education lies at the core of all attempts to improve the nutrition of individuals and communities. Nutrition Education is concerned with trying to persuade the people to modify their way of life with a view to improving their health and nutrition by the better use of available resources both traditional and modern, man-made and natural. It is much more than the mere supplying of information and basically is concerned with trying to convince people and to motivate them to make the changes suggested.

It should be carried out at every opportunity by all members of staff and should be incorporated into all types of educational, health, agricultural, community development work and into other extension activities related to village or home extension.

Educational Channels and Approaches:

A. Who is involved in Nutrition Education?

- All health workers
 - Doctors
 - Nurses
 - Health Inspectors
 - Dentists
 - Dentist Hygienists
- All teachers
 - at primary level
 - at Secondary level
 - in teacher training institute
- Agriculture extension workers.
- Home economists/dietiticians and other extension agents who are concerned with home and family living.
- Community development officers
- Adult educators
- Mass Media (mainly Radio and Newspapers)

B. To whom should the educational efforts be addressed?

- All the population but mainly to
- 1) Politicians and Administrators (to make them aware of the existing problem and to stimulate them to take action).
 - 2) Parents of the Present.
Both father and mother should be involved as well as grandmothers (as they are usually in charge of raising the children).

3) Parents of the future:

School children are the parents of tomorrow.

4) Advertisers:

Commercial advertising is having an increasing impact on family life. A great deal of advertising has been transported from affluent societies in which totally different cultural, educational and economic circumstances are found. In particular, the ill-considered advertising of high-priced tinned milk for infant feeding is to be deplored.

C. Where can it be done?

Hospitals: Paediatric outpatient clinic
Ante-natal and Post natal clinics.
Delivery Ward.

(In hospital, the mothers are extremely receptive to education).

Community Health Centers:

The basic function of the clinic is health and Nutrition education. Education of the mother is the natural channel for improvement of the feeding practices of the child aiming of improvement of his nutritional state.

Homes:

The health workers (Public Health Nurses health inspector) various extention workers carryout home visiting as a part of their activities, and should use this opportunity for nutrition education which can be related to actual home circumstances.

Clubs and Other Small Groups:

Women's Clubs
Youth Clubs
Adult Education classes
Community Development Services
Church groups.

All these groups can play a very important role in creating a desire to learn and change because of their intimate relationship with the social life of the community. These organizations can make sure that the information reaches the members of the community along with its content and purpose.

Schools:

School children are less fixed in their food habits than adults and the learning of new ideas about food will fit into the concepts of school "being places of change"

Health and Nutrition Education should be incorporated into the syllabus of all schools and adopted to suit local conditions - Teachers should be aware themselves of local health and nutrition problems and their prevention and include correct emphasis in their teaching.

Nutrition Education Topics

Nutrition Education should aim at improving the diet of the whole family with specific reference to young children. It should also include methods of improving food production and storage and preservation as well as prevention of infections.

The following topics have priority:

Diet of Pregnant and Lactating Mother:

Emphasis should be placed on available sources of protein, vitamins and iron, especially the use of dark leafy vegetables.

- Value of Breast feeding
- Dangers of Bottle feeding.
- Types of food (the three groups).
- Prevention of Protein - Calorie Malnutrition.
- Weaning foods.
- Harmful foods.
- Use of Protein Supplements.

Components of Nutrition Education:

1. Nutrition Information.

Presentation of simple facts (scientifically correct).

2. Nutrition Demonstration.

The best way of both teaching people and trying to convince them is to use actual live demonstration. Mothers are familiar with the ingredients used - more likely to follow advice if they are involved in the preparation cooking and feeding of their children on the spot.

3. Nutrition Conviction.

Health promotion or "better health" is a weak incentive, but cure of disease is a strong incentive. Therefore a Combination of nutrition education with curative services is more effective than with preventive services.

4. Non-nutritional Motivation.

Other motivations should be incorporated such as status, sex appeal, convenience and economy.

5. Felt Needs.

Nutrition Education should be incorporated with things that people themselves really want to do or learn about.