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A Comparative Study Of The Role Of Nutrition Education In Raising The Health Status Of Women (Professionals And Non-Professionals)

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Abstract

Women are doing multiple roles in the society which are bearing household and family responsibilities and working outside the home thereby causing poor dietary and nutritional status. Nutrition education with emphasis on the intake of a balanced diet can result in the enhancement of their dietary and nutritional status. Hence the present research entitled **"A Comparative Study Of The Role Of Nutrition Education In Raising The Health Status Of Women (Professionals And Non-Professionals)"**deals with the improvement in the health status of women after counseling for six months**.** Three hundred women from different age groups, professions, economic and marital status and hailing from various districts of Haryana were enrolled for the study. Nutrition education was imparted individually followed by group contacts for a period of six months through modules, lectures, demonstrations, leaflets and visual aids. It was observed that increase in physical activity levels, improved dietary intake along with positive life style changes resulted in bringing about the desirable changes in women. However, none of the subjects from the groups-professionals, non-professionals and housewives complained of common ailments like pain in the chest, acidity, depression before and after counseling. Few subjects from the group-professionals, non-professionals and housewives showed symptoms like headache, backache, lethargy and acidity due to the onset of menopause. Like professionals, the non-professionals and housewives also showed improvement in their health status as the number of subjects suffering from the common diseases reduced after imparting nutrition counseling.

Keywords- Counseling, Haemoglobin, lipid, dietary intake

Women's health is of utmost importance as it reflects the health of the family but in some cases, dual stress of manual labour and conflicting demands of work in and outside the home have been shown to have adverse effects on her nutritional status (Jain and Singh,2003). However, if they want to be accepted as efficient homemakers as well as employees, they have to consume a nutritionally balanced diet.

This will not only improve their health and nutritional status but will also reduce their weight. Since health and nutritional status of an individual depends on the food she eats, the components of the diet must be chosen judiciously, to provide all the nutrients needed in adequate amounts and proportions (Jha, 2002).

The nutritional status reflects the health of a person and is influenced not only by the diet consumed but also on the ability of the body to utilize these foods (Mehta, 1990).The counseling

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is used as an intervention for the promotion of health by enhancing the knowledge of the respondents about the consumption of a balanced diet. The first requirement of nutritional counseling or advice is that it should enable the woman to assess her own diet and its composition and compare it with the advice. However, the counselor should emphasize upon bringing a change in the attitudes, knowledge and behaviour of an individual (Buttriss, 1997). Eating well, drinking lots of water, consuming fresh fruits and vegetables boosts energy and water helps the body to function properly. The improved dietary habits can lead to changes in women's general health and a disease free life. It can minimize infections and chronic diseases and can reduce birth defects and health care costs.

The present study was conducted on the women respondents belonging to Haryana state. The selected districts were Yamunanagar, Panipat, Bhiwani, Faridabad and Gurgaon. Purposive selection of the subjects was done. Three hundred women were selected and further divided into three groups according to their occupation. In the present study the subjects belonged to the group-professionals, non-professionals and housewives.

The present study aims to provide a practical and positive approach to the women to improve their health and nutritional status.

The objectives of the present study are:-

- To find the-communicable diseases and common ailments in women (professional and non-professional) before and after giving nutrition education.
- To find the performance of Activity and the frequency of stress in women (professional and non-professional) before and after giving nutrition education.
- To assess the dietary habits and desirable practices of women (professional and non-professional) before and after giving nutrition education.
- To evaluate the role of nutrition education in improving the health status of women (professional and non-professional).

The incidence of non-communicable diseases, frequency of common ailments, physical activity pattern, dietary habits and adoption of desirable practices in women (professional and non-professional) before and after counseling is shown in tables 1-5.

Communicable diseases in women: Among professionals- maximum number of the subjects were suffering from low blood pressure and arthritis (16.6%) followed by the subjects complaining for anaemia (10%) and asthma (6.6%) before counseling. Following counseling for six months, the number of subjects reduced to 6.6 per cent for low blood pressure and 5 per cent each for asthma and anemia. No reduction in the number of subjects was observed in case of arthritis. However, the number of subjects not suffering from the non-communicable diseases increased from 50 per cent to 66.6 per cent after counseling.

Like professionals, in non-professionals- before counseling the number of subjects suffering from low blood pressure and arthritis were 16.6 per cent each ;10 per cent subjects were suffering from anaemia along with 6.6 per cent subjects suffering from asthma However, after

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counseling for six months, the number of subjects reduced to 6.6 per cent for low blood pressure and 5 per cent each for asthma and anaemia but no reduction in the number of subjects was noticed in case of arthritis.However, after counseling, the number of subjects not suffering from the non-communicable diseases increased from 50.6 to 66.6 per cent(Table 1). The above findings were in harmony with the results of a study by Shoker, (2003) in which decrease in the incidence of majority of diseases among the subjects was noticed after imparting nutrition counseling. Further inspection of the data showed that before counseling, the number of subjects in the category of housewives suffering from arthritis and low blood pressure were 16.6 and 6.6 per cent respectively and the subjects showing signs of anaemia and asthma were 5 per cent each. However, no reduction in the number of housewives suffering from the above mentioned diseases was found after counseling for six months. No subject in the current study was suffering from diabetes, heart disease, high blood pressure, obesity as well as hypothyroidism, hormonal and skin problems before as well as after counseling.

Common ailments in subjects: Before counseling the subjects from the groups-professionals, non-professionals and housewives complained for several common ailments-- backache, headache, fatigue as well as giddiness, lethargy, fever and breathlessness which decreased in number after counseling (Table 2).

Among professionals-the number of subjects suffering from backache and headache came down from 20 to 16.6 per cent in each ailment ; those suffering from fatigue and fever reduced from 16.6 to 10 per cent in each ailment and the subjects complaining of giddiness decreased from 6.6 to 3.3 per cent whereas those suffering from lethargy and breathlessness came down from 16.6 to 8.3 per cent in each case after counseling. The number of non-professionals and housewives suffering from backache and headache reduced from 25 to 16.6 per cent in each following counseling for six months. Reduction in the number of subjects after counseling in fever was from 16.6 to 10 per cent; in fatigue, lethargy and breathlessness the reduction in the number of subjects was from 16.6 to 8.3 per cent in each ailment and the subjects reduced from 6.6 to 3.3 per cent in giddiness. Like professionals, the non-professionals and housewives also showed improvement in their health status after counseling as the number of subjects suffering from the common ailments mentioned above reduced. However, none of the subjects from the groups-professionals, non-professionals and housewives complained of common ailments like pain in the chest, acidity, depression before and after counseling. Few subjects from the group-professionals, non-professionals and housewives showed symptoms like headache, backache, lethargy and acidity due to the onset of menopause. In the corresponding groups, 16.6 per cent, 6.6 per cent and 16.6 per cent of the subjects were in the post-menopausal period.

Physical activity pattern:- Table 3 exhibits the distribution of the respondents belonging to different occupations on the basis of the activities they performed as a part of their daily routine before and after counseling for six months. Before counseling - among professionals, the number of subjects who used to sleep for 4-6, 6-8 and 8-10 hours were 75, 25 and 50 respectively which after counseling changed to 25, 100 and 25 thereby displaying the observation that the

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professionals improved their sleeping pattern following counseling.

The maximum number of subjects i.e. 100 now took rest/slept for 6-8 hours. Among different sub-groups of professionals - the subjects not doing any physical exercise were 100 which reduced to 25 after counseling. The number of professional doing - light walking increased from 15 to 60; in brisk walking from 10 to 20; in sports from 10 to 15 and in exercise from 5 to 20 whereas the number of subjects doing yoga i.e. 10 remained the same before and after counseling. The professionals were engaged in one or the other household activity both before and after counseling. The number of subjects engaged - in cleaning utensils increased from 50 to 60; in mopping floors from 15 to 25; in washing clothes from 50 to 75; in dusting from 100 to 120 and in cooking from 75 to 100. The number of subjects among professionals who worked in the office for 5 - 6 hours were 50 and those who used to work for 6-7 hours were 120.. In the category of professionals, following counseling the number of members who were **often under stress** reduced from 10 to 5; those **under stress a few times a week** decreased from 35 to 30 and those **under stress rarely** increased from 105 to 115 thereby showing the positive impact of counseling on the activity pattern of professionals.

In the beginning of the study - the number of non-professionals sleeping for 4-6, 6-8 and 8-10 hours were 50, 25 and 5 respectively which changed after counseling sessions to 15, 55 and 5 hours respectively for the corresponding sleeping hours. However, among housewives - the number of subjects sleeping for 4-6 hours reduced from 30 to 10; for 6-8 hours, the number of subjects increased from 40 to 60 and for 8-10 hours the number of subjects i.e. 5 remained unchanged after counseling. The number of subjects doing light walking increased from 15 to 35 in each category of non-professionals and housewives following counseling. However, no change was noticed in the number of subjects doing brisk walking, sports and exercise.
The number of subjects in the corresponding activities were 10, 5 and 10 respectively. The number of subjects doing yoga decreased from 10 to 5, thereby showing no impact of counseling on the subjects for doing yoga. Among non-professionals-the number of subjects engaged in the activity of dusting reduced from 70 to 50 and in cooking from 65 to 60. However, less impact of counseling was seen in housewives as the number of subjects engaged in different activities i.e. 60 in cleaning utensils; 45 in mopping floors, 75 in washing clothes; 60 and 70 engaged in dusting and cooking respectively remained unchanged after counseling. The number of non-professionals going to office for 5-6 and 6-7 hours were 15 and 60 respectively which remained unchanged after counseling. However, the number of non-professional subjects who were under stress often and a few times a week reduced from 30 to 10 and from 20 to 15 respectively whereas no. of subjects rarely under stress increased from 25 to 50 after counseling. Among housewives - the number of subjects who were mentally stressed up often came down from 10 to 5; the number of subjects stressed up a few times a week reduced from 25 to 15 and the number of subjects stressed rarely increased from 40 to 55 thereby showing the positive impact of counseling in improving the physical activity pattern of the subjects. Close to the findings of the current research, Sood, (1996); Kaur, (1998); Virk, (2004) and Chavan, (2002) also observed

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improved health in respondents on increasing the physical activity.

Dietary Habits: Before counseling, among professionals- the vegetarian subjects were more in number(66.6%) as compared to non-vegetarian and ovatarian subjects(16.6% in each case), regular in taking meals (83.33%) though a few skipped breakfast and dinner(13.3%) ; preferred sandwiches (50%), fruits and biscuits (33.33% in each case) as foods in between meals.

A few subjects (33.3%) also kept fast once in a week (16.6%). Further analysis of the data showed that some subjects preferred to buy readymade food (66.6%) on monthly basis (33.3%); a large number of subjects (53.3%) consumed fast- foods and some preferred south-Indian and Chinese dishes(33.3% in each case).Regarding purchase of meals- 66.6 per cent of the subjects bought food from canteen and liked *samosa, patties, pakoras* (33.3%) along with *pizza, burger and noodles* (33.3%) but some subjects (33.3%) preferred to take self-prepared lunch .However, after counseling for six months- intake of regular meals improved (93.33%) and skipping of meals reduced (3.33%).The preference for fruits increased (66.6%) and for readymade foods and fast foods decreased to 33.3 and 6.6 per cent respectively.
The subjects now preferred self prepared lunch (50%) and the percentage of subjects buying foods from the canteen reduced to 33.3 per cent. Like professionals, in the category of non-professionals and housewives-the number of vegetarian subjects were (33.3%), number of non-professionals taking regular meals increased from 66.6 to 80 per cent and those skipping it decreased from 26.6 to13.3 per cent however, no change was observed in case of housewives and the number of subjects taking regular meals remained 93.3 per cent before and after counseling (Table 4).
Maximum number of non-professional subjects (66.6%) preferred biscuits as food in between meals followed by preference for sandwiches (46.6%) however, only a low of 20 per cent had liking for fruits but after counseling the subjects showed the utmost preference for fruits along with biscuits (53%).Before counseling- the housewives preferred fried foods, salted *namkeen and sandwiches* (46.6% in each case) followed by intake of fruits (33.3%).

After imparting nutrition education, the housewives preferred taking fruits (66.6%) as the food to be taken in between meals. The common beverages consumed were tea, milk and cold drinks though milk was preferred both before and after counseling by non-professionals (66.6%, 86.6%) and housewives (53.3%, 80%). Further inspecting the data revealed that 33.3 per cent of the subjects from the corresponding groups were observing fast both before and after counseling. The subjects consuming readymade foods were 66.6 per cent in each case which reduced after counseling to 46.6 per cent for both non-professionals and housewives. Regarding the type of foods eaten outside-53.3 and 40 per cent of the subjects from the corresponding groups preferred fast foods which decreased to 20 and 13.3 per cent after counseling.In case of non-professionals-53.3 per cent of the subjects preferred taking self-prepared meals whereas the rest-46.6 per cent preferred buying from the canteen- out of which 26.6 per cent of the subjects preferred *pizza, burger* and *noodles* and the remaining 20 per cent bought *samosa, patties* and *pakoras* .

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However, after counseling ---the number of subjects taking home-made meals increased to 66.6 per cent. Now only 33.3 per cent bought food from the canteen out of which 26.6 per cent preferred *samosa, patties* and *pakoras* and the remaining 6.6 per cent bought *pizza, burger* and *noodles.* Among the housewives-53.3 per cent of the subjects preferred taking self-prepared meals whereas the rest-46.6 per cent preferred buying from the canteen. The food bought – *samosa, patties and pakoras* was preferred by -26.6 per cent whereas 20 per cent of the subjects bought *pizza, burger* and *noodles*.

Desirable practices before and after counseling: Certain practices were adopted for ensuring nutritional adequacy, reducing wastage and to have variety in the diet. However, after counseling the number of subjects opting for these practices increased.

The desirable practices were-washing vegetables before cutting, utilizing water after soaking rice and pulses, avoiding use of soda while cooking, including sprouted preparations in the diet, using whole wheat flour in the diet, including vegetables and fruits in the diet, avoiding intake of fried foods and cooking in a pressure cooker (Table 5).The percentage of professionals engaged in the corresponding practices were - 43, 31, 26, 46, 34, 40, 43 and 54 per cent respectively which after counseling increased to - 69, 54, 49, 83, 57, 54, 69 and 66 per cent respectively. Among non-professionals - the positive impact of counseling was seen in increasing the percentage of subjects in washing vegetables before cooking from 37 to 43 per cent; from 31 to 34 per cent in the practice of using whole wheat flour and from 57 to 66 per cent for subjects using a pressure cooker. However, in the remaining practices- the percentage of subjects remained the same i.e. 43 per cent in utilizing water after soaking, 31 per cent in avoiding use of soda in cooking, 54 per cent in using sprouts, vegetables and fruits in the diet and 34 per cent avoiding the intake of fried foods.In the category of housewives – the number of subjects following the desirable practices - washing vegetables by 43 percent, avoiding soda in cooking by 54 percent along with 34 percent avoiding the intake of fried foods and including sprouts, vegetables and fruits in their diet. Also among Housewives - 57 percent of the subjects preferred cooking in a pressure cooker, 37 percent subjects used the water after soaking and 31 per cent of the subjects preferred whole wheat flour to refined flour. However, the number of housewives following the various practices remained unchanged after counseling for six months.

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Table 1: Distribution of the different categories of respondents on the basis of the non-communicable diseases they suffered from before and after counseling

	PROFESSIONALS (n = 150)				**NON-PROFESSIONALS (n = 75)**				**HOUSEWIVES (n = 75)**			
	Before Counseling		**After Counseling**		**Before Counseling**		**After Counseling**		**Before Counseling**		**After Counseling**	
	Number	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**	**Number**	%
Diabetes	--	--	--	--	--	--	--	--	--	--	--	--
Heart Disease	--	--	--	--	--	--	--	--	--	--	--	--
Low Blood Pressure	25	16.6	10	6.6	12	16.6	5	6.6	5	6.6	5	6.6
Hypertension	--	--	--	--	--	--	--	--	--	--	--	--
Arthritis	25	16.6	25	16.6	12	16.6	12	16.6	12	16.6	12	16.6
Asthma	10	6.6	8	5	5	6.6	4	5	4	5	4	5
Hypothyroidism	--	--	--	--	--	--	--	--	--	--	--	--
Hormonal Problems	--	--	--	--	--	--	--	--	--	--	--	--
Obesity	--	--	--	--	--	--	--	--	--	--	--	--
Anaemia	15	10	7	4.6	8	10	4	5	4	5	4	5
No disease	75	50	100	66.6	38	50.6	50	66.6	50	66.6	50	66.6

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Table 2: Distribution of the different categories of respondents on the basis of the common ailments they suffered from before and after counseling

	PROFESSIONALS (n = 150)				**NON-PROFESSIONALS (n = 75)**				**HOUSEWIVES (n = 75)**			
	Before Counseling		**After Counseling**		**Before Counseling**		**After Counseling**		**Before Counseling**		**After Counseling**	
	Number	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**	**Number**	**%**
Backache	30	20	25	16.6	19	25	15	16.6	19	25	15	16.6
Headache	30	20	25	16.6	19	25	12	16.6	19	25	12	16.6
Fatigue	25	16.6	15	10.0	12	16.6	6	8.3	12	16.6	6	8.3
Giddiness	10	6.6	5	3.3	5	6.6	2	3.3	5	6.6	2	3.3
Lethargy	25	16.6	13	8.3	12	16.6	6	8.3	12	16.6	6	8.3
Fever	25	16.6	15	10.0	12	16.6	8	10.0	12	16.6	8	10.0
Pain in the Chest	-	--	--	--	--	--	--	--	--	--	--	--
Breathlessness	25	16.6	13	8.3	12	16.6	6	8.3	12	16.6	6	8.3
Acidity	--	--	--	--	--	--	--	--	--	--	--	--
Depression	--	--	--	--	--	--	--	--	--	--	--	--
Menopause	25	16.6	25	16.6	5	6.6	5	6.6	12	16.6	12	16.6

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Table 3 : Distribution of the different categories of respondents on the basis of performance of Activity and the frequency of stress they bear before and After Counseling

	Professionals		**Non Professionals**		**Housewives**	
ACTIVITIES	**Before Counseling**	**After Counseling**	**Before Counseling**	**After Counseling**	**Before Counseling**	**After Counseling**
SLEEP HOURS						
4 - 6 hours	75	25	50	15	30	10
6 - 8 hours	25	100	20	55	40	60
8 - 10 hours	50	25	5	5	5	5
PHYSICAL ACTIVITY	5	--	5	--	5	--
Light walking	15	60	15	35	15	25
Brisk walking	10	20	10	10	10	10
Sports	10	15	5	5	5	5
Yoga	10	10	10	5	10	--
Exercise	5	20	10	10	10	10
No physical exercise	100	25	25	10	25	25
HOUSEHOLD ACTIVITY						
Cleaning Utensils	50*	50*	75*	75*	60*	60*
Mopping floor	15*	25*	45*	50*	40*	45*
Washing clothes	50*	75*	65*	70*	75*	75*
Dusting	100*	90*	70*	50*	60*	60*
Cooking	75*	100*	60*	60*	70*	70*
OFFICE HOURS						
5-6 hours	50	50	15	15	--	--
6-7 hours	100	100	60	60	--	--
MENTALLY STRESSED						
Often	10	5	30	10	10	5
A few times a week	35	30	20	15	25	15
Rarely	105	115	25	50	40	55

* Multiple response

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DIETARY HABITS	**PROFESSIONALS (n =150)**		**NON PROFESSIONALS (n=75)**		**HOUSEWIVES (n=75)**	
	Before Counseling	**After Counseling**	**Before Counseling**	**After Counseling**	**Before Counseling**	**After Counseling**
Vegetarian	100 (66.6)	100 (66.6)	25 (33.3)	25 (33.3)	25 (33.3)	25 (33.3)
Non vegetarian	25 (16.66)	25 (16.66)	25 (33.3)	25 (33.3)	25 (33.3)	25 (33.3)
Ovatarian	25 (16.66)	25 (16.66)	25 (33.3)	25 (33.3)	25 (33.3)	25 (33.3)
REGULAR MEALS						
Yes	125 (83.33)	140 (93.33)	50 (66.6)	60 (80)	70 (93.3)	70 (93.3)
No	25 (16.66)	15 (10)	25 (33.3)	15 (20)	5 (6.66)	5 (6.66)
SKIPPING THE MEALS						
Breakfast	20 (13.33)	5 (3.33)	20 (26.6)	10 (13.3)	5 (6.66)	5 (6.66)
Lunch	10 (6.66)	5 (3.33)	---	----	-----	---
Dinner	20 (13.33)	5 (3.33)	5 (6.66)	5 (6.66)	-----	---
HOW OFTEN						
Once in a day	25 (16.66)	5 (3.33)	25 (33.3)	15 (20)	--	--
Once in a week	20(13.33)	5 (3.33)	---	15 (20)	5 (6.66)	5 (6.66)
Twice in a week	25 (16.66)	5 (3.33)	----	15 (20)	---	---
REASON FOR SKIPPING MEALS						
Lack of appetite	15 (10)	5 (3.33)	25 (33.3)	15 (20)	5 (6.66)	5 (6.66)
Lack of time	25 (16.66)	5 (3.33)	---	---	---	----
For reducing extra body weight	10 (6.66)	5 (3.33)	----	---	---	---
Any other	---	---	---	----	---	---
Foods in Between Meals						
Fruit	50 (33.33)	100 (66.66)	15 (20)	40 (53.)	25 (33.3)	50 (66.6)
Fried foods	25 (16.66)	15 (10)	20 (26.6)	15 (20)	35 (46.6)	10 (13.3)
Sandwiches	75* (50)	50 (33.33)	35* (46.6)	30 (40)	35* (46.6)	25 (33.3)
Biscuits	50* (33.33)	25 (16.66)	50* (66.6)	40 (53.3)	25* (33.3)	10 (13.3)
Salted savouries	20* (13.33)	10 (6.66)	25* (33.3)	20 (26.6)	35* (46.6)	10 (13.3)
COMMON BEVERAGES						
Tea	100* (66.66)	75 (50)	25* (33.3)	20 (26.6)	35* (46.6)	20 (26.6)
Milk	100* (66.66)	125*(83.33)	50* (66.6)	65 (86.6)	40* (53.3)	60 (80)
Miscellaneous (cold-drinks)	25 (16.66)	20 (13.33)	20 (26.6)	20 (26.6)	20 (26.6)	20 (26.6)
FAST						
Yes	50 (33.33)	50 (33.33)	25 (33.33)	25 (33.33)	25 (33.33)	25 (33.33)
No	100 (66.66)	100 (66.66)	50 (66.6)	50 (66.6)	50 (66.6)	50 (66.6)

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FREQUENCY OF FAST						
Once in a week	25 (16.66)	25 (16.66)	15 (20)	15 (20)	20 (26.6)	20 (26.6)
Once in a fortnight	15 (10)	15 (10)	10 (13.3)	10 (13.3)	5 (6.66)	5 (6.66)
Rarely	10(6.6)	10(6.6)	--	--	--	--
READYMADE FOOD						
Yes	100(66.66)	50 (33.33)	50 (66.6)	35 (46.6)	50 (66.6)	35 (46.6)
HOW OFTEN						
Weekly	25 (16.6)	15 (10)	15 (20)	5 (6.6)	15 (20)	5 (6.6)
Monthly	50 (33.3)	60 (80)	35 (46.6)	45 (60)	35 (46.6)	45 (60)
TYPE OF FOOD EATEN OUTSIDE HOME						
Breakfast / Lunch / Dinner	10* (6.66)	15* (20)	10 (13.3)	10* (13.3)	10* (13.3)	5 (6.6)
South Indian foods	50* (33.3)	50 (33.3)	30* (40)	30 (40)	25* (33.3)	10 (13.3)
Chinese Foods	50* (33.3)	50 (33.3)	35* (46.6)	15 (20)	25* (33.3)	5 (6.6)
Fast foods	80* (53.3)	10 (6.6)	40* (53.3)	15 (20)	30*(40)	10 (13.3)
Sweet dishes	10* (6.6)	10 (6.6)	5* (6.6)	5 (6.6)	25* (33.3)	10 (13.3)
Any other	--	--	--	--		
SELF PREPARED LUNCH						
Yes	50 (33.3)	75 (50)	40 (53.3)	50 (66.6)	40 (53.3)	40 (53.3)
No	100 (66.6)	75 (50)	35 (46.6)	25 (33.3)	35 (46.6)	35 (46.6)
BUY FROM CANTEEN						
Yes	100 (66.6)	50(33.3)	35 (46.6)	25 (33.3)	35 (46.6)	35 (46.6)
No	50 (33.3)	100(66.6)	40 (53.3)	50 (66.6)	40 (53.3)	40 (53.3)
TYPE OF FOOD BOUGHT						
Samosa / Pakora / Patties	50* (33.3)	40 (26.6)	15* (20)	20 (26.6)	20* (26.6)	20* (26.6)
Pizza / Burger / Noodles	50* (33.3)	25* (16.6)	20* (26.6)	5 (6.6)	15* (20)	15 (20)
Any other	---	----	---	----	---	---

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Table 5:Distribution of the different categories of respondents on the basis of the adoption of desirable practices before and after counseling

	PROFESSIONALS (n = 150)				**NON-PROFESSIONALS (n = 75)**				**HOUSEWIVES (n = 75)**			
	Before Counseling		After Counseling		Before Counseling		After Counseling		Before Counseling		After Counseling	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
1.Washing Vegetables before cutting	64	43	103	69	28	37	32	43	32	43	32	43
2.Utilizing water after soaking rice and pulses	46	31	81	54	32	43	32	43	28	37	28	37
3.Avoiding use of soda in cooking.	39	26	73	49	23	31	23	31	40	54	40	54
4.Inclusion of sprouted preparations the diet	69	46	24	83	40	54	40	54	25	34	25	34
5.Using whole wheat flour instead of refined flour	51	34	85	57	23	31	25	34	23	31	23	31
6.Inclusion of vegetables and fruits in diet	60	40	81	54	40	54	40	54	25	34	25	34
7.Avoiding intake of fried foods	22	43	103	69	25	34	25	34	25	34	25	34
8.Cooking in a pressure cooker	81	54	99	66	43	57	49	66	43	57	43	57

*Multiple response in some cases

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