

Domestic use of salt shows high salt consumption in Black Africans and Indian Asians associated with a very low awareness level of national salt guidelines.

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The high risk of hypertension and CVD among ethnic groups in the UK poses a challenge to health professionals and researchers. Reports show that the South Asian and African–Caribbean populations in the UK have a higher risk of developing chronic diseases such as hypertension and/or blood pressure, diabetes, CVD, heart disease and kidney failure than the majority UK population (^{1–3}). Currently, there is no data to explain the higher risk of CVD in ethnic groups in the UK, and this makes it difficult to develop health promotion and public health messages designed for this population.

In an effort to determine the reason for the observed increased risk of hypertension and CVD, the present survey was set up to measure the amount of salt used in cooking and added during eating by two ethnic groups (African–Caribbeans and Asians of Indian origin) for comparison with the reported domestic usage of salt in the general UK population, and to determine the level of awareness of guidelines on salt intake in these ethnic populations.

A dietary survey questionnaire was designed and used to assess the domestic usage of salt among African–Caribbeans and Asians of Indian origin (120 subjects) in Leeds and surrounding areas. Identifying the subjects included booking appointments for interviews and giving out the questionnaires. The questionnaire had both quantitative and qualitative questions, most of which were closed ended questions. Subjects were recruited from churches, markets and hair dressing salons, being locations where the various ethnic groups in the UK could be identified and questionnaires could be handed in personally. In addition, a random selection of 16 families (40 individuals, mostly women) (12 children aged under 16 and 28 adults aged between 20 and 45 were given salt of their choice to use for a period of 2 weeks, after which the unused salt was collected for weight difference to establish the amount used.

Of the respondents, 90% indicated that they always added salt during cooking, while 14% added salt on the table in addition to that added during cooking. 28% of the subjects used more than 8 g of salt in cooking alone (figure 1 below). The average amount of salt used in cooking was 7.24 g/d per individual excluding any ‘hidden’ salt intake from marinates, breakfast cereals and other foods.

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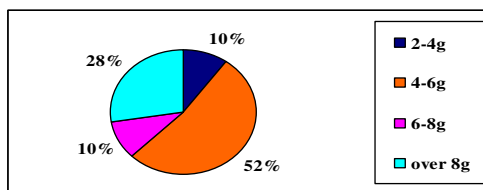


Fig. 1. Salt used in cooking per day per subject (n = 120).

Of the 120 subjects who completed the dietary questionnaire 77% did not know the dangers of high salt intake and 80% did not know the recommended amount of salt to be consumed daily. In addition, 75% indicated that they did not eat outside their home and that they preferred eating their own cooked food to ready meals (Figure 2 below).

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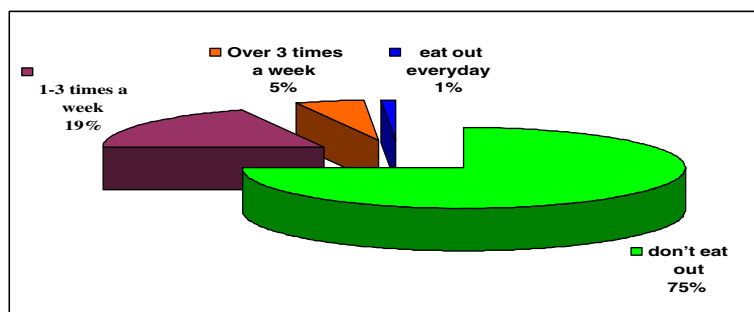


Fig. 2. Eating habits of ethnic minority groups (n = 120).

Reducing salt intake from processed foods may not directly benefit members of ethnic populations, the majority of whom do not eat ready-made meals or processed foods. To be effective, healthy eating campaigns need to include strategies on reducing domestic use of salt among ethnic groups. Different approaches need to be developed and exploited to deliver health messages to different population groups. This strategy is especially important when the health messages are complex, such as that relating to salt reduction, where its effectiveness will rely on behavioural change.

The lack of awareness of dietary salt intake among the two ethnic groups in the present study suggests that dietary advice has to be designed in such a way that it will benefit these groups rather than just the mainstream population.

1. Cappuccio FP, Barbato A & Kerr SM (2003). Hypertension, diabetes and cardiovascular risk in ethnic minorities in the UK. *Br J Diabet & Vasc Dis* 3, 286.
2. Kidney Research UK quoted by NHS Choices Website (2009). Black kidney health. Available at <http://www.nhs.uk/Livewell/Kidneyhealth/Pages/BlackandAsiankidneyhealth.aspx> (accessed June 2009)
3. Agyemang C & Bhopal RS (2002). Is blood pressure of South Asian adults in the UK higher or lower than that in the European white adults? A review of cross-sectional data. *J Hum Hypert* 16, 739–751.