

Nutrient intake of African and Caribbean adults in the United Kingdom. A cross-sectional study

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Nutrition surveillance is important to assess dietary intake trends and nutrition status of populations to develop policy and nutrition interventions⁽¹⁾. However, the annual National Diet and Nutrition Survey (NDNS) does not include a representative sample of minority ethnic groups⁽²⁾. Thus, their health needs are overlooked although they are at higher risk of obesity, hypertension, type 2 diabetes, and stroke⁽³⁾, compared to the general population. There is no current large-scale nutrition survey on nutrition status of minority ethnic groups in the United Kingdom (UK)⁽²⁾. The aim of this study was to provide data on the food and nutrient intakes, and nutritional status of North African, West African, and Caribbean adults in the UK. A cross-sectional study was conducted. A sample of 172 adults (F = 133, M = 39) from North African, West African, and Caribbean backgrounds in the UK were recruited via convenience and snowball sampling. Height and weight and body mass index (BMI) were measured. Two self-reported 24-hour recalls were conducted, and nutrient intake analysed in Nutritics (version 5.74). Preliminary nutrient intake findings from a sub-sample of 130 adults (F = 96, M = 34) were analysed in SPSS using descriptive statistics, mean and standard deviation were reported. Results were compared to the UK dietary reference values (DRVs) and Scientific Advisory Committee on Nutrition (SACN) recommendations. Participants from the 3 population groups had a mean age of 42.8 years (F = 43.5, M = 40.6), and BMI 30.1 kg/m² (F = 30.7 kg/m², M = 28.3 kg/m²).

Participants from the 3 population groups met the DRV recommendation for fat and carbohydrates. However, Caribbean, and West African participants exceeded the free sugars SACN/DRV recommendation 52.6 g vs 32.0 g respectively. Caribbean and North Africans exceeded saturated fat recommendation at 24.6 g vs 25.1 g respectively. Caribbean, West African and North African participants had inadequate intakes of dietary fibre at 21.4 g vs 21.5 g vs 19.0 g respectively. All participants exceeded the recommendation for protein. West Africans exceed the recommendation for sodium. Soft drinks, juices, cakes were the highest contributors to free sugars for all groups. Biscuits, cookies and cakes were the highest contributors to saturated fats in all groups, and meat dishes and lamb contributing to Caribbean and North African participants respectively. Beans, peas and lentils, cereals and muesli and potatoes were the highest contributors to dietary fibre in all three groups.

Overall, nutrient intake from the sub-sample exceeded intakes of men and women in the NDNS. Except for free sugars for women and saturated fat for men. Comprehensive nutrition surveys are essential for Caribbean and African populations to determine trends in nutrient intake and the impact of nutrient intake on nutrition status. Culturally tailored interventions targeting specific foods and nutrients are key to mitigate against obesity and type 2 diabetes risk within the 3 population groups.

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