

**NATIONAL NUTRITION WEEK 2014:
“Choose your portion with caution”**

September 2014

INTRODUCTION

This serves as a background document highlighting the key messages to be used throughout National Nutrition Week 2014. It can be used in conjunction with the Questions and Answers document.

The objective of this document is to outline the key messages to be communicated and statistics to be used; in order to ensure consistency in communication by all involved with National Nutrition Week 2014.

GUIDELINES FOR USE OF NATIONAL NUTRITION WEEK 2014 MESSAGE

The target group for the **National Nutrition Week 2014: ‘Choose your portion with caution’** campaign is the general public, reached via interpersonal communication and media. Messages for health workers will be communicated via the Department of Health and through targeted publications.

The message and supporting information must remain consistent as per this document and associated Questions and Answers (Q&A) document, in order to ensure consistency. They may be adapted to meet the needs of the target audience.

- The overall message should be used in the format stated, with the same wording to avoid mixed messages and confusion.
- The statistics given should be the statistics used in this document in order to avoid confusion or too many messages.
- Messages should only be used for generic health promotion and not to promote any specific brands.
- Any of the messages that are linked to NNW in any way should be sent to the Department of Health: Directorate Nutrition for approval and for reporting total work done when NNW is complete (For attention: Maude de Hoop; dehoom@health.gov.za).

FACTS

- The obesity epidemic started in most high-income countries in the 1970s and 1980s; and followed in many middle and low-income countries. By 2008 an estimated 1.46 billion adults globally were overweight (BMI >25 kg/m²) and 502 million adults were obese (BMI > 30 kg/m²).

Furthermore, an estimated 170 million children (aged < 18 years) globally were classified as overweight or obese¹.

- A comparison of the 2012 South African National Health and Nutrition Examination Survey – 1 (SANHANES–1) with the 2003 South African Demographic and Health Survey found that obesity levels have increased in South Africa and with this an increased risk of metabolic complications associated with chronic disease. The prevalence of overweight and obesity in adult women is 25% and 40.1% respectively whereas overweight and obesity in adult men is 19.6% and 11.6% respectively. Overweight and obesity increase with age in both genders. The group 45 – 54 years of age; 55 – 64 years of age and 65 years and older had significantly higher Body Mass Indexes (BMI) (31.5; 31.6; 30.0 respectively for females and 25.8; 25.0 and 24.6 kg/m² respectively for males) compared to younger age groups².
- Regional and international comparisons show that South African preschool children have a major problem of overweight and obesity (combined). The 2012 SANHANES-1 found that overweight and obesity was highest among children aged two to 5 years; the respective prevalences were 18.9% and 4.9% for girls and 17.5% and 4.4% for boys. Over nearly the past decade the prevalence (sexes combined) of overweight increased from 10.6% to 18.2%. Among 10 – 14 year olds the prevalence of overweight and obesity again was higher in girls (16.5% and 7.1%) than boys (11.5% and 4.7%).
- The rise in obesity rates have been paralleled by increases in the portion size of many foods and the prevalence of eating away from home. This is particularly the case for foods that have a high energy density³.
- The 2012 SANHANES–1 found that almost half (48%) of adult South Africans eat outside the home, and 28.7% reporting doing so monthly, 20.3% more than once a month, and 28.3% weekly. Two out of five South Africans (39.7%) consumed a diet low in dietary diversity indicative of a diet of poor nutritional quality. Almost one out of five persons consumed a diet with high in fat (18.3%) and high in sugar (19.7%) and one out of four consumed a diet low in vegetables and fruit (25.6%).

¹ Swinburn, BA, Sacks, G, Hall, KD, McPherson, K, Finegood, DT, Moodie ML, Gortmaker, SL. Obesity 1. The global obesity pandemic: Shaped by global drivers and local environments. 2011. 378: 804 – 14.

² Shisana O, Labadarios D, Rehle T, Simbayi L, Zuma K, Dhansay A, Reddy P, Parker W, Hoosain E, Naidoo P, Hangoro C, Mchiza Z, Steyn NP, Divane N, Makoae M, Maluleke T, Ramlagan S, Zungu N, Evans MG, Jacobs L, Faber M & SANHANES 1 Team. 2013. South African National Nutrition and Health Examination Survey (SANHANES – 1) Cape Town. HSRC Press.

³ Ledikwe JH, Ello-Martin JA, Rolls J. Symposium: Modifying the food environment energy density, food costs and portion size. Portion sizes and the obesity epidemic. 2005. Journal of Nutrition. 135: 905 – 9.

- Another survey showed that nearly 40% of South Africans were found to have eaten only one to three different food groups on the day prior to the survey; these being a starchy food, meat/chicken and a vegetable other than a vitamin A-rich one. The most neglected food groups were vitamin A-rich vegetables and fruit, legumes and nuts.⁴
- The 2008 South African Youth Risk Behaviour Survey (YRBS) found that 39.2% of 13 -19 year old learners had eaten food prepared outside the home (like a hamburger, fried chicken, pies, gatsby, vetkoek or polony roll) often (4 or more days) during the week preceding the survey. About 26.5% of the learners ate a supersize portion each time they ate fast foods.⁵ This eating pattern will increase the likelihood that they eat more unhealthy fats than they should, and that their intake of nutrient dense foods (vegetables, fruit, legumes) will be low.
- More than 27% of the daily energy intake of children aged two to 18 years in the United States comes from salty snacks, sweets, dessert and sweetened beverages.⁶ Children who eat these foods (with a low nutrient, but high energy content) in this way will not take in all the nutrients that are required for health and for growth.
- It has been found in the Western Cape that learners who carried a lunchbox to school appeared to have greater dietary diversity, consumed more regular meals and had greater confidence to make wise food choices compared with those who did not carry a lunchbox to school⁷. The 2012 SANHANES-1 found that more than half of children (51.1%) did not take a lunch box to school, with more than a third (37.2%) indicating that the food at school was enough for the whole day and under a third (29.8%) indicating that there was nothing to put in the lunch box.
- Studies show that when presented with a choice, individuals generally prefer larger portions of food and that those who are overweight or obese preferred larger portions⁸.
- People consume at least 30% more food due to larger portion sizes: this has been found for a variety of foods, including pre-packaged snacks and beverages. Furthermore, following

⁴ Labadarios D, Steyn MP, Nel J. How diverse is the diet of adult South Africans? 2011. *Nutrition Journal*. 10:33.

⁵ Reddy, SP, James S, Sewpaul, F, Funani NI, Sifunds S, Josie J, Mauska P, Kambaran NS, Omardien RG. Umthente Uhlaba Usamila – The South African Youth Behaviour Survey 2008. Cape Town: South African Medical Research Council, 2010.

⁶ Piernas C, Popkin B. Trends in snacking among U.S. children. 2010. *Health Affairs*. 29 (3): 1 – 7.

⁷ Abrahams Z, de Villiers A, Steyn NP, Fouie J, Dalais L, Hill J, Draper CE, Lambert EV. What's in the lunchbox? Dietary behaviour of learners from disadvantaged schools in the Western Cape. 2011. *Public Health Nutrition*. 14:10. 1752 – 8.

⁸ Edwards JSA, Engstrom K, Gustafsson I. Body mass index (BMI). Perceptions of portion size and knowledge of energy intake and expenditure. A pilot study. 2008. *Journal of Culinary Science and Technology*. 6: 2-3. 151 - 169

consumption of these foods, people do not adjust their food intake at the next meal(s) to compensate for the higher food intake.⁹

- Container size influences food intake of high-energy food even when portion size is kept constant. Not only do people serve themselves larger food portions in larger plates, bowls, or containers, they also eat more when they are served food portions of similar sizes in larger containers: energy intake increased by more than 100% when container size increased by 300%¹⁰.
- In another study researchers found children in the first grade served themselves smaller portions when using smaller plates and ate less food when they had less on their plates. They consumed about 380 more kilojoules when they used adult crockery¹¹.
- Pricing influences consumers' food purchases suggesting the rise in portion size is partially attributable to consumer demand for economic value. As a result, many restaurants are providing large portions at a low cost per unit as a marketing strategy³.
- Large amounts of energy-dense foods seem to favour obesity promoting behaviours in young children by increasing mealtime and daily energy intake¹².
- The World Health Organisation recommends that adults eat no more than 5 g of salt (a teaspoon) a day, but in South Africa some experts put the average salt intake by South Africans at 6 - 11 g per day¹³. Nearly half of salt consumed is added during preparation of food and at the table and the rest is found in processed foods. In South Africa, bread and cereals are the major contributors to total sodium intake from processed foods. Other significant food sources of salt include meat products (boerewors, meat pies, polony, viennas, salami, ham, other sausages), as well as soup powders and brick margarine¹⁴.

⁹ Steenhuis HM, Vermeer WM. Portion size: review and framework for interventions. 2009. *International Journal of Behavioral Nutrition and Physical Activity*. 6:58.

¹⁰ Marchiori, D. Corneille, O. Klein, O. Container size influences snack food intake independently of portion size. 2012. *Appetite*. 58. 814 – 7.

¹¹ DiSantis KI, Birch LL, Davey A, Serrano EL, Zhang J, Bruton Y, Fisher. Plate Size and Children's Appetite: Effects of Larger Dishware on Self-Served Portions and Intake. *Pediatrics* 2013; 131:5 1451 -8.

¹² Fisher, JO. Kral, TVE. Super-size me: Portion size effects on young children's eating. 2007. *Physiology and Behavior* (94). 39 – 47.

¹³ Wentzel-Viljoen E, Steyn K, Ketterer E, Charlton KE "Use salt and foods high in salt sparingly": a food-based dietary guideline for South Africa. *South African Journal of Clinical Nutrition* 2013; 26(3): S105-S113.

¹⁴ Charlton KE, Steyn K, Levitt D. Dietary intervention lowers blood pressure in South Africans with hypertension. 2007. Policy brief. South African Medical Research Council.

- Serving sizes on food labels indicated by the manufacturer are often smaller than what people typically eat. Restaurant foods can contain more sodium due to their larger portion sizes and one menu item may combine several high-sodium foods, so that it is possible to consume far more than one day's requirement in a single meal.
- Controlling portion size is an effective, simple reliable and sustainable tool that can be used to bring about weight loss¹⁵. Furthermore, since parents control the manner in which children are fed, their ability to accurately estimate portion size improves following education/training¹⁶

NNW 2014 MESSAGE: 'CHOOSE YOUR PORTION WITH CAUTION!'

Rationale

- Healthy eating is a key component of a healthy lifestyle. A healthy eating plan has mixed meals, from a variety of foods with the right portion sizes (amounts) to meet a person's energy and nutrient needs. The *Guidelines for Healthy Eating* and the *Food Guide* can help people to achieve that.
- Many people in South Africa eat foods that are high in fat and sugar and therefore may take in too much food energy, and so gain weight. Furthermore, they may be eating too much salt or foods that are high in salt (sodium) which can lead to high blood pressure. South Africans may also be at risk of not getting enough vitamins and minerals from the foods they eat, due to the low consumption of minimally processed starchy foods, vegetables, fruit and legumes.
- Increased portion size is a major contributor to weight gain whether people eat at home or away from home. With a gradual increase in the amount of food being purchased and served ready cooked, people have lost touch with what a healthy amount to eat is. This is called portion distortion.
- Given the importance of portion control in the prevention and management of overweight and obesity, NNW 2014 message: 'Choose your portion with caution' is a follow-up on NNW 2013.

Tips how to 'Choose your portion with caution'

The following tips may help to control oversized portions:

- Use smaller plates, bowls, and serving utensils. Plates with a darker-coloured rim can also help, since one will tend to only serve food on the lighter-coloured portion of the plate.

¹⁵ Clark A, Franklin J, Pratt I, McGrice M. Overweight and obesity – use of portion control in management. 2010. *Aust Fam Physician*. Jun; 39(6) 407 – 11.

¹⁶ Small L, Lane H, Vaughan L, Melnyk B, McBurnett D. A systematic review of the evidence: The effects of portion size manipulation with children and portion education/training interventions on dietary intake with adults. 2013. *Worldviews Evid Based Nurs*. May 10(2): 69 – 81.

- Use a smaller glass to limit the amount of drinks consumed at a time.
- If you're trying to lose weight, measure your foods so you know exactly how much you ate. For example, keep a 125 ml / ½ cup measure in the cereal container or use a scale to portion your meat.
- Avoid being tempted by second and third helpings. Serve the right portion amounts on individual plates, instead of putting serving dishes on the table. Keeping excess food out of reach may discourage unintentional overeating.
- Be aware that your body may only experience feeling “full” sometime after eating your meal. Eat slowly, and pay attention to your body’s internal cues to avoid overeating.
- Stick to regular meal and snack times.
- Many restaurants serve more food than is appropriate for one person. Control the amount of food that ends up on your plate by sharing a meal with a friend or asking the waiter to put half the meal in a “doggie bag” or “take away container”, before it is brought to the table. Alternatively order a salad and a starter as your main meal.
- When eating or snacking in front of the TV, put a small amount in a bowl or container and leave the rest of the package in the kitchen.
- Snack foods that are bought in bulk, should be portioned into individual-size bags. Store large containers out of sight in a storage closet, cabinet, or garage.
- Keeping healthier foods within easy reach means you'll eat more of those foods. Place fruit in a large bowl on the counter and serve cut vegetables as the family arrives home from school or work.
- ‘Choose your portion with caution’ also means that one should be mindful to manage salt and sodium intake (sodium is the mineral found in salt that can increase blood pressure when too much is eaten):
 - Buy fresh, plain frozen, or canned "with no salt added" vegetables;
 - Use fresh poultry, fish, and lean meat, rather than canned or processed types or frozen chicken;
 - Use herbs, spices, and sodium-free seasoning blends in cooking and at the table instead of salt and stock powders/cubes, and remove the salt shaker from the table;

- Cook rice, pasta, and hot cereals without salt;
- Limit use of instant or flavoured rice, pasta, and cereal mixes, that contain higher amounts of sodium;
- Choose "convenience" foods that are lower in sodium. Limit use of ready to eat frozen meals, pizza, packaged mixes, canned soups or broths, and salad dressings;
- Rinse canned foods like beans to remove some of the sodium;
- Choose ready-to-eat breakfast cereals that are lower in sodium;
- Olives, pickles and other items packed in brine are saturated in salt and the intake of these high-sodium foods should therefore be limited;
- When eating out, ask for your meal to be prepared without salt, and ask for any sauces, gravies or salad dressings to be served in a separate dish on the side;
- Choose food products with the Heart Mark as these are lower in sodium.

WEBSITES:

- National Nutrition Week: www.nationalnutritionweek.co.za;
- The Department of Health: www.health.gov.za;
- The Association for Dietetics in South Africa (ADSA): www.adsa.org.za;
- The Heart and Stroke Foundation SA: www.heartfoundation.co.za;
- Consumer Education Project Milk South Africa: www.milksa.co.za

ADDITIONAL READING:

“GUIDELINES FOR HEALTHY EATING” AND “FOOD GUIDE”

Guidelines for Healthy Eating:

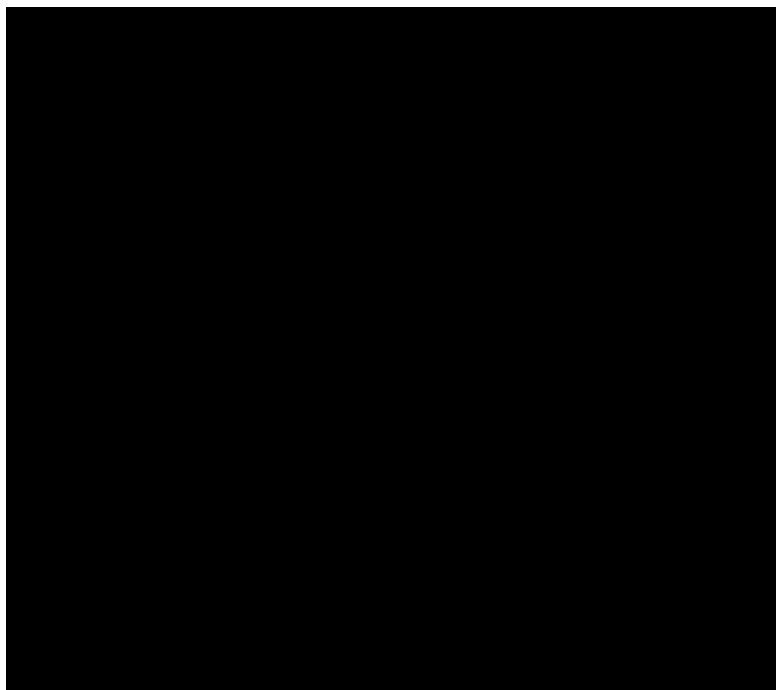
- The Guidelines for Healthy Eating provide general advice for the public, based on information from scientific research¹⁷. The messages in the Guidelines for Healthy Eating are illustrated in the Food Guide. The Guidelines for Healthy Eating are also known as the Food-based Dietary Guidelines.
- Variety also means including foods from two or more food groups at each meal; these are called mixed meals. Most choices of foods should be ones that are most nutritious, and are not high in sugar, saturated fat, or salt. The amount of food a person needs from each of the food groups varies depending on age, gender, and level of activity. The food guide documents provide this information.
- Many people in South Africa do not eat the correct amount of food from each of the food groups. These people may take in too much food energy, and so gain weight.
- Some people, especially children, do not eat enough food from all the food groups that supply the nutrients needed to promote their growth and health. These children or adults may develop undernutrition, or may have a shortage of one or more vitamins or minerals.

The guidelines for healthy eating for adults and children 5 years and older:

- Enjoy a variety of foods;
- Make starchy food part of most meals;
- Eat plenty of vegetables and fruit every day;
- Eat dry beans, split-peas, lentils and soya regularly;
- Fish, chicken, lean meat or eggs could be eaten daily;
- Have milk, maas or yoghurt every day;
- Use fat sparingly; choose vegetable oils rather than hard fats;
- Use salt and food high in salt sparingly;
- Use sugar and food and drinks high in sugar sparingly;
- Drink lots of clean safe water; and
- Be Active!

¹⁷ Vorster HH, Badham JB, Venter CS. An introduction to the revised food-based dietary guidelines for South Africa. *S Afr J Clin Nutr* 2013;26(3):S1-S164

Food Guide:



- The *South African Food Guide* has been tested for understanding among South African consumers and supports the *Guidelines for Healthy Eating*.
- The food groups in the Food Guide are illustrated in different sized circles to remind one that plenty of foods should be used from some groups, while others are eaten sparingly. It shows for instance, that one should eat nearly as much vegetables and fruit per day as starchy food. The food guide illustrates foods that are best choices for most days. Healthy eating plans include a variety of foods from each of these food groups.
- Sugar and food and drinks high in sugar are not essential to a healthy eating plan and are therefore not illustrated in the Food Guide.
- Salt is not illustrated in the Food Guide, as high intakes of salt or food with high salt (sodium) content are not good for health.
- The household budget can be allocated to plan meals with a variety of foods that will be the best choices, within that budget.