

Unhealthy food and beverage practices in everyday life in Ghanaian cities



Akua Tandoh

School of Public Health, University of Ghana

On behalf of the project team (Michelle Holdsworth, Rebecca Pradeilles, Francis Zotor, Mark Green, Akua Tandoh, Senam Klomegah, Hibbah Osei-Kwasi, Nicolas Bricas, Paula Griffiths, Amos Laar)



UNIVERSITY OF GHANA



The University
Of
Sheffield.



Loughborough
University



UNIVERSITY OF
LIVERPOOL



Dietary Transitions in Ghana – DFC and TACLED Project

The **TACLED project** was funded by a Global Challenges Research Fund Foundation Award led by the MRC, and supported by AHRC, BBSRC, ESRC and NERC, with the aim of improving the health and prosperity of low and middle-income countries.



The **DFC project** was funded by the Drivers of Food Choice (DFC) Competitive Grants Programs, which is funded by the UK Government's Department for International Development and the Bill & Melinda Gates Foundation, and managed by the University of South Carolina, Arnold School of Public Health, USA.



Why were the projects needed?

- Prevalence of overweight/obesity in urban areas is high especially amongst women (49.0% - DHS, 2014).
- Evidence of dietary transition: nearly one-third of population eating unhealthy food & beverages and >two-thirds eating animal products (systematic review and meta analysis of 47 studies- Rousham et al., 2019).
- NCDs recognised as pressing public health concern as >40% of deaths
- National policy emphasise interventions that respect the cultural context.



Aims of this study?

To explore how unhealthy dietary practices fit in everyday life in Ghanaian cities

To identify context-relevant interventions and policy to promote healthier diets

What we did...

Two Ghanaian cities:

Accra (James Town)

Ho (Ho-Dome)

Total sample = 301

Adolescents and adults
aged ≥ 13 years (♂ and ♀)
based on a quota sampling
method (gender, age, BMI,
occupation and SES)



What we did...

Qualitative 24hr recall interviews, noting:

- All **food & drink consumed** in/outside home in last 24hrs
- **Time of day** of the eating episode- *periodicity*
- **How long** an eating episode lasts- *tempo*
- **Who** participants eat with and **where**-*synchronisation*

Nutrient and energy content of 138 foods were then assessed using food composition tables and then nutrient profiling methods

What we did to assess healthiness of foods...

- Individual food's energy density (kcal/100g) and nutrient density/100kcal were assessed.
- A nutrient density score per food was calculated:
 - 11 nutrients to encourage (**protein, fibre, vitamins A, C, E and iron, calcium, potassium and magnesium, folate and zinc**) and
 - 3 nutrients to limit (**saturated fat, added sugars, sodium**) used
- West African Food Composition Table was used (2012; 2016)
- If unavailable food/nutrients, then we used others:
 - 2008 Tanzania Food Composition Table; 2018 Kenya Food Composition Table; 7th Edition of McCance Widdowson UK Food Composition Table (UFCT) and the Ghana RIING database

Five measures of healthiness of food and beverages

Energy dense, nutrient poor foods

'Unhealthy foods'

Energy Dense (>225kcal/100g)

Nutrient Poor

(<10% for nutrient rich index score)

Energy dense, nutrient rich foods

Energy Dense

(>225 kcal/100g)

Nutrient Rich

(≥10% for nutrient rich index score)

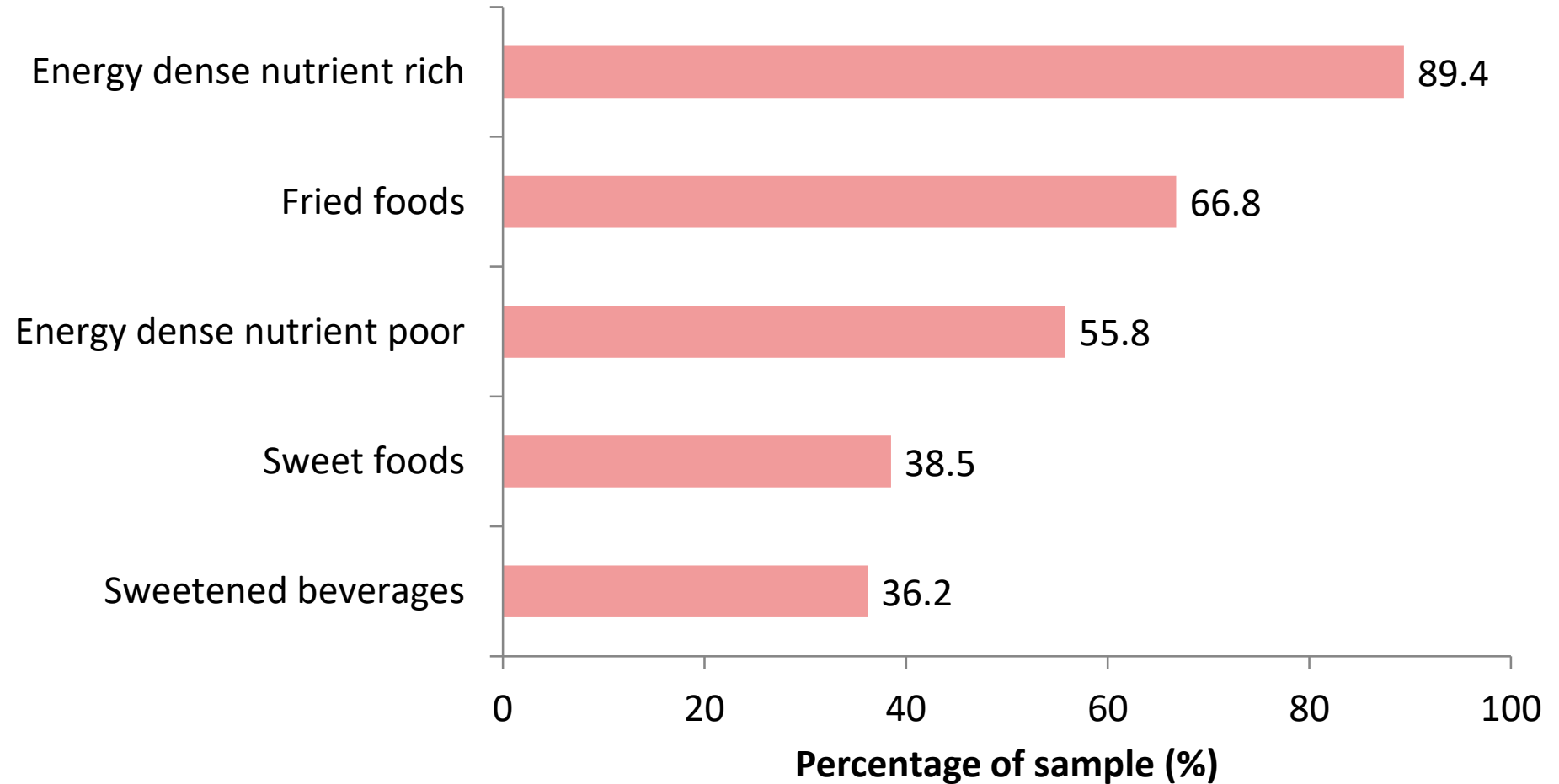
Fried foods

**Sugar
sweetened
beverages**

Sweet foods

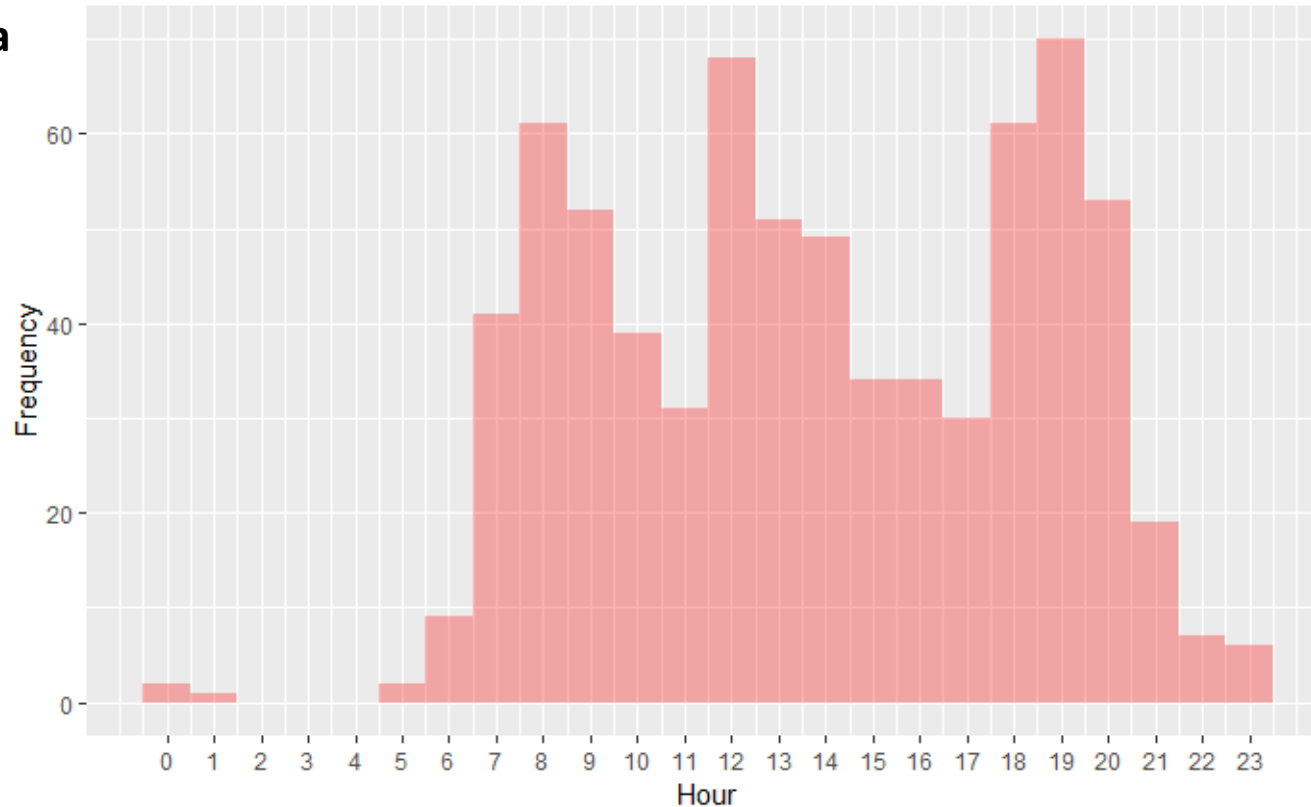
What did we find?

Ghana



Time of day of eating episodes (*Periodicity*)

Ghana



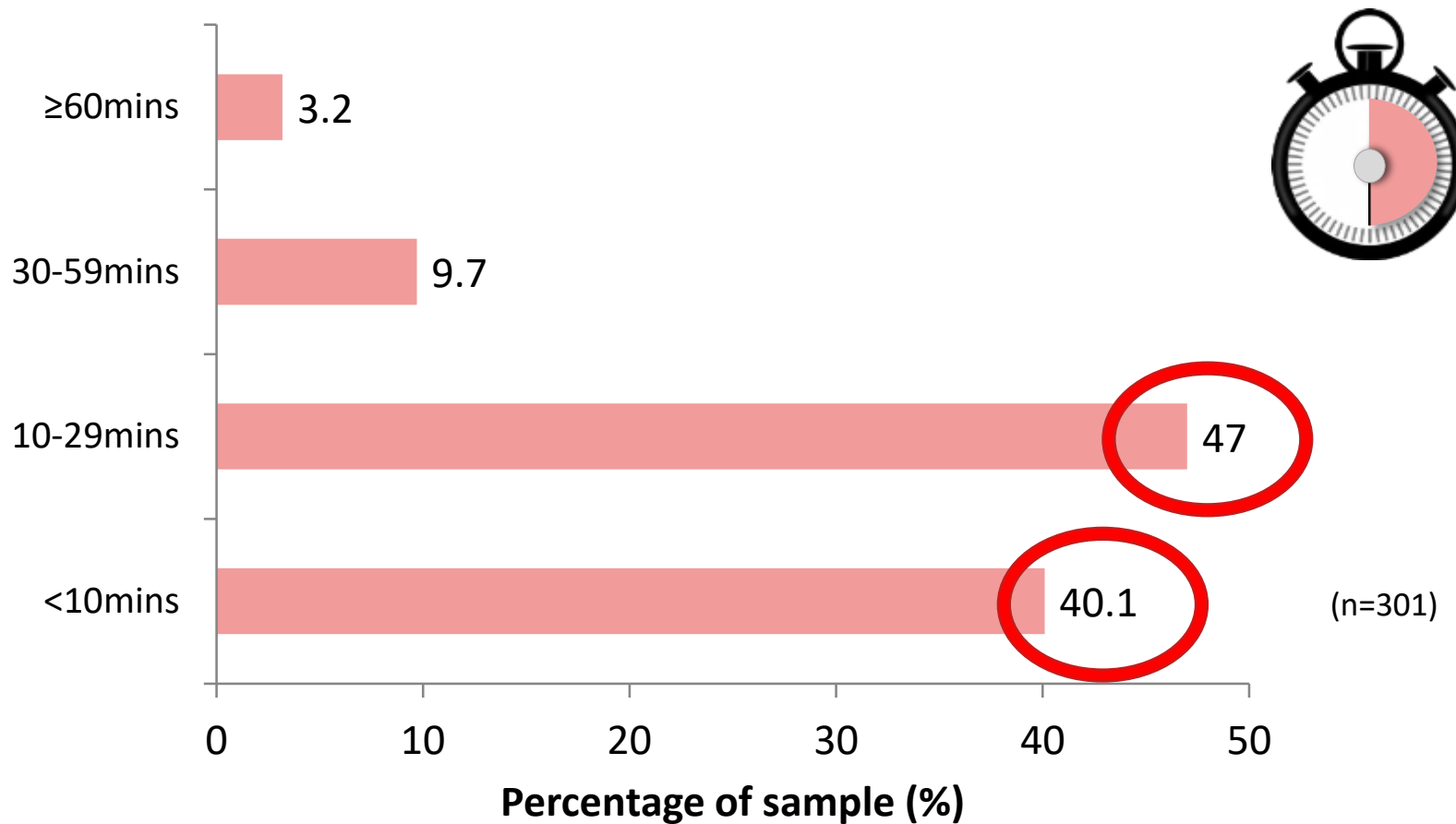
A structured meal pattern around 3 main meals a day:

- People eat ate an average of 3.3 times/day in Ghana

The day starts early:

- Breakfast (7-8am), lunch (12-1pm) and evening (5-7pm).
- Some snacking in-between meals.

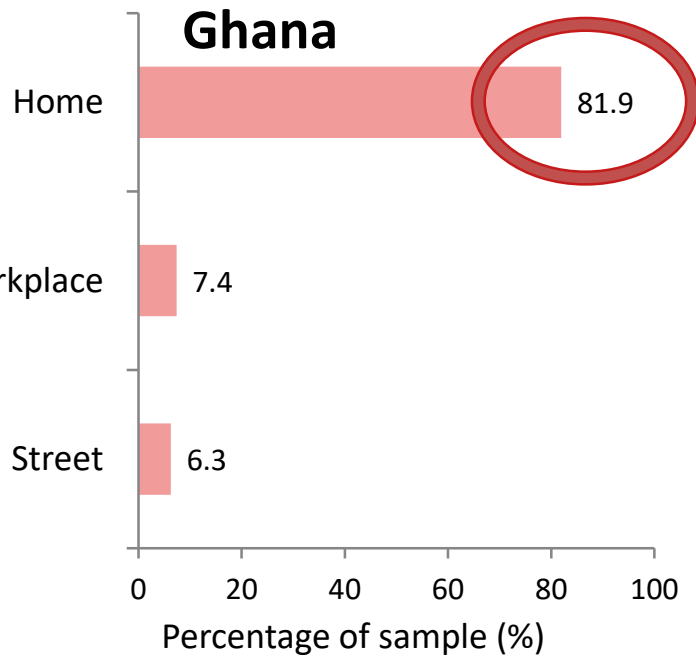
How long do people eat for? (*Tempo*)



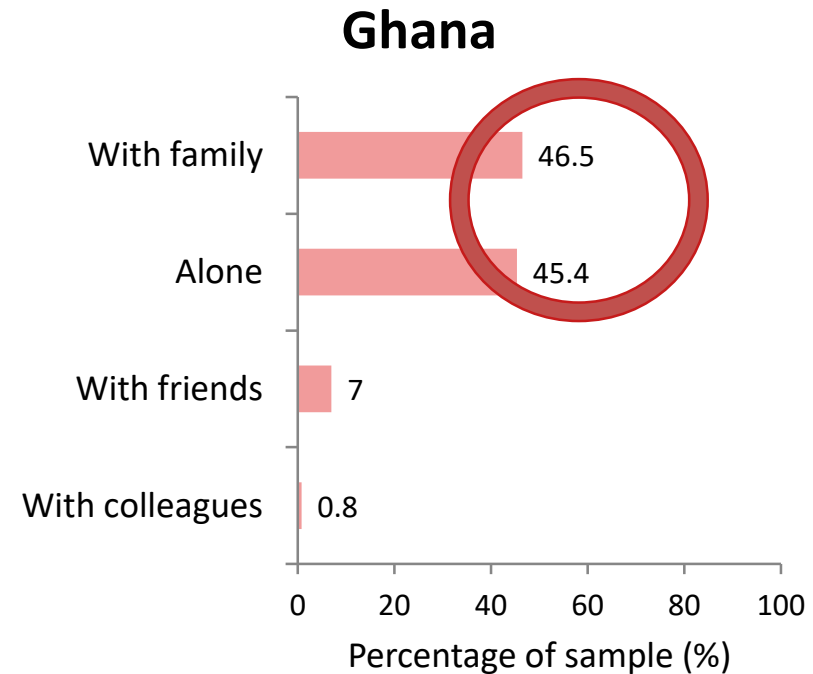
Very quick /quick eating episodes in Ghana

Where do participants eat and who do participants eat with? (Synchronization)

Where do participants eat?



Who do participants eat with?

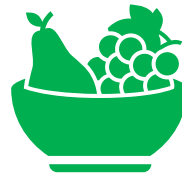


Over 80% of people ate at home BUT more than 40% of people ate alone

Recommendations for interventions



The home environment and families are an important setting to promoting healthy diets. Action around enhancing access to healthier foods could encourage eating at home.



Low socioeconomic groups are more likely to consume unhealthy foods. Actions such as subsidies on healthier foods and taxes on unhealthy foods could promote healthier food choices.



Eating with friends is often associated with unhealthy eating practices. Awareness about eating well when with friends could be emphasized as part of interventions.

Thank you

