Fast food intake of young adult consumers in Johannesburg, South Africa

The paucity of data on fast food intake by South Africans makes the article[1] on the fast food intake of young adult consumers in Johannesburg, South Africa very useful. This study is especially important in the context of global concerns regarding the quality of diet, the epidemiological transition and the epidemic of chronic non-communicable diseases.[2]

Non-communicable chronic diseases are of major concern in both developed and developing countries in terms of a high percentage of premature mortality in the former and in terms of high absolute numbers of premature mortality in the latter.[2] Strong et al (2005)[2] make the points that non-communicable chronic diseases are a greater problem in low income groups as ill health contributes to poverty and the poor do not have the resources to pursue healthy choices. Furthermore, in such settings effective treatments are not widely available, prevention has not been made a priority and the cost of the diseases is high, both for affected families and governments.

South Africa is no exception. The South African National Burden of Diseases study showed that premature mortality from non-communicable chronic diseases is seen in all population groups[3]; also that, whilst HIV/AIDS has a major impact on mortality in children and young adults, mortality in middle aged and older adults is increasing, and then mainly from non-communicable diseases.[4] In 2000, overall 37% of deaths were a result of Chronic Diseases of Lifestyle (CDL), 30% were a result of HIV/ AIDS, 12% of injuries and 21% were the result of infectious diseases and other conditions related to under-development. South Africa, in common with other middle income countries, is facing an epidemiologic transition. The particular history of South Africa means that food insecurity and undernutrition remain stubbornly high as documented by the National Food Consumption Survey (NFCS) in 1999[5] and the National Food Consumption Survey-Fortification Baseline (NFCS-FB) in 2005.[6] These national surveys have also presented evidence of overweight and obesity in a significant minority of children and the majority of women; overweight and obesity in the majority of South African adults has also been documented by the South African Demographic Health Survey.[7]

In this context, the findings of the study in this issue of the SAJCN by Van Zyl et al[1] "*Characteristics and factors influencing fast food intake of young adult consumers in Johannesburg South Africa"* are of concern as the trends shown are contrary to the global,[8,9] and the South African[10] dietary recommendations which aim to reduce chronic non-communicable diseases.

During the past two decades there have been a number of expert reports summarising the strength of evidence relating nutrition and nutrition related factors to chronic diseases. Obesity is major concern. The 2003 WHO report[8] found convincing evidence relating overweight and obesity to Type 2 diabetes, cardiovascular disease and cancer, and regular physical activity to the prevention of these diseases. Weight gain and obesity were found to be related to the consumption of high intake of energy-dense micronutrient-poor foods and protection by a high dietary intake of non starch polysacharrides (dietary fibre) (convincing evidence: WHO 2003[8]). In addition, heavy marketing of energy-dense foods and fast-food outlets and a high intake of sugars-sweetened soft drinks and fruit juices were found to be related to weight gain and obesity (probable evidence; WHO 2003[8]). These findings have been reaffirmed by the rigorous evaluation of the updated evidence base by the World Cancer Research Fund (WCRF) in 2007[9] and its summarised recommendations.

Thus, from the viewpoint of both expert reports, the patterns of fast food consumption seen in the study published by Van Zyl et al are a cause for concern. In this article "fast food" was defined as cooked or ready prepared foods bought at a take-away restaurant. This could theoretically relate to the number of different meals, but in practice the majority of consumed fast foods were contravening current recommendations and consisted mainly of burgers, pizza, fried chicken and high energy soft drinks. The foods and drinks consumed mainly fell into the categories of foods found to promote obesity and contribute to the so called obesogenic environment. Also, as pointed out by the authors, the fat, saturated fat, sodium and added sugar content was high, and such foods were low in fibre and micronutrients. The low micronutrient content of such foods is particularly problematic in the South African context since

the baseline diet of South Africans has been found to be low in micronutrients.[5]

Moreover, the findings of this study in relation to patterns of consumption are important. The study shows a high prevalence of frequent use of fast food. Of those sampled, over 50% from all socio-economic groups had fast food at least once a week or more; 49% of the total sample spent > R200 per week on such foods. The frequency and expenditure on such foods by the lowest socio-economic group (LSEG) was high: the LSEG showed the most frequent use of fast foods and the greatest prevalence of spending > R200 per week. Thus, overall use of fast foods, and the use of fast foods by the LSEG in particular is of concern. However, the consumer desire for healthy choices and the suggestions made for preferred choices is positive. Regarding health – there was an obvious concern and understanding of the importance of not being overweight or obese by almost half of the participants – but the link to cancer, diabetes and heart disease was limited to less than 20% of the sample.

Television was found to have the largest impact on fast food purchasing. A large majority of participants in the study stated that television advertising or announcements of fast foods most often resulted in fast food purchasing. The WCRF has produced a second review[11] in order to evaluate the evidence relating to the effectiveness of policies and interventions relating to the causes of cancer. The report indicates that interventions at all levels of society (civil society organisations, government, industry, media, schools, workplaces and institutions, health and other professionals, people) can assist in providing the appropriate environment and facilities to promote healthy dietary choices (WCRF 2009).[11] The relevant recommended roles of the media and the food industry *inter alia* with regard to fast food outlets and their marketing are important in relation to the findings of this article.

The report recommends that the food and drinks industry should "ensure that healthy meals, snacks, foods, and drinks are competitively priced compared with other products; and ensure accuracy, uniformity, and availability of product information in all advertising and promotion and on food labels".

In addition, the role of the government has also been clearly delineated in the report.[11] It is suggested that governments should "use legislation, pricing, and other policies at all levels of government to promote healthy patterns of diet and physical activity" ….. and "encourage safe, nutrient-dense, and relatively unprocessed foods and drinks and discourage sugary and alcoholic drinks, 'fast food', and other processed foods; restrict advertising and marketing of 'fast food' and other processed foods and sugary drinks to children, on television, in other media, and in supermarkets".

Concern regarding morbidity and mortality from non-communicable chronic diseases has led to a collaboration between the WHO and the Lancet for a call for action on chronic diseases (Strong et al 2005[2]); the point has been made that the reduction of non-communicable chronic diseases is a neglected epidemic, was not included in the Millenium Development Goals (MDG), and it has been proposed by the WHO that an additional MDG should be a target of reduction of deaths from chronic disease by 2% annually, to prevent 36 million deaths by 2015.[2]

The South African government has shown its ability to harness goodwill by creating working partnerships with the food industry, health professionals, academics and government departments in such domains as the prevention of micronutrient malnutrition by food fortification, with technical innovation, advocacy, and a media campaign. The same model could be used in tackling fast foods – the obesity pandemic is already upon us – since there is an opportunity for the government to lead action in this area of CDL prevention with the urgency it deserves.

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