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Scoping Project for a Social Marketing Campaign to Reduce Salt Intake in a Target Population in Nottingham

Report prepared for Nottingham City PCT and the Food Standards Agency

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Introduction

The Food Standards Agency (FSA) is currently running a national media campaign to increase awareness about salt and to drive behaviour change. Nottingham City PCT (the PCT) has been selected as a local partner for the duration of the campaign and is planning to conduct a local, social marketing project to complement the national campaign. dh insight was commissioned by the PCT to undertake a small-scale scoping project with the target audience for the social marketing project.

Objective

The main objective of the project was to scope the salt intake behaviour and psychographic issues of the target groups (African Caribbean and South Asian).

The African Caribbean and South Asian communities were deliberately targeted by the PCT, as there is little published research on these communities' attitudes towards salt. In addition, these communities belong to the mosaic groupings currently targeted by the PCT in its work to reduce the gap in life expectancy within the city (Mosaic groups D and F).

Methodology

A qualitative methodology was chosen, in order to gain in-depth findings from participants.

Four sessions were facilitated by dh insight:

- One with older African Caribbean women who had just completed a 'Cook and Eat' course (run by the dietetics service)
- One with a mix of younger and older Pakistani women – some of whom had just completed a 'Cook and Eat' course
- One with younger Pakistani women – none of whom had attended a 'Cook and Eat' course
- One with a mix of younger and older Bangladeshi women – none of whom had attended a 'Cook and Eat' course

The original intention had been to run two groups with South Asian women and two groups with African Caribbean women; however, it was not possible for the PCT to recruit a second African Caribbean group within the timeframe of the research. After discussion with the PCT, it was agreed that the focus of the research would shift more to the South Asian community.

As the project was small-scale, it was agreed that it was more appropriate in this instance to concentrate on gaining the views of women; the assumption being that women tend to be in charge of cooking within family groups.

Interpreters were used during two of the sessions (with Pakistani and Bangladeshi women).

Reporting

The following section presents the findings from the South Asian groups and the African Caribbean groups. The final section then discusses key issues for consideration by the PCT, along with suggestions for the social marketing campaign.

Findings

The findings from the South Asian sessions were very similar, regardless of age. These sessions have therefore been written up together. The one session with African Caribbean women has been written up separately; the findings should be viewed as being indicative, as only one session was run with this cohort.

South Asian Women

Food Habits

All the women were the main cooks in their households. The women lived in extended family groups and cooked for both children and parents. Although life was thought to be far busier for them than for their own mothers, all felt it was important to cook a main meal for their families each day. This meal consisted of what they considered to be 'traditional' Asian food: Daal, chapattis, rice and curry – using vegetables, chicken, fish or meat.

> *'My mum doesn't think she's eaten unless she's had a chapatti!'*

All of the women's children ate 'English' food at some point in the day; either for lunch or their main meal. This 'English' food tended to be packaged or processed, for example; chips, pizza, spaghetti bolognese (often using a bought sauce), fish fingers, chicken dippers etc. In addition, children tended to eat crisps, biscuits and sweets, for example when they came back from school. The women seemed to feel that it was inevitable and, for some, desirable, that their children ate 'English' food.

> *'It's important that they (their children) can eat English food so that when they visit their friends they aren't the odd ones out.'*

Take-aways

Take-away food was popular with many of the women's families, especially their children. There was an awareness that this kind of food was not very healthy and families differed in terms of the regularity with which they ate it; from once a week to once a month.

> *'I'm not letting them have it (take-away food) all the time, maybe once a week – chips and doner – because it's too fattening. The rest of the time I'm giving them home cooked curries.'*

> *'No matter how much you stop the children, they love to eat take-aways; they get bored with chapattis and curries every day.'*

The most popular take-away foods were doner kebabs and nans, and pizzas. Other take-away foods mentioned by the groups were fish and chips, chicken and chips and MacDonald's.

Shopping

All the women stated that they shopped at Asda for their dry goods, some fruit and vegetables and packaged food for their children. Halal meat, 'Asian' products and some fresh fruit and vegetables were bought from local Asian stores. The women tended to shop once a week at Asda and then more regularly from their local shops (eg Medina Stores or Mogul Stores in Radford and Hyson Green).

Cooking

The women had learnt to cook from watching their mothers or their mothers-in-law. Cooking was considered to be the woman's job in the family. There was an expectation from the women's husbands that they would be able to cook.

> *'Our husbands automatically expect that we will be able to cook! Because their mums always made fresh food, that's what they're used to.'*

Recipes were kept in the women's heads; only a couple had used a recipe book for a special occasion. It was argued that the main recipe for all curries was basically the same. The women cooked their curries from scratch, using fresh ingredients. Dried spices were bought from the shops and then combined at home to make, for example, garam masala. None of the women bought 'wet' curry pastes or sauces. Frozen vegetables were popular, with a number of the women stating that they had been told that frozen vegetables were healthier than fresh.

The women thought that they cooked differently to their own mothers. It was felt that there was a much wider variety of vegetables available to them now; for example, in Pakistan vegetables were seasonal. In addition, a number of women acknowledged that they used far less oil or ghee than their mothers.

The Family's Health

There was a general consensus that the women were responsible for their family's health; especially those that had young children.

> *'We're the ones who cook and shop, so it's up to us what we buy and how we cook.'*

All the women were aware of the idea of healthy eating. Food 'heroes' were identified as being vegetables and fruit, with a few women saying they knew about the 'five a day' message. Food 'villains' were identified as being sugar, fat (oil) and salt.

The main feeling seemed to be that the women knew they 'should' try to ensure that their families ate healthily, however it was difficult to do this in practice. For example, most of the women knew that crisps were full of fat and salt, which was not good for their children; however they admitted that their children still ate them.

'We're all aware of that, less fat and things, and the children know too from school. But when they come home from school, it's hard to get them to eat fruit. It wouldn't matter where you hid the crisps and sweets, they'd find them!'

The women discussed how far they felt able to monitor the eating habits of their children. The general consensus seemed to be that whilst their children were at primary school, they were mostly able to control what their children ate; however, once the children got to senior school it became far more difficult to regulate their diet. This was not always a negative thing, as a couple of women had teenage daughters who were very health conscious and who were telling their mothers how they should cook and eat healthily.

A small number of women had begun to change their family's diets as a result of health scares. For example, cutting down on salt and oil or grilling meat because a member of the family had high blood pressure or high cholesterol.

Focus on Salt

In each of the groups, women spontaneously mentioned salt whilst they were discussing cooking for their families (ie before salt was specifically mentioned by the facilitator). There was a general awareness that too much salt was 'bad' for you, with most women citing high blood pressure and 'heart problems' as the main illnesses associated with high levels of salt.

When asked how the women knew about the dangers of salt, the main source of information was their local GP or health professionals in general.

'My sister-in-law's a nurse and my mum has heart problems and she told us to cut down on salt.'

'We have big families and our parents and grandparents live with us, so you're regularly taking them for appointments and they're (health professionals) always asking us about what we eat. That's when we found out about healthy eating, so it just gets spread around the family.'

In addition, a few women said that they had come across information on salt in the media; articles in magazines, TV and radio programmes.

Salt in Cooking

All the women agreed that they used salt every day in their cooking. Salt was considered to be a mainstay of Asian cooking, with the women adding it to curries in particular. The actual amount of salt used seemed to vary from a couple of teaspoons to a couple of tablespoons, depending on the size of the sauce-pan. The women had to think about how much salt they put into a curry as it was done by habit; they would add some salt, then taste the curry, then add more if necessary. A few women argued that they might appear to use a lot of salt in their cooking, but this was because they were cooking for, say, eight people. The same curry for one or two people would have proportionately less salt. In spite of this, there was a general awareness that they did use a lot of salt, perhaps too much salt, in their cooking.

There was acceptance from the members of one group to a woman's comment regarding the quantity of salt used for her family's cooking:

> *'I buy a container of salt which costs about 80p and I use it up in about two weeks.'* (The woman gestured with her hands to indicated a standard size container, approximately 25 cm high)

Salt was considered necessary in cooking to bring out the flavour of the food. Without salt, most food tasted very bland.

Six Grams a Day

Those women who had attended a 'Cook and Eat' course knew that the recommended amount of salt per person each day was six grams, or just under a teaspoon. The majority of women who had not been on the course did not know this and were surprised at how little salt they were supposed to eat. The issue of cooking for large numbers of people was raised again, with a few individuals arguing that, proportionately, they probably only had a teaspoon of salt a day in their diets even though it might seem as if they cooked with a lot of salt. Others, however, were aware that their intake was almost certainly higher than the recommended amount.

There was awareness amongst most of the women that 'English' food contained a lot of salt; for example crisps, bread and biscuits. The women stated that it was difficult to know how much additional salt their families ate through eating such food.

Cutting Down on Salt

The groups discussed the potential difficulties inherent in lessening the amount of salt in their diet. The main issue was one of taste; the women were adamant that a certain amount of salt was necessary in order to cook tasty food, something which was very important to them.

> *'For us women, once a day we like to cook a big dinner. We love our husbands, we love our children and, as a mother, we want to give our children something very nice to eat, so that they will say 'oh mum, thank you very much!' and give me a kiss! This is why the mum always tries to make it look good and tasty – that's why we don't want to do it (cut down on salt and oil).'*

A few Pakistani women shared how they had tried to cut down the amount of salt used in their curries but had received complaints from their husbands and fathers, who said the food was too bland. This was a general concern amongst the Pakistani women in particular, that their families would not like their cooking if they reduced the amount of salt they used.

It was interesting that the women in the Bangladeshi group argued that their husbands were aware of the need to reduce salt, fat and sugar in their diets. In this case, it was the women themselves who found it hard to change their cooking habits. Their concern seemed to be that cooking with less salt and oil meant that their food would not be as inviting and that this would in turn reflect on their abilities as a wife and mother.

Alternatives to Salt

The women discussed whether or not there was an alternative to using salt in their cooking. One woman stated that she had started using more black pepper and less salt, however others were less convinced that this would work.

> *'It doesn't matter how hot you make it (the curry), unless you put the salt in, you won't taste anything.'*

Many of the women knew about using sweeteners instead of sugar, but felt that there was no equivalent for salt. Only one woman mentioned 'lo-salt' as a possible alternative.

> *'I have heard of it (lo-salt), but I haven't tried it. But if you put normal salt in, you put two teaspoons, but with the lo-salt you have to put three in otherwise you can't taste anything; so what's the difference?'*

Overall, the women argued that that the only way to cut down their salt intake would be to gradually decrease the amount of salt they added to their cooking, in the hope that their families (and they) would not notice the difference. The general feeling seemed to be that the women would try to change their behaviour, but that it would be very difficult. The hardest aspect appeared to be having the will power to change their behaviour permanently; women admitted that they had previously tried to 'be good' for a week or two in terms of their cooking, but that they invariably went back to their usual ways fairly quickly because it was easier.

Food Labelling

The majority of women were used to looking at the labels on food packets, especially food that they bought in Asda. The women were looking for the following information; if the food was vegetarian or contained animal oil, pork or alcohol. These concerns were linked to their religious beliefs. Most women admitted that they simply looked for green packaging and the 'V' sign on Asda food, as this usually signified that the food was vegetarian and so appropriate for their needs.

The women were far less likely to look for information on the amount of calories, fat or salt in the food that they bought in supermarkets. This was partly because they did not know what to look for (eg what percentage of the daily recommended allowance was acceptable for this particular food) and partly because their lives were busy.

> *'I just check that there's no animal fat in them – I haven't got time to look at every label!'*

A couple of older Pakistani women were unable to read English and so relied on their husbands to read the food labels in the supermarket for them.

Messages about Salt

None of the women were aware of the current national Salt campaign.

The groups discussed what would be the most effective way for them to learn about the need for healthy eating in general and about their salt intake specifically. Leaflets were generally considered to be a waste of resources; in their opinion, leaflets were either not read or their content was ignored. The most preferred way to learn about these issues was via face to face contact with health professionals; for example through the Cook and Eat courses or visits to community centres by health professionals. Those who had been on a Cook and Eat course argued that their behaviour was beginning to change as a result of what they had learnt.

A number of women argued that, rather than simply being told that they should only eat one teaspoon of salt a day, it would be more helpful if they were shown how much salt they should use when they were cooking for large numbers of people. Practical demonstrations would help them to learn far more easily than being given rather arbitrary amounts such as 'one teaspoon per person'.

In addition to the above, suggestions were made that messages should be highlighted in the places that the women frequented; for example, at their children's schools, in the GP surgery and in their community centres. Posters were also considered to be a useful visual way of imparting information.

The majority of women watched the television; a combination of English and Asian channels. A number stated that they had watched both English and Pakistani or Bangladeshi cookery programmes that had emphasised healthy cooking. Local Asian community radio was mentioned by a few women as a possible medium for highlighting healthy eating messages.

Summary

- Children were eating 'English', processed food on a daily basis; this was partly a matter of convenience but also a way to integrate with their peers.
- There was a high level of awareness amongst the women of the link between too much salt and heart problems, high blood pressure etc.
- The majority of women did not know the recommended daily allowance for salt, unless they had already attended a Cook and Eat course.
- There was general surprise at how small the daily allowance was.
- All the women were aware that they used a lot of salt in their cooking.
- The women knew on one level that they needed to change the way they cooked, but in reality it felt very challenging for them. There appeared to be a conflict between the women's desire to take care of their families (and so provide them with a healthy diet) and their desire

to serve their families tasty food (which, for them, meant using salt and oil).

- The women tended to cook for large groups of people and found it difficult to interpret how the recommended individual daily allowance for salt related to their own cooking.
- The consensus seemed to be that the women would try their best to be healthier but, being realistic, permanent change may be difficult for them to achieve.
- The majority of women already looked at food labels in shops to determine whether the produce contained animal fat etc.
- The women tended not to read leaflets, regardless of the language they were written in.
- Practical demonstrations were considered to be the most effective means of passing on the healthy cooking message.

African Caribbean Women

All the women had just completed a Cook and Eat course. During the discussion, the women were asked to reflect back on their knowledge and behaviour prior to the course, as well as discussing their current behaviour.

Food Habits

Half of the group lived alone and their cooking habits differed from those who lived with their husbands and/or extended families. The women who lived alone tended not to cook every day; often living on salads and leftovers. By contrast, those living with families cooked daily, often different meals for different people; for example traditional African Caribbean cooking for the older family members and 'English' cooking for the youngsters. As with the South Asian women, 'English' food meant pizza, spaghetti bolognese, sausages etc. The women talked about how their grandchildren no longer ate much traditional West Indian food.

The Cook and Eat course had apparently had quite a profound influence on the women's diet. Prior to the course, they had eaten a lot of fried chicken, pork chops, curried mutton, curried goat etc, but now they were eating more fish, chicken and salads.

Shopping

The women tended to do a weekly shop at either Asda or Morrison's and then used local shops for fresh fruit and vegetables as required. The women mostly bought fresh food, but did buy processed food for their grandchildren.

Cooking

As with the South Asian women, the African Caribbean women had learnt to cook by watching their mothers or grandmothers. They liked to try new recipes by watching how their friends cooked, but most did not use cookery books.

The women had been encouraged to attend the Cook and Eat course by their GPs or practice nurses. The course had taught the women all about healthy diets; especially how to combine foods and how to cut down on salt, sugar and fat.

One woman talked of how her church had become involved in promoting a healthy lifestyle. Various outreach activities had taken place to encourage both parishioners and local community members to think about their diet and lifestyle.

Focus on Salt

All the women had previously used salt regularly in their cooking. As a result of the course, they were now trying to cut down on the amount they used. As with the South Asian groups, the women found it hard to estimate exactly how much salt they used to add to their cooking; it was something they did out of habit.

All the women had been aware that too much salt could lead to high blood pressure, even prior to taking part in the Cook and Eat course. They had learnt this from health professionals as well as from the media; however, the group argued that there was a real difference between knowing something and doing something about it. It was only now that they were really trying to cut down on their salt intake.

Six Grams a Day

The women knew that the recommended daily allowance for salt was six grams or a teaspoon-full, although there was much discussion as to what size of teaspoon this would be and whether it was heaped or not. Regardless of the actual amount, the women were actively trying to reduce the salt in their diet by not adding it to their cooking and not keeping a salt cellar on the table.

Those women who lived alone argued that it would not be difficult for them to change their habits regarding salt; it was just a matter of willpower. Those who cooked for family members, though, argued that it was difficult to change their way of cooking without upsetting others.

> *'I stopped putting salt in my cooking and my husband says that my cooking is terrible now!'*

The women felt they needed to experiment with different kinds of food to know which recipes did still need some salt and which could do without it. The women did not come up with any real alternatives to salt; their view appeared to be that it was just a question of getting used to the taste of food without salt, rather than substituting it with something else.

Food Labelling

As with the South Asian groups, the women had been used to looking at food labels to see if there was any animal fat in the product, rather than for salt, fat or sugar content. Now that the women were aware of the daily recommended salt allowance, they argued that in future they would look for this information on packets of food as well.

During the Cook and Eat course the women had been surprised to find out that food such as cereals had high levels of salt. In addition, most of the women had not realised that the seasonings they bought to rub on meat dishes were also high in salt. A few of the women had started using these seasonings instead of salt, thinking they were doing the right thing.

Messages about Salt

The women felt that the most effective way to teach people about healthy living in general, not just about salt intake, was through face to face contact; for example the Cook and Eat course they had attended. This course had a dual benefit; teaching them about healthy eating whilst at the same time providing them with much needed social contact.

As with the South Asian groups, the women felt that leaflets were not the most appropriate format for spreading information on issues such as salt. The women argued that many people did not read leaflets or did not act upon the information even if they did read them. People needed to be motivated in order to change their behaviour and they felt this came from face to face contact.

Other media for promoting healthy living messages were thought to be the GP surgery, churches and television.

Summary

- The Cook and Eat course had had a profound impact on the women's attitude towards food.
- There was an awareness that traditional West Indian cooking used large amounts of salt.
- The younger generation was more inclined to eat 'English', processed food rather than traditional West Indian food.
- Change was easier to contemplate for those who cooked for themselves than for those with families.
- The women already looked at food labels in shops to determine whether the produce contained animal fat etc.
- Leaflets were not considered to be a helpful way of passing on the message concerning salt intake.
- The most effective way to change behaviour was thought to be via face to face contact with a health professional.

Areas of Consideration for the Social Marketing Campaign

The findings from the qualitative sessions suggest that encouraging a change in behaviour amongst women from the South Asian and African Caribbean communities concerning their use of salt will be challenging. There appeared to be a conflict between the women's desire to take care of their families (and so provide them with a healthy diet) and their desire to serve their families tasty food. The perception appeared to be that it was difficult to do both of these things at the same time. As the women knew of no alternatives to salt the assumption was that, in order to be healthy, they and their families would have to get used to a different taste to their food.

A common theme amongst the women was that their families would complain if they used less salt in their cooking. It was hard to know whether this was simply a way of justifying their behaviour and their reluctance to change, or whether it was more deep-seated than this. Either way, it may be helpful for the PCT to broaden the social marketing campaign to include other family members, in particular husbands. If there was more general awareness of the issue of salt in these communities, this may help the women to feel more empowered in terms of changing their methods of cooking.

As the women cooked from memory rather than using specific recipes, encouraging them to gradually use less salt in their cooking may be demanding, as it would require the women to consciously think about the way they cook each day. The challenge would be to find a way to support the women as they change their daily cooking habits.

In addition to the above, the social marketing campaign needs to bear the following in mind:

- The message that too much salt is a health risk will already be familiar to many. It may therefore be more beneficial for the campaign to focus on positive ways to change behaviour rather than on the negative affects of too much salt in people's diets.
- There was a culture of looking at packaged food labels amongst the women; although this was about looking for specific ingredients rather than levels of fat or salt etc. An easily identifiable logo for salt content such as the 'V' and the use of the colour green associated with vegetarian food may be an easy way to identify products with high salt content. However, this is a national issue rather than something that can be addressed at a local level.
- There was little awareness of any alternatives to salt that could be used in traditional South Asian or West Indian cooking. This may be an area that could be explored by the PCT. Is it possible to gain the same taste in food without using salt? Or is it a question of having to adjust to a different taste altogether? If it is the latter, then changing

behaviour may be difficult for many, given the associations between cooking and the role of mother/provider within the family.

- The idea of equating the daily recommended salt allowance with a tangible visual equivalent such as a teaspoonful was helpful; however, it may be more useful to these communities if the PCT could illustrate the recommended allowance for a family meal rather than concentrating on an individual's intake.
- The findings illustrated that the women's children and grandchildren were eating so-called 'English' food; ie processed food such as chips, pizzas and spaghetti bolognese. This suggests that the focus of the national campaign on 'hidden' salt in processed food is still relevant to the South Asian and African Caribbean communities.
- Practical demonstrations of healthy cooking were popular with the community groups; dh insight would therefore suggest that the PCT continues with activities such as the 'Cook and Eat' course. Having said that, the women who took part in the sessions were already accustomed to meeting together at, for example, their community centre, their local school or church; however there will be many within these communities who do not regularly attend such organisations. It is important therefore that the social marketing campaign does not exclude such individuals by concentrating solely on activities within community organisations.
- The extended family culture, particularly amongst the South Asian women, meant that they were fairly regular visitors to GP practices (accompanying family members etc). This may be a useful forum for displaying information on salt, for example posters giving illustrations of how much salt to use in different types of cooking and/or alternatives to salt.
- From the findings, dh insight would not suggest using traditional leaflets as the primary way of getting the message of salt intake across to these audiences. The women stated that they tended not to read leaflets, regardless of the language that they were printed in. There was a feeling that people would be unlikely to change their behaviour regarding salt simply by reading a leaflet; rather, the information needed to be put across in a tangible, practical way.

Possible Activities for the Social Marketing Campaign

Although only one group was conducted with African Caribbean women, the findings were akin to those from the South Asian groups, suggesting that the approach for the social marketing campaign could be similar for both communities.

dh insight therefore suggests that the following activities may be effective in putting across the message about reducing salt intake amongst the target communities:

- A combination of a 'salt road show' backed up by a poster campaign.

The PCT could develop a cooking road show which gave practical demonstrations on how to cook traditional South Asian and/or West Indian recipes with less salt. The road show could visit primary schools, community centres, places of worship and even local supermarkets such as Asda (provided permission was granted). The road show could be backed up by a poster campaign in GP practices, primary schools, community centres, places of worship, local shops etc. The posters would provide a visual message about the amount of salt to use in different types of cooking, as well as highlight the levels of salt in popular processed food targeted at children.

In the long-term, the Cook and Eat courses appear to be very effective and could be rolled out across the city should the funding be available.