



Survey on knowledge, attitude and behavior toward dietary salt and health Protocol

Introduction

In September 2009 PAHO established an expert group to explore the current epidemiological situation regarding cardiovascular disease and its link to excessive salt consumption in the Americas and review existing policies, interventions and programs aimed at reducing dietary salt and issue evidence-based recommendations for salt reduction in the region.

Clear food labeling with regard to salt and/or sodium together with consumer awareness can help reduce the salt intake and is therefore recommended.

Justification

The 37th session of the CODEX Committee on Food Labeling did not reach consensus whether salt or sodium should be used on food labels and established an Electronic Working Group. Section C of the comments of the EWG members (Annex to CCFL minutes of the 38th session, Canada, May 2010) show that in Latin America no research has been undertaken with respect to public/consumer understanding of the terms salt and sodium, little campaigning to raise consumer awareness on the consumption of high amounts of salt has been undertaken, while all countries show to have guidelines and recommendations to this respect.

Main objective

For this reason the PAHO expert group proposed to conduct a survey to be realized in 5 countries by national consumer associations, a project to be led by Consumers International and financed by PAHO. The overall aim of this quantitative survey is to establish a base line on consumer knowledge, behavior and labeling preference with respect to salt and sodium. This can be used to provide input to the next CODEX committee meeting on salt vs. sodium labeling of food and to an in-depth qualitative follow-up survey on the same topic.

Hypothesis

Using 20 (multiple options and open) questions, we intend to establish:

- the attitudes of consumers with regard to salt and health
- the knowledge of consumers with respect to his/her use of salt or sodium in food
- the average knowledge of consumers of the relation between high salt consumption and possible health problems
- whether the consumer suffers/has suffered from a salt-related disease (and has knowledge of this condition)
- whether the consumer does something to control his/her salt intake
- the preference of consumers for labeling food (salt, sodium, both, warning labels, percentages, absolute quantity)
- relations of the above-mentioned with age, sex, educational level, attitude

A direct relationship is expected between educational level or the fact that consumers suffer from a salt-related disease and knowledge of the possible health problems high salt consumption can provoke. A direct and inverse relationship between age of healthy consumers and knowledge of the possible health problems high salt consumption can provoke is expected.

Limited knowledge of the possible health problems high sodium consumption can provoke is expected in the majority of the respondents. Labeling preference for salt is expected for consumers with lower levels of education.

This survey should confirm these expectations or prove them incorrect.

Methodology and data analysis

The consumer organizations will conduct the survey with the following remarks:

- establish first the **effectiveness** of the questions, i.e. make sure they are understandable for the people in your country and avoid technical language where possible (e.g., do **not** use scientific names of diseases), once this has been done print sufficient forms
- find out if in your country a consent of some ethical review board is needed to conduct the survey; if yes, please make sure you obtain one (and change questions if necessary)
- ask a minimum **400** different respondents in your country in two batches (so in the second batch, emphasis can be given to missing demographic groups)
- provide an even distribution of men and women (e.g., if two people conduct the interviews, one can only interview women while the other only interviews men)
- provide an even distribution in age as much as possible; please ask **only** adults (> 18 years)
- if possible, divide the sample in two representative groups; one group consisting of people living in cities, the other of people living in rural areas (please make sure these groups can be identified)
- avoid that the interviewee can read the questionnaire as much as possible (e.g., use a notebook computer or a notepad)
- avoid leading the interviewee, i.e., stick to the questions
- answer the questions in the order provided, i.e. do **not** turn back to correct earlier answers
- when using paper forms:
 - o identify the questionnaires by using initials of the interviewer and a number (e.g., AB-001)
 - o circle the options clearly on the questionnaire; in case of corrections mark the first answer given by X and circle the correct one; except where indicated **only one option** is allowed
 - o write open answers clearly legible on the questionnaire
- when using a notebook*:
 - o indicate correct answer with color or erase other options; except where indicated **only one option** is allowed
 - o type open answers on the form
 - o do not forget to save the form; the filename can be the identification of the interviewer, e.g., AB-001

- Q1–Q3 + Q6 + Q8 + Q10 + Q12–Q14 + Q16–Q19: read the question aloud and the options if needed
- Q4: read question aloud but **not** the options; indicate option(s) mentioned (more than one option allowed) and write down in case “Other” is chosen
- Q5: read question aloud and the options; each should get an answer
- Q7: read question aloud and write down the answer
- Q9: ask only if Q8 = yes; read question aloud and write down the answer including unit (e.g. grams), if Q8 ≠ yes, skip this question
- Q11: ask only if Q10 = yes; read question aloud and write down the answer; if Q10 ≠ yes, skip this question
- Q15: ask only if Q14 = salt/sodium/salt & sodium; read question aloud and write down the answer, if Q14 ≠ yes, skip this question
- Q20: read question aloud and the options; only **one** is allowed
- Q21: in case the interviewee has any comments, please note those here
- after the interview, make sure all questions have been answered, thank the interviewee and hand out a PAHO Patient/Consumer factsheet on salt to the interviewee

- process each form using the attached excel spreadsheet*
 - o in case there are not sufficient worksheets (40) within the spreadsheet, please copy the entire spreadsheet (always keep one clean copy of the spreadsheet)
 - o please name each sheet using the initials and numbers to identify the interview
 - o please mark options with “x”
 - o send electronic file(s) to Consumers International Santiago

All answers will be processed as percentages of subgroups or the total of respondents, except:

- o age (will be used to establish age groups)
- o Q7 (what is done to control salt intake; groups of similar answers will be established)
- o Q9 (recommend daily salt intake; answers will be shown as a range)
- o Q11 (difference between salt and sodium; groups of similar answers will be established)
- o Q15 (reason for labeling preference; groups of similar answers will be established)
- o Q21 (groups of similar comments will be established)

Budget

Each consumer organization will receive US\$ 700,-- to follow the steps above, i.e. adapt questions to national idiosyncrasy (if necessary), obtain consent (if necessary), print questionnaires or provide interviewers with a notebook computer, print PAHO consumer/patient fact sheets, conduct a minimum of 400 interviews, process the answers and send the excel spreadsheets.

The consumer organizations are invited to use the survey as a contact moment with the public, i.e. to also provide information about their organization and its activities.

Once the filled in excel spreadsheets have been received, the 700 dollars will be sent.

References

- <http://www.surveysystem.com/sdesign.htm>

* To save time, when using a notebook computer, the interviewer can type the answers directly into the excel sheets instead of the word forms.