



SRII Project: Reducing sodium consumption through behaviour change in India – May 2020



The George Institute
for Global Health India

Facts:

- The burden of noncommunicable disease in India is large, with cardiovascular conditions responsible for \approx 2.3 million deaths each year, almost a quarter of which are ascribed to high blood pressure.
- Excess salt consumption is a leading cause of high blood pressure and has been reported as the 7th leading cause of mortality worldwide, leading to an estimated 1.65 million deaths each year.
- Average salt intake in India is more than double the recommended level. Yet, very little research exists to support salt reduction interventions in India.
- Like in many low- and middle-income countries more than 80% of the salt consumed in India is either added during cooking or at the table.

Project cycle:

2019 – 2021

Partners:

The George Institute, India

The George Institute, Australia

Supporters:

Resolve to Save Lives

The George Institute for Global Health

Background:

- The World Health Organization (WHO) has called for 30% relative reduction in global sodium consumption by 2025. In India, estimated salt intake is 10g/day, double the WHO recommendation of 5g/day.
- There is a great need for a sodium reduction program in India. However, few efforts have targeted behavioural change interventions at the household level, even though most salt in the diet comes from home cooked foods.

Aims:

- The overall goal is to develop a community-based behavioural change intervention focused on salt reduction, delivered by frontline community-based health workers (ASHAs) at the household level, and test its feasibility, effectiveness, and cost in at least one district in India.

Methods:

Phase 1: Background research on common sources of salt, combining desk review with in-home observation, focus group discussions, and community mapping activities.

Phase 2: Pre-intervention activities

- Activity 1: Design Sprint to identify specific messages and modes of delivery with the goal of assessing which messages and methods would have the highest likelihood of reducing salt intake.
- Activity 2: Preparation for intervention including material design, development, and training.
- Activity 3: Baseline survey including anthropometric data; surveys on socio-psychological determinants of behaviour; spot urine and 24hr urinary sodium excretion; and 24-hour dietary recall surveys.

Phase 3: Intervention implementation

Phase 4: Follow-up survey (as Activity 3 above)

Impact:

- Findings will provide much needed evidence to inform policy makers and implement a cost-effective, scalable community-based intervention to reduce salt intake and control hypertension, the leading-cause of death in India.
- The project will lead to the development of a health economic model that is designed to inform healthcare policy decisions through provision of evidence on long-term health and cost outcomes of such an intervention.

Contact:

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