

## Optimal Nutrition for South Africans

It is very important to differentiate between public health messages and those that are tailored to meet the specific needs of individual members of the public. Public health messages are intended for the general public, and can be communicated as “blanket” evidence-based messages based on proven public health problems in a population and based on the profile of the majority of the population. Messages to individual members of the public should be interpreted as a one-on-one consultation with a qualified healthcare worker, based on scientific reasoning and motivation for deviation from the public health message, if needed and appropriate.

The primary aim of any dietary strategy is to provide optimal nutrition for energy, growth and health throughout the life course, while secondary aims include prevention or management of a range of chronic medical conditions. Any diet that is promoted for health should be sustainable in the long-term, specifically in terms of ease of adherence to guidelines, availability and affordability of foods, as well as social and cultural acceptability. Sustainability of dietary recommendations should also consider the total life-cycle greenhouse gas (GHG) emissions of the production, transportation and distribution of foods. [1,2]

Dietary strategies do not act in isolation and an individualised approach should be encouraged. Unique biological and metabolic profiles, as well as external factors such as a person’s health/disease status, physical activity levels, diet quantity (amounts consumed) and quality (e.g. types of fat and fatty acids, protein and carbohydrate consumed, as well as alcohol intake), stress levels, attitude towards food and eating, and motivation should be considered, as well as affordability and socio-economic factors; and may affect the positive outcome of any dietary strategy.

**Overall, the combination of foods and nutrients we eat (our dietary pattern) influence our health, not any single food, nutrient or food group on its own.** Most foods consist of more than one nutrient. Full cream milk, for example, contains 20% protein, 30% carbohydrate and 50% fat of total energy; and also contains calcium, magnesium, B vitamins and other micronutrients. We can vary the intake of one component in our diet and not alter diet quality or health. A healthy dietary pattern, (as described below) has been linked consistently with reduced risk of disease [3, 4], demonstrating how foods and nutrients work together for health. An example of this is the Mediterranean dietary pattern [5, 6].

Healthy dietary patterns emphasise quality food choices, and are explained in the South African Food Based Dietary Guidelines (FBDGs) [7]. These guidelines were developed to address existing public health problems in South Africa (that affect the majority of the population) and are in line with current evidence on eating for health. The FBDGs [7] encourage us to eat a variety of foods, plenty of vegetables and fruit, choose unrefined starchy foods, eat beans, peas and lentils regularly, have dairy products every day and use vegetable fats rather than hard fats. Fish, chicken, lean meat or eggs can be eaten daily. Sugar, salt and foods high in these should be used sparingly. This includes highly processed

foods such as biscuits, cakes, pastries, chips, snack bars, ready-to-eat savoury or sweet snacks and sweetened drinks.

ADSA supports current evidence that supports a balanced dietary approach that neither favours fat or carbohydrate, but rather focuses on whole grain and high-fibre sources of carbohydrate, dietary fats that are rich in omega-3 and mono-unsaturated fatty acids; and encourages moderate intake of low fat protein sources, especially fish. The intake of highly refined carbohydrates, free sugars and trans fatty acids should be discouraged; while intake of saturated fat and sodium should be reduce. [7-11]

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