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NUTRITIONAL KNOWLEDGE AND ITS RELATIONSHIP TO DIETARY INTAKE IN TWO YOUNG AUSTRALIAN POPULATIONS

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Nutritional knowledge was assessed in two differing young Australian populations that had recently completed their schooling - the first being 250 male and female undergraduate students and the second, 300 non-officer service recruits. Nutritional knowledge was assessed using a self-administered questionnaire consisting of three sections relating to:

(i) nutrient and caloric content of various foods;
(ii) physiological actions of nutrients and biomedical outcomes of deficiency or excess; and
(iii) commonly held but erroneous beliefs about certain dietary practices and the actions of certain nutrients.

A modification of this questionnaire has previously been used to assess nutritional knowledge of health professionals and samples of the questions used are given in Dugdale et al., 1978.

Usual dietary intake was assessed using a frequency format described elsewhere (Baghurst and McMichael, 1978).

Female students had a mean score of 58%, male students 53% and recruits 44%. In all groups the highest scores were obtained in section (ii), the medico-physiological section (average 80-90%), but the belief section was poorly answered by all groups. A self-perceived rating of dietary knowledge on an ascending scale of 1-10 correlated well with answers to sections (i) and (ii) of the questionnaire but poorly to the beliefs section.

No relationship was found between dietary intake of certain foods or nutrients and knowledge about the actions of these substances For example, there was no relationship between knowledge about the role of cholesterol or saturated fat in coronary heart disease and consumption of these two nutrients, nor between knowledge concerning salt consumption and hypertension and the practice of cooking with or adding salt to meals.

These findings have implications for health education programs aimed at young people, in that they suggest that health-oriented knowledge is not necessarily translated to health-oriented behaviour in young populations. A similar study is under way to establish whether the gap between knowledge and action in the health field also applies to an older population.

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