**P69**

**Women’s beliefs about diet and health in the preconception period**

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**Background** - About 50% of pregnancies in New Zealand are planned yet little data is available on women’s beliefs about diet and perceived health behaviours in the preconception period.

**Objective** - The objective of this study was to explore women’s beliefs about diet and perceived health behaviours if they were to plan pregnancy.

**Design** - 115 women of reproductive age (18-44 years) were recruited from the Auckland region by responding to advertising for volunteers. The subjects completed a general questionnaire with specific questions on beliefs, attitudes and perceived health behaviours related to the preconception period.

**Outcomes** - Most of the women recruited to the study reported consuming alcohol (83%). However perceptions differed with 57% advocating total abstinence from alcohol consumption during the preconception period and 37% of the women advocating that alcohol intake should be limited. Women are often concerned about body image with 47% of the women trying to lose weight and 77% indicating that they used strategies to control their weight. Most of the women (90%) thought that body weight could affect fertility but only 22% of these women (n=23) were aware that this related to being underweight. 75% of the women said they would change their dietary habits if they were trying to conceive; 20% of these women said they would eat more fruit and vegetables, 7% would eat more dairy products and 4% would try to eat less processed foods or refined sugar. Women cited their main source of nutritional information as the media and half the women said they would seek advice from a health professional if they were to plan a pregnancy.

**Conclusions** – This study highlights that changes in women’s beliefs could improve their nutrition and other risk factors if they were to plan a pregnancy and potential opportunities exist to give targeted advice by health practitioners.

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**P70**

**Food variety and dietary diversity as indicators of the dietary adequacy and health status of an elderly population in Sharpeville, South Africa**

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**Background** - Ageing individuals in low-income societies may be intrinsically vulnerable to malnutrition and its associated disease risks. Poverty is a root cause of poor diets and subsequent diseases. People living at subsistence levels often have no choice but to consume monotonous diets that are poor in nutrients resulting in poor diet quality.

**Objective** - A comprehensive health assessment focusing on dietary adequacy in relation to nutritional status of the elderly attending a day-care centre for two days a week in Sharpeville (SA). Furthermore, to assess diet quality in characterising dietary patterns, as measured by scores of dietary diversity (DDS) and food variety (FVS).

**Design** - This cross-sectional, analytical study of 170 randomly selected elderly respondents in Sharpeville. Methods included socio-demographic, health, FFQ, 24h-recall questionnaires, anthropometric and biochemical measurements.

**Outcomes** - The low mean ±SD DDS (3.41±1.34) and FVS (4.77±2.2) compared to poverty parameters confirmed household food insecurity. Although three (58.8%) or two (28.8%) daily meals were mostly consumed, these were mainly carbohydrate-based and nutrient deficient. The cereal group (2.01±0.81) had the highest mean FVS±SD, followed by dairy (0.62±0.53) and flesh foods (0.40±0.53). When a mean adequacy ratio (MAR) of 70% was used as a cut-off point for nutrient adequacy, the FVS must be 8 or higher and the DDS at least 6. These indicators show a high ability to identify those with an inadequate diet, but lower ability to identify those with a nutritionally adequate diet. The data further showed that with a higher FVS and DDS, a better MAR is reached for this low-income elderly group.

**Conclusions** - The results showed that FVS and DDS give a fairly good assessment of the adequacy of the diet and scoring dietary diversity is a significant, yet simple tool to identify the elderly at risk of food and nutrition insecurity.