



Individual Energy and Nutrient Intake from a 24-hour and 7-day Recall:

Comparing Estimates Using the 2011/2012 Bangladesh Integrated Household Survey

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Comparing 24HR and HCES

- In the past, obstacles to making direct comparisons between 24-hour Recalls and HCES have included:
 - Differing populations (targeted vs. nationally representative)
 - Differing compositions (women and/or children vs. household)
 - Differing years of implementation
 - Differing period of implementation (seasonality)
 - Availability of a 24-hour recall
- ...until the 2011/2012 Bangladesh Integrated Household Survey





2011/2012 Bangladesh Integrated Household Survey

- Includes a 24-hour Recall (24HR)
 - Combination of 24HR and food weighing methods
 - Recipes and ingredients of prepared dishes and snacks and the amounts eaten by each household member
- Includes a 7-day Recall (7DR)
 - Household-level consumption recalled over the previous 7 days
- Both dietary assessment methods are applied to a nationally representative sample of 5,503 households





Research Questions

- The BIHS gives us a unique opportunity to analyze:
 - How do individual-level energy and nutrient intakes compare between 24HR and HCES (here using the BIHS 7DR) data using the Adult Consumption Equivalents approach?
 - 2) How well do Adult Consumption Equivalents serve as a proxy for measuring the intrahousehold distribution of food?





Methods

- ⊘ 23,135 individuals (5,503 households)
- Adult Consumption Equivalent (ACE) applied to the 7DR to estimate the intrahousehold distribution of food for comparison with the 24HR
- ACEs applied to the 24HR—after summing individual intake to the household level—to assess how well ACEs serve as a proxy for measuring the intrahousehold distribution of food
- Energy, iron, zinc, vitamin A, and calcium values of 288 food items in the BIHS were assigned using
 - Bangladesh-specific Food Composition Table provided by Helen Keller International
 - Local Bangladeshi recipes





Adult Consumption Equivalents (ACEs)

			HOUSEHOLD	INDIVIDUAL ACE
SEX	AGE (y)	ACE	ACEs	(ACE ÷ HH ACE)
Female	60	0.68852	3.61475	0.19048
Female	30	0.77049	3.61475	0.21315
Female	11	0.70492	3.61475	0.19501
Male	25	1	3.61475	0.26757
Male	5	0.48361	3.61475	0.13379

ACEs are able to take into account differences in the size and composition of households...

Total household consumption of rice: **1,571.43 g** Individual consumption (not using ACEs):

1,571.43 g ÷ HH size = 314.26 g per person Individual consumption (using ACEs): 1,571.43 g x Individual AME = Female, 60: 299.32 g Female, 30: 334.95 g Female, 11: 306.45 g Male, 25: 420.47 g Male, 5: 210.24 g

...to provide a standardized measure for estimating the intrahousehold distribution of food



Results: 24HR vs 7DR Distribution of Energy (kilocalories)



Compared to apparent daily energy intake provided by the 24HR, 7DR energy estimates are on average 293 kilocalories (14%) higher





Results: 24HR vs 7DR Iron, Zinc, Vitamin A, and Calcium Intake



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Some members in the 24HR consumed no food or "missed meals"

- 4% of individuals did not consume any food
- 11% of individuals "missed" a meal
- ⊘ Causes for not taking a meal:
 - 4.0% Currently staying away
 - 3.3% Unwilling to take food
 - 2.3% Breastfed child
 - 0.6% Food was not available
 - 0.3% Fasting
 - 0.2% Sickness
 - 0.1% Other
- "Missed meals" may be a misnomer
 - What is a "typical" day?





% Difference in 7DR Energy Intake from 24HR



■7DR





% Difference in 7DR Energy Intake from 24HR







% Difference in 7DR Intake from 24HR:







% Difference in 7DR Intake from 24HR:





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Results: ACEs

Difference in Intrahousehold Distribution of Energy Intake







Results: ACEs Difference in Intrahousehold Distribution of:



Intrahousehold Distribution of Food using ACEs

- What if only households in which every member took part in every meal were compared? Would distributions differ?
 - Drop households in which any member missed a meal or did not consume any food
 - ▶ 14,909 individuals from 3,806 households
 - No difference between distributions with the exception of calcium

NATIONAL >70 Both the 7DR and 51-70 24HR ACF-based 31-50 estimates are now 19-30 14-18 underestimating 9-13 calcium intake in 4-8 children < 3 years 1-3 6-12 m of age. 0-6 m -50% -100% 0% ■ 24HR, ACE ■ 7DR

% Difference in Calcium Intake from 24HR



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50%

Intake in Children, 0-36 months

- ACE-based estimates assume that individuals consume portions of all available foods within the household
- The % contribution of foods to overall calcium intake among children,
 0-36 months of age:



Intake in Children, 0-24 months

- Among all children 0-24 months of age, the top 5 foods (according to grams consumed) in the 7DR include:
 - Rice
 - Potato
 - Eggplant
 - Sheem (flat bean)
 - Milk
- This mirrors the diet composition of the majority of the Bangladeshi population
- What is the percentage of children who consume these foods in the 24HR?
- How do the quantities consumed vary by breastfeeding status?





Consumption by Breastfeeding Status









Consumption by Breastfeeding Status

% of Children 0-24 months Consuming Top 5 Foods in 7DR, by Breastfeeding Status



Mean Consumption (g), by Breastfeeding Status

Food Item	7DR	24HR, All children	24HR, Breastfed	24HR, Non-breastfed
Rice	175	95	32	106
Potato	39	36	18	39
Eggplant	16	27	14	28
Sheem	14	27	15	28
Milk	9	192	152	200





Conclusions

- 7DR reports total quantities (g) of all foods consumed at the household level that are on average 811 g (21%) higher than 24HR estimates
 - Is more wastage—food leftover that is thrown away—likely over a 7DR than 24HR?
 - Are interviewees recalling food purchases, not just consumption?
- Comparing 24HR and ACE-based 24HR recall estimates, ACEs adequately allocate energy and nutrients to individuals > 3 years of age—roughly 94% of the population





Conclusions

Next generation of research questions:

- What is the best approach to modify HCES?
- Should HCES include additional questions?
- What is the optimal recall period for HCES?
- What is the best approach to modify ACEs?
- Should new algorithms be developed for adjusting the ACE for some age categories?
- What is the external validity (conditions/characteristics of generalizability) of these findings?
- Need more 24HRs—like the BIHS—so that these questions can be addressed





Thank You

Questions or Comments?

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