A Study of Eating Habits and Perception of Coronary Heart Disease Risk in African American Female College Students

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PURPOSE

To assess nutrition knowledge, eating habits, perception of coronary heart disease (CHD) risk and personal and family history of CHD risk in female African American college students

BACKGROUND

African American (AA) women have a higher risk of CHD than their Caucasian counterparts. Prior work has shown that dietary intake during college is linked to race and gender. AA females are heavier and gain more weight in college and tend to consume less than the recommended servings of all food groups, with the exception of the meat group, in comparison to whites. There are limited data on perception of CHD risk in this group.

METHODS

A 26-item questionnaire to determine demographics, personal and family risk factors, current eating habits and perceived risk of CHD was administered to 20 African American females, 18-24 years, enrolled at California State University, Sacramento.

RESULTS

Nutrition Knowledge: Thirty percent of the students had taken a nutrition course but only 10% of these reported that the course content influenced their eating habits.

Eating Habits: Consumption of fruits and vegetables was well below recommended intake in the majority of the subjects with most frequent rate of fruit intake being twice a week in 40% of students. Only one subject consumed daily fruit but all subjects reported daily intake of fruit juice. Only 50% reported any vegetable consumption with most frequent rate being once per week consumption. Regular fast food consumption was reported in 75% of subjects. Fifty-five percent were attempting to make one or more changes to their diet to either: reduce calories, increase whole grains, fruits, or vegetables, or replace soda with water.

Perceived bodyweight risk: Ninety percent of the students classified themselves as “normal weight” whereas BMI data showed that 30% were overweight and 30% were obese with an average group BMI of 26.6 (Figure 1).

CHD Risk Factors: Nearly one-third of students (35%) could not state any CHD risk factors whereas 65% knew of two or more. The majority (55%) felt they were at low risk for CHD and 70% reported that the presence of CHD risk factors was not a motivating factor for dietary modification. Reported family and/or personal risk factors are shown in Figure 2.

CONCLUSION

African American female college students identify themselves as low risk for CHD in spite of potentially high risk eating patterns, family and personal history of risk factors for CHD, and being overweight or obese. Future efforts to reduce CHD in this high risk group should include targeted education aimed at correcting inaccurate perception of risk, improving fruit and vegetable intake and reducing fast food consumption.