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UKRAINE FACTSHEET

STEPS | The WHO STEPwise Approach to Surveillance

Dietary habits of adults aged 18–69 years

HIGHLIGHTS FROM STEPS

RECOMMENDED INTERVENTIONS *(1)*

- **Reduce salt intake through the reformulation of food products** to contain less salt and the setting of target levels for the amount of salt in foods and meals.
- **Implement nutrition front-of-pack labelling** to reduce total energy (kcal), sugar, salt and fat intake.
- **Eliminate industrial trans-fats through** the development of legislation to ban their use in the food chain.
- **Reduce sugar intake** through effective taxation on sugar-sweetened beverages.
- **Promote nutrition education and counselling** to increase the intake of fruit and vegetables and reduce the intake of sugars, salt and fat.
- Reduce salt and sugar intake and increasing potassium intake through the **establishment of supportive environments in public institutions.**
- **Ensure support for the national surveillance system on dietary patterns** of the population and levels of obesity and overweight across the life-course

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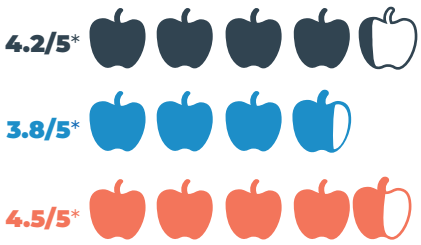
FRUIT AND VEGETABLE CONSUMPTION[1]

- On average, fruit was consumed 5.2 days per week overall: on 4.8 days by men and on 5.6 days by women.
- On average, vegetables were consumed on 6.0 days per week overall: on 5.8 days by men and on 6.2 days by women.
- On average, 2.0 servings of fruit (1.8 for men and 2.2 for women) and 2.2 servings of vegetables (2.1 for men and 2.3 for women) were consumed per day.



* Based on 5-a-day WHO recommendation on minimum fruit and vegetable intake.

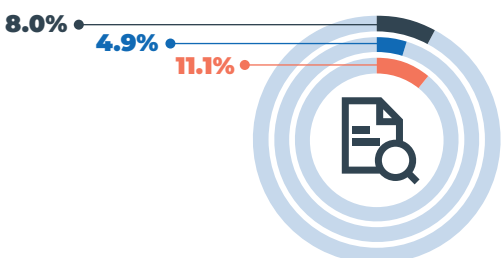
- Mean number of servings of fruit and vegetables was **4.2** servings per day: **3.8** for men and **4.5** for women.
- **66.4%** did not consume five portions of fruit and vegetables daily, as recommended by WHO.

DIETARY SALT[2]

- **44.9%** always or often added salt or salty sauce to their food before or during eating (53% of men, 36.5% of women).
- 66.7% always or often added salt to food when cooking at home.

- 26.9% always or often ate processed foods with a high salt content, including smoked meat and fish, sausages, lard, pickles, tinned food, and salted chips and nuts.
- Frequent consumption of these processed foods was higher in men (32.5%) than women (21.1%) and decreased with age: 37.9% of those aged 18–29 years compared with 18.2% of those aged 60–69 years.

DIETARY SALT CONTROL



- **8.0%** looked at the salt or sodium content on food labels: **4.9%** of men and **11.1%** of women.
- 34.8% tried to limit their consumption of processed foods: 26.8% of men and 43.1% of women.
- 13.0% tried to buy low-salt or low-sodium alternatives: 8.6% of men and 17.7% of women.
- 35.5% used spices other than salt when cooking: 24.4% of men and 46.9% of women.
- 40.5% avoided eating foods prepared outside their home: 31.5% of men and 49.8% of women.

SALT, POTASSIUM, IODINE[3]

- The average salt intake of **12.6 g** per day was more than twice the maximum WHO-recommended level of **<5 g** per day.
- 86.9% consumed 5 g of salt or more per day.
- 44.0% had insufficient iodine intake of less than 100 µg/L per day (compared with 150 µg recommended by the WHO).
- 28.7% had adequate iodine intake of between 100 and 199 µg/L per day.
- 20.5% met the WHO-recommended level for potassium intake of at least 90 mmol (3510 mg) per day.

Notes

[1] Potatoes were excluded from vegetables.

[2] Dietary salt included ordinary table salt; unrefined salt such as sea salt, iodized salt and salty stock cubes and powders; and salty sauces such as soy sauce or fish sauce.

[3] Based on 113 unweighted observations.

[4] STEPS question, "How often do you drink sugared soft drinks (e.g. Coca Cola, Pepsi, Fanta, Sprite and Mirinda), bottled iced tea (e.g. Nestea and Lipton Iced Tea) and sugar-sweetened compote? Excluded light, diet and non-sugared drinks."

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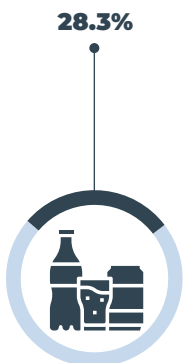
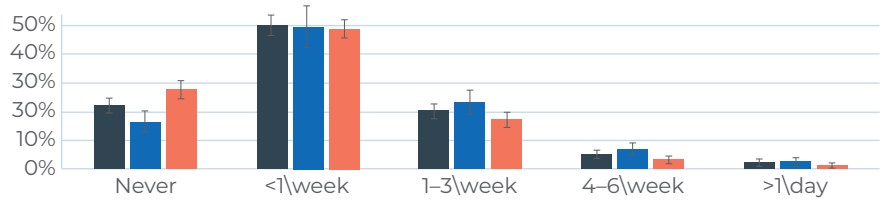
SUGARED SOFT DRINKS[4]

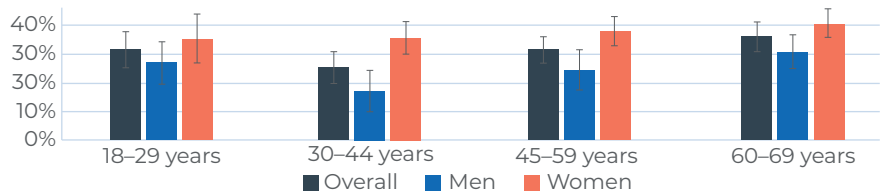
- 22.3% overall (16.9% of men and 27.9% of women) never drank sugared soft drinks, bottled iced tea or sugar-sweetened compote.
- **28.3%** drank sugared soft drinks, bottled iced tea, and sugar- sweetened compote more than once per week.



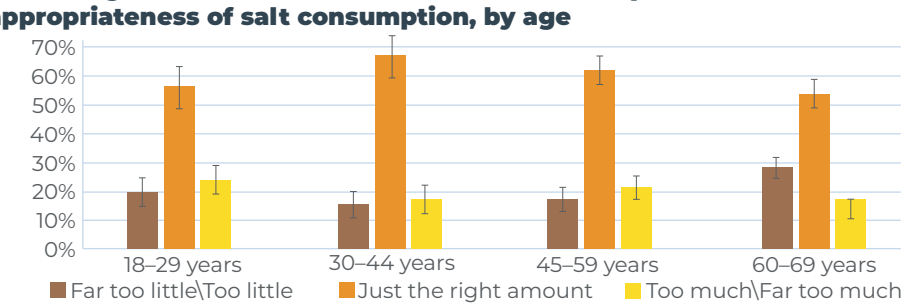
Percentage of adults with different levels of sugared soft drink consumption, by sex



Percentage of adults who limited their consumption of processed foods, by age and sex



Percentage of adults with different levels of self-perceived appropriateness of salt consumption, by age



Error bars represent the 95% confidence intervals for weighted estimates.

HEALTHY DIET FOR ADULTS *(2)*

At least 400 g (i.e. **five portions**) **of fruit and vegetables per day**, excluding potatoes, sweet potatoes, cassava and other starchy roots.

Less than 10% of the total energy intake from **free sugars** – equivalent to 50 g (or about **12 level teaspoons**) for a person of healthy body weight and consuming about 2000 calories per day – and ideally less than 5% for for additional health benefits. Free sugars are all of the sugars added to foods or drinks by the manufacturer, cook or consumer, as well as sugars naturally present in honey, syrups, fruit juices and fruit juice concentrates.

Less than 5 g of **salt** (equivalent to about **one teaspoon**) intake per day. Salt should be iodized.

Potassium intake should be at least 90 mmol/day **(3510 mg/day)** for adults. Increase in potassium intake from foods is recommended to reduce blood pressure and risk of cardiovascular disease, stroke and coronary heart disease in adults *(3)*.

Less than **30% of total energy** intake **from fats.** Unsaturated fats (found in fish, avocado and nuts, and in sunflower, soybean, canola and olive oils) are preferable to saturated fats (found in fatty meat, butter, palm and coconut oil, cream, cheese, ghee and lard) and trans-fats of all kinds, including both industrially produced trans-fats (found in baked and fried foods; pre-packaged snacks and foods, such as frozen pizza, pies, cookies, biscuits and wafers; and cooking oils and spreads) and ruminant trans-fats (found in meat and dairy foods from ruminant animals, such as cows, sheep, goats and camels). The intake of saturated fats should be reduced to less than 10% of total energy intake and of trans-fats to less than 1% of total energy intake.

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PERCEPTION OF SALT CONSUMPTION

	Overall, % (95% CI)	**Men, %,** (95% CI)	**Women, %** (95% CI)
Self-perceived appropriateness of salt consumption ***			
Far too little	**2.4** (1.5 – 3.2)	**2.0** (0.7 – 3.3)	**2.7** (1.7 – 3.7)
Too little	**16.6** (14.4 – 18.9)	**12.3** (9.5 – 15.2)	**20.9** (18.2 – 23.6)
Just the right amount	**61.1** (57.4 – 64.9)	**62.4** (56.3 – 68.5)	**59.8** (56.5 – 63.1)
Too much	**18.3** (15.8 – 20.8)	**21.6** (17.4 – 25.7)	**15.0** (12.7 – 17.4)
Far too much	**1.6** (0.8 – 2.4)	**1.7** (0.5 – 2.9)	**1.5** (0.7 – 2.4)
Importance of lowering salt in diet ***			
Not at all important	**25.3** (22.5 – 28.1)	**30.6** (26.2 – 34.9)	**20.3** (17.1 – 23.4)
Somewhat important	**49.9** (47.0 – 52.9)	**46.8** (42.5 – 51.1)	**52.9** (49.0 – 56.8)
Very important	**24.8** (21.7 – 27.9)	**22.7** (18.8 – 26.6)	**26.9** (23.1 – 30.6)
Controlled dietary salt intake			
Looked at the salt or sodium content on food labels ***	**8.0** (6.0 – 9.9)	**4.9** (3.2 – 6.5)	**11.1** (8.3 – 13.8)
Limited consumption of processed foods ***	**34.8** (31.0 – 38.6)	**26.8** (21.8 – 31.7)	**43.1** (39.1 – 47.0)
Bought low salt/sodium alternatives ***	**13.0** (10.7 – 15.4)	**8.6** (6.2 – 10.9)	**17.7** (14.4 – 20.9)
Used spices other than salt when cooking ***	**35.5** (31.5 – 39.5)	**24.4** (19.8 – 28.9)	**46.9** (42.5 – 51.3)
Avoided eating foods prepared outside of a home ***	**40.5** (36.6 – 44.5)	**31.5** (26.2 – 36.8)	**49.8** (45.8 – 53.9)

CI: confidence interval.
*** $P < 0.001$; statistically significant difference between sexes.

STEPS DESCRIPTION *(4)*

The STEPS survey of noncommunicable disease risk factors in Ukraine was organized by the Ministry of Health of Ukraine and WHO within the scope of Serving People, Improving Health, a joint project of the World Bank and Ministry of Health of Ukraine. STEPS uses a global standardized methodology. Data collection for three steps took place from July to November 2019. Behavioural information was collected in Step 1. The survey was a population-based survey of adults aged 18–69 years. A multistage cluster sampling design was used to produce representative data for that age range. A total of 7704 randomly selected households were approached, and 4409 participants agreed to take part in the survey and provide information. The response rate was 57%. This fact sheet report findings on measured dietary intake and self-reported diet based on descriptive and bivariate analyses weighted to account for complex sampling design and nonresponse.

References

1. Tackling NCDs: "best buys" and other recommended interventions for the prevention and control of noncommunicable diseases. Geneva: World Health Organization; 2017 (https://apps.who.int/iris/handle/10665/259232, accessed 26 January 2022).
2. Healthy Diet. Fact sheet no. 394. Geneva: World Health Organization; 2018 (https://www.who.int/publications/m/item/healthy-diet-factsheet394, accessed 26 January 2022).
3. Increasing potassium intake to reduce blood pressure and risk of cardiovascular diseases in adults. In: E-Library of Evidence for Nutrition Actions (eLENA) [website]. Geneva: World Health Organization; 2019. (https://www.who.int/elena/titles/potassium_cvd_adults/en/, accessed 26 January 2022).
4. STEPS prevalence of noncommunicable disease risk factors in Ukraine 2019. Copenhagen: WHO Regional Office for Europe; 2020 (https://apps.who.int/iris/handle/10665/336642, accessed 26 January 2022).

This publication was created within the framework of the Swiss–Ukrainian Reducing Risk-factors for NCDs in Ukraine project, which is implemented through the World Health Organization with the support of the Swiss Agency for Development and Cooperation.