

**QUANTITATIVE ASSESSMENT OF
MACRONUTRIENTS AND
MICRONUTRIENTS AVAILABILITY IN
SELECTED READILY AVAILABLE
FOODS IN THE PREPARATION OF
DIETARY GUIDELINES**

By

KODITHUWAKKU WICKRAMAARACHIGE

MADHURA ARUNODA JAYASINGHE

Ph.D.

2015

**QUANTITATIVE ASSESSMENT OF
MACRONUTRIENTS AND MICRONUTRIENTS
AVAILABILITY OF SELECTED READILY
AVAILABLE FOODS IN THE PREPARATION OF
DIETARY GUIDELINES**



By

Kodithuwakku Wickramaarachchige Madhura Arunoda Jayasinghe

Thesis submitted to the University of Sri Jayewardenepura – Sri Lanka, for the award of the Degree of Doctor of Philosophy in Food Science and Technology, on 31.12. 2015.

**QUANTITATIVE ASSESSMENT OF
MACRONUTRIENTS AND MICRONUTRIENTS
AVAILABILITY OF SELECTED READILY
AVAILABLE FOODS IN THE PREPARATION OF
DIETARY GUIDELINES**

By

Kodithuwakku Wickramaarachchige Madhura Arunoda Jayasinghe

Thesis submitted to the University of Sri Jayewardenepura – Sri Lanka, for the award of the Degree of Doctor of Philosophy in Food Science and Technology, on 31.12. 2015.

Certification of the Supervisor

I certify that the candidate has incorporated all corrections, additions and amendments recommended by the examiners to the final version of the Ph.D. thesis.



.....

Prof. K.K.D.S. Ranaweera

Department of Food Science and Technology,
Faculty of Applied Sciences,
University of Sri Jayewardenepura - Sri Lanka.

Declaration

The work described in this thesis was carried out by me under the supervision of Professor K.K.D.S Ranaweera and a report on this has not been submitted in whole or in part to any University or any other institution for another Degree / Diploma.

A handwritten signature in black ink, appearing to read 'K.W.M.A. Jayasinghe', is written over a horizontal dotted line.

Signature of the candidate

(K.W.M.A. Jayasinghe)

I certify that the above statement made by the candidate is true and that this thesis is suitable for submission to the University for the purpose of evaluation.



Prof. K.K.D.S Ranaweera
Department of Food Science and Technology,
Faculty of Applied Sciences,
University of Sri Jayewardenepura, Sri Lanka.

Table of Contents

Acknowledgement	vi
Abbreviations	vii
Abstract	viii
Chapter 1. Introduction	1
Objectives:	4
Chapter 2. Literature Review	5
2.1 An overview for a balanced diet	5
2.2 Recommended dietary allowances (RDA) and Reference Dietary Intakes (RDI)	6
2.3 Common nutrition disorders seen in the current scenario	7
2.4 Impact of the lifestyle	9
2.5 Basal Metabolic Rate (BMR) and Harris Benedict Equation.....	10
2.6 Junk food and fast food.....	11
2.7 Food Availability and consumption.....	12
2.8 Impact of cooking on Food.....	12
2.9 Macronutrients in food.....	13
2.9.1 Carbohydrates	14
2.9.2 Dietary fibre.....	14
2.9.3 Proteins	14
2.9.4 Fats	15
2.10 Micronutrients in food.....	15
2.10.1 Vitamins.....	16
2.10.2 Mineral Ions	24
2.11 Nutritional quality of a typical local diet	32
2.12 Nutrition surveys conducted in Sri Lanka	34
2.13 Nutrition software	35
Chapter 3. Experimental	37
3.1 Community survey	37
3.2 Preparation of food.....	43

3.3 Determination of proximate compositions	43
3.4 Preparation of food combinations to fulfill RDI s.	54
3.5 Statistical Analysis	55
3.6 Software designing.....	56
Chapter 4. Results and Discussion	57
4.1 Facts reveled by the community survey.	57
4.1.1 Macronutrient intakes by different social segments.....	57
4.1.2 Micronutrient intakes by different social segments	65
4.2 Proximate Analysis of Readily Available Food Sources.	100
4.2.1 Quantitative analysis for macronutrients.....	100
4.2.2 Quantitative analysis of micronutrient contents in foods	106
4.3 Preparation of dietary guidelines and the Nutrition Software	126
4.3.1 Diet plans to provide quantitative dietary guidelines.....	127
4.3.2 Other dietary guidelines	135
4.3.3 Software development.....	137
Chapter 5. Conclusions	139
Recommendations	140
References	141
Annexure I.....	149
Annexure II.....	149
Annexure III.....	150
Annexure IV.....	153
Annexure V	157
Annexure VI.....	161
Annexure VII	163
Annexure VIII.....	163
Annexure IX.....	164

List of Tables

Table 2.1 Prevalence of anaemia in children and adolescents aged 5 - 19 years	35
Table 4.1 WHO's Dietary reference intakes of macronutrients	57

Table 4.2 Average daily macronutrient intakes of different segments of people	58
Table 4.3 Differences of average daily nutrient intakes according to the living environment	59
Table 4.4 WHO's Dietary reference intakes of micronutrients	65
Table 4.5 Proximate macronutrient compositions of abundant grains and pulses varieties, prepared according to mostly practices cooking methods	101
Table 4.6 Proximate macronutrient compositions of frequently consumed green leafy vegetables prepared according to most commonly practiced methods	102
Table 4.7 Proximate macronutrient compositions of frequently consumed animal foods, prepared according to mostly practices cooking methods	103
Table 4.8 Proximate composition of macronutrients in most frequently consumed fruits	104
Table 4.9 Proximate composition of macronutrients in frequently consumed dairy foods	104
Table 4.10: Proximate composition of macronutrients in frequently consumed root crops and yams	105
Table 4.11: Proximate composition of other frequently consumed food items in a main meal	105
Table 4.12: Proximate compositions of minerals in most available/affordable grains and pulses	107
Table 4.13: Proximate compositions of Vitamins in most available/affordable grains and pulses	109
Table 4.14: Proximate compositions of Vitamins in most frequently used vegetables	111
Table 4.15: Proximate compositions of Minerals in most frequently used vegetables	112
Table 4.16: Proximate compositions of Vitamins in most frequently used leafy vegetables	113
Table 4.17: Proximate compositions of Minerals in most frequently used leafy vegetables	114
Table 4.18: Proximate compositions of Vitamins in most frequently consumed/available fruits	116
Table 4.19: Proximate compositions of Minerals in most frequently consumed/available fruits	117

Table 4.20: Proximate compositions of Vitamins in mostly available/affordable dairy foods	118
Table 4.21: Proximate compositions of Minerals in mostly available/affordable dairy foods	119
Table 4.22: Proximate compositions of Vitamins in mostly consumed types of meat, fish and eggs	120
Table 4.23: Proximate compositions of Minerals in mostly consumed types of meat, fish and eggs	121
Table 4.24: Proximate compositions of Vitamins in mostly consumed root crop varieties	122
Table 4.25: Proximate compositions of Minerals in mostly consumed root crop varieties	123
Table 4.26: Proximate Vitamin compositions of other commonly consumed/available food commodities	124
Table 4.27: Proximate Mineral compositions of other commonly consumed/available food commodities	125

List of Figures

Figure 2.1 Basic four food groups	5
Figure 2.2 Citrus fruits; Rich sources of ascorbic acid	22
Figure 2.3 Snapshot of the Search Engine: Agricultural Research service, USDA	36
Figure 3.1 Distribution of the sample population in the country	39
Figure 3.2 Sample population's selection	40
Figure 3.3 File content of the software	56
Figure 4.1 Daily carbohydrate intakes by different sects in the community	60
Figure 4.2 Daily fat intakes by different sects in the community	61
Figure 4.3 Daily protein intakes by different sects in the community	62
Figure 4.4 Daily fibre intakes by different sects in the community	63
Figure 4.5 Daily intake of Calcium by different sects in the community	67
Figure 4.6 Daily intake of Chloride by different sects in the community	68

Figure 4.7 Daily intake of Chromium by different sects in the community	69
Figure 4.8 Daily intake of Copper by different sects in the community	70
Figure 4.9 Daily intake of Fluoride by different sects in the community	71
Figure 4.10 Daily intake of Iodine by different sects in the community	72
Figure 4.11 Daily intake of Iron by different sects in the community	73
Figure 4.12 Daily intake of Magnesium by different sects in the community	74
Figure 4.13 Daily intake of Manganese by different sects in the community	76
Figure 4.14 Daily intake of Molybdenum by different sects in the community	77
Figure 4.15 Daily intake of Phosphorous by different sects in the community	78
Figure 4.16 Daily intake of Potassium by different sects in the community	79
Figure 4.17 Daily intake of Selenium by different sects in the community	81
Figure 4.18 Daily intake of Sodium by different sects in the community	82
Figure 4.19 Daily intake of Zinc by different sects in the community	84
Figure 4.20 Daily intake of Vitamin A by different sects in the community	85
Figure 4.21 Daily intake of Vitamin B1 by different sects in the community	87
Figure 4.22 Daily intake of Vitamin B2 by different sects in the community	88
Figure 4.23 Daily intake of Vitamin B3 by different sects in the community	89
Figure 4.24 Daily intake of Vitamin B5 by different sects in the community	90
Figure 4.25 Daily intake of Vitamin B6 by different sects in the community	91
Figure 4.26 Daily intake of Vitamin Biotin by different sects in the community	92
Figure 4.27 Daily intake of Vitamin B9 by different sects in the community	93
Figure 4.28 Daily intake of Vitamin B12 by different sects in the community	95
Figure 4.29 Daily intake of Vitamin C by different sects in the community	96
Figure 4.30 Daily intake of Vitamin D by different sects in the community	97
Figure 4.31 Daily intake of Vitamin E by different sects in the community	98
Figure 4.32 Daily intake of Vitamin K1 by different sects in the community	99
Figure 4.33 Snapshot of the Nutrition Software	138

Acknowledgement

I am extremely grateful to my supervisor, Professor K.K.D.S. Ranaweera for giving me this valuable opportunity and for his continuous guidance, support, care and encouragement given throughout this entire period with a marvelous enthusiasm towards this research and how I carried on the works as a student of his. I would also like to thank all the academic and non-academic staff members of the department of Food Science and Technology for their support.

My heartiest thanks go to Mr. R.M.G.B. Rajanayake for letting use the facilities of “City Analyst Laboratory”, Colombo and I’m grateful to all the staff members there.

I hardly find words to express my deepest gratitude to all my friends who volunteered for my study, donating their valuable time and effort, in interviewing and collecting data in community surveys.

I would like to show my sincere gratitude to Dr. Rohan Marasinghe and Prof. Sagarika Ekanayake of Faculty of Medical Sciences – USJP, for educating me on research methodologies and for facilitating me on research work. A very warm hearted gratitude should be shown to Mr. Pubudu Gunawardene of “Zone 24×7” Organization, for his unbelievable assistance in teaching me software development tools for the purpose.

My sincere thanks go to the “Sri Lanka Centre for Research and Development”, for providing us an adequate grant to fulfill all financial needs during this study and for the staff of the Faculty of Graduate studies – USJP, for providing me this golden opportunity to conduct this study successfully.

Abbreviations

RDI	- Reference Dietary Intake
RDA	- Recommended Dietary Allowance
WHO	- World Health Organization
FDA	- Food and Drug Administration
°C	- Degrees Celsius
kg	- Kilograms
g	- Grams
pH	- Power of Hydrogen
rpm	- Revolutions per minute
mL	- Milliliters
μL	- Microliters
IAUC	- Incremental area under the curve
HDL	- High-density lipoproteins
LDL	- Low-density lipoproteins
ATP	- Adenosine try phosphate
BMI	- Body Mass Index
BMR	- Basal Metabolic Rate

Abstract

Sri Lankans have access to a vast range of food resources available in this tropical country, although many are not aware of their quantitative nutritional values. Drastic changes of lifestyles have remarkably affected the food culture of Sri Lankans over the last few decades, resulting in underutilization of freely available food resources, especially in urban areas of the island. This study was initiated with a survey conducted island-wide; with a view to collect data of dietary choices, cooking methods and portion sizes of regularly consumed foods in seven different active social segments (housewives, office workers in the public sector, lecturers/teachers, managerial level employees in the private sector, school children aging 14-18 years and athletes).

Food combinations that were identified to be consumed frequently by people were analyzed for their nutrition contents. School children and managerial level employees elicited significantly ($p < 0.05$) deficient intakes of Magnesium, Manganese, Vitamin A, B₉, C and dietary fibre compared to the RDI values recommended by WHO. School children elicited significant ($p < 0.05$) deficiencies in Vitamin B₂ and B₆ as well. Both above social segments were found to consume significantly ($p < 0.05$) excessive contents of fat and protein than their RDI. Labourers showed significant ($p < 0.05$) deficiencies in daily intakes of Calcium, Iodine, Iron Manganese, Zinc and Vitamin A, B₂, B₆, B₉, C than the RDI values. Athletes and housewives obtained significantly high ($p < 0.05$) daily doses for 59 % and 53 % of all nutrient types tested respectively. Lecturers/teachers and public sector officials elicited relatively healthy dietary patterns, but both sects were found to suffer from significant deficits ($p < 0.05$) of Vitamin A, compared to RDI. Lecturers/ Teachers elicited significant deficits of

Vitamin B₆, whereas Calcium and Zinc deficiencies were significant ($p < 0.05$) in a typical Office Worker's diet. Higher daily intakes than the RDI of Vitamin B₅ was evident in all segments, where as there were significantly ($p < 0.05$) excess intakes in Vitamin D, E and Vitamin K. All segments had elicited very high intakes of Phosphorus and Chloride, exceeding their RDI levels. Intakes were significantly high ($p < 0.05$) in Sodium and Selenium as well.

As a remedial measure to these nutritional discrepancies and dietary disorders, a nutritional data base containing quantitative nutritional values of; 13 types of grains and pulses, 9 leafy vegetables types, 12 non-leafy vegetables, 14 types of animal foods (including dairy foods), 12 fruit types, 7 root crop types, 6 other popular curry/gravy food types; was made. All foods were cooked/prepared according to local culinary methods.

Using the nutrition data base, dietary guidelines were prepared for the common public with sample diet plans to follow in daily life to fulfill RDI levels of all nutrients, without exceeding the limits adversely. Since, dietitians may need to formulate different types of meal combinations relative to different patients; a software with an embedded search engine was made using Java language and Derby, SQL and Mavel building tools, which includes the nutritional data of the local foods analyzed.