

**Coconut consumption of rural adults: A preliminary survey**M M R K Darmapriya<sup>1</sup>, P W M L H K Marambe<sup>1\*</sup>, R Sivakanesan<sup>2</sup> and K D R R Silva<sup>1</sup><sup>1</sup>*Department of Applied Nutrition, Faculty of Livestock, Fisheries and Nutrition, Wayamba University of Sri Lanka, Makandura*<sup>2</sup>*Department of Biochemistry, Faculty of Medicine, University of Peradeniya, Peradeniya*

Coconut is a major source of fat in the habitual Sri Lankan diet. There has been a controversy that coconut fat in the diet contributes to the high prevalence of coronary risk factors in Sri Lanka. Therefore, present study was carried out as a preliminary survey to identify the daily coconut consumption of rural adults and the prevalence of selected coronary heart disease (CHD) risk factors among apparently healthy adults

Seventy adults (37 males and 33 females), aged between 25 – 55 years were selected by systematic random sampling. Sociodemographic information of the study population and information on coconut consumption were obtained using a pre-tested interviewer administered questionnaire. Two 24 h dietary recalls were carried out to assess the daily intake of coconut fat, energy and other nutrients of subjects. A recipe survey was conducted to identify the amount of coconut constituents used in preparation of daily meals. CHD risk factors including Body Mass Index (BMI), waist circumference, waist: hip ratio, waist: height ratio and blood pressure of the study population were considered in determining whether there is an association between coconut fat intake and CHD risk.

The coconut fat consumption of the study population was 38.83 ( $\pm 3.8$ ) g of coconut fat/person/ day. The results showed that out of total fat consumption of the study population 76.35% was coming from coconuts. Out of the daily coconut fat intake, 65% was from coconut milk while scrapings and coconut oil had provided 24% and 3% of coconut fat respectively. Coconut milk was the major contributor (65%) of coconut fat and it was significantly higher ( $P < 0.001$ ) than the contributions from coconut scrapings and oil to the coconut fat intake. Percentage of energy supplied by coconut fat was higher in females than in males. Coconut milk supplied higher calories ( $225 \pm 102$  kCal/ day) to the total energy intake and it was higher in males. Females consumed more energy ( $92 \pm 82$  kCal / d) from coconut scrapings than that of males ( $84 \pm 64$  kCal/d). Coconut oil had contributed about 47 ( $\pm 41$ ) kCal/d for an average person and males had consumed significantly higher ( $P < 0.051$ ) energy from coconut oil than that of females.

According to the age and energy adjusted correlations there was no significant association between coconut fat intake and the selected CHD risk factors. Except for BMI all other risk factors showed a negative relationship with coconut fat intake.

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