

5. Salt Consumption in India – Economy

Indian adults consume 8–11 grams of salt daily, nearly double the World Health Organization's (WHO) recommended limit of 5–6 grams, creating a major public health challenge. This overconsumption is a key driver of hypertension and cardiovascular diseases in the country.

Main Sources of Salt Intake

The high salt intake in India is not just from adding salt at the table but is deeply embedded in the food ecosystem.

Home-made Food – Surprisingly, nearly three-fourths of salt intake comes from daily home-cooked meals and traditional accompaniments like pickles and papads.

Dining Out – Restaurants often use excessive amounts of salt, oils, and butter to enhance flavor.

Packaged & Processed Foods – A significant amount of "invisible salt" is present in everyday items like bread, cookies, ketchup, sauces, and pastries. These foods fall under the High in Fat, Salt, and Sugar (HFSS) category, which is a growing health concern.

Cultural Practices – The common practice of keeping salt shakers on dining tables encourages the habit of adding extra salt to meals.

Health Consequences of High Salt Consumption

Excess sodium intake has severe and widespread health repercussions for the Indian population.

Hypertension – High salt consumption is a direct cause of high blood pressure. 28.1% of Indian adults are affected by hypertension.

Cardiovascular Diseases – It significantly increases the risk of heart disease, stroke, and kidney ailments.

Misconceptions about "Healthy" Salts – There is a popular but incorrect belief that alternative salts like rock salt, pink salt, and black salt are healthier. While they may contain other minerals, they all contain sodium chloride and contribute to high sodium intake.

Risk of Iodine Deficiency – A critical concern is that many of these alternative salts are not iodised. Widespread replacement of iodised table salt could lead to a resurgence of iodine deficiency disorders like goiter and impaired cognitive development.

Strategies for Salt Reduction

Addressing this public health issue requires a multi-pronged approach involving policy changes, industry regulation, and public awareness.

Integrated HFSS Boards – The government's policy focus should be expanded beyond just sugar and oil to create integrated boards that address all High Fat, Salt, and Sugar (HFSS) foods.

Front-of-Pack Labelling (FOPL) – A crucial step is to adopt mandatory warning labels on packaged foods that are high in salt. The model used by Chile, which has proven effective in reducing consumption of unhealthy foods, is often cited as a best practice.

Behavioural Change – Public health campaigns should encourage a gradual reduction of salt in cooking, using herbs and spices as alternative flavorings.

Early Intervention – It is vital to avoid adding salt to the diets of infants and toddlers. This helps prevent the development of a lifelong preference for high-salt foods.

Standards in Public Food Systems – The government should set and enforce strict salt standards in meals provided through public systems like mid-day meals in schools, Anganwadis, and hospital canteens.

Community Initiatives – Simple but effective measures include encouraging restaurants to remove salt shakers from tables and motivating families to consciously review and limit their weekly purchases of HFSS products.

Source – <https://www.thehindu.com/opinion/op-ed/just-a-pinch-can-reduce-an-indians-salt-overload/article70089872.ece>