

## **4G: CHANGING PATTERNS OF EATING**

**Karen Cashel**

### **Changes in lifestyle and family structures**

What we eat, when we eat, where we eat and with whom we eat has changed markedly in Australia in the last 10 to 20 years. The structure of Australian families and their lifestyles are changing. There are more adult-only households and more single parent with dependent children households. The average number of people in an Australian household has decreased from 3.09 people in 1975-76 to 2.6 people in 1998-99. Nearly 70% of women now participate in the workforce. Around 60% of households with two parents and dependent children have both parents working. With more single parent families and women working full-time, the time available for food selection and food preparation has decreased.

A survey of 200 women aged 18 years and over in Sydney and Melbourne found that on average, six evening meals a week were eaten at home and one was eaten away from home (eg at a restaurant). Of these six evening meals eaten at home only 5 were prepared in the home from scratch- the sixth was bought pre-prepared (eg ready-to-eat, ready-to cook, take-away). Further, 44% of these women expressed interest in heat and serve meals, and 1 in 3 had purchased ready-to-eat hot meals (eg BBQ chickens) in the previous week.

We are cooking less often, and spending less time in preparing the meals we do cook – there are reports of homes being built in Sydney without proper kitchens. Who is in the kitchen or supermarket is changing. The increase in single-person households and non-family households suggests that today, males are taking a greater role in food selection and food preparation compared to previous generations. Men generally are taking a greater role in shopping for food. Younger men tend to purchase more meals away from home rather than cooking for themselves. Children are more responsible for choosing their own snacks and meals and for preparing foods/meals (eg breakfast, after school).

These changes have increased our reliance and interest in pre-prepared foods (eg ready-to-eat, ready-to-cook, take-away) and foods with an extended shelf life. Despite this reliance, we continue to perceive additives and preservatives to be unhealthy and unsafe, while fresh or cooked foods are safe. These perceptions and preferences of consumers, have also had an effect on the way foods are preserved, retailed and promoted. So, alongside this growth in consumption of pre-prepared meals, there has also been a trend towards eating unprocessed or minimally processed foods (eg refrigerated, without salt and other preservatives) and to fresh and healthy foods. Australian consumers are also experimenting with a diversity of new, exotic and culturally different foods, including raw animal food products such as sushi.

### **Changes in shopping habits and the environment for buying food**

Today, the way we shop, choose and prepare the foods we eat has changed markedly compared to just 20 years ago. While we have less time for these tasks, the choice of when and where we shop for our food has increased. Previously, we had a range of smaller stores, each with a particular range of foods (eg for fruits and vegetables, breads, meats, health foods), and supermarkets substantially concentrating on grocery items. Today we have large, comprehensive supermarkets that still have grocery items, but also the fresh fruit, vegetables, breads, meats, as well as shelves full of snacks and ready-to-

heat convenience foods, including whole meals. Supermarkets also sell instant hot food (baked & cooked on the premises) and may even provide a café area for consuming these. Home delivery has expanded to ordering food on the Web and paying for it by a variety of means, including in-store banking. Despite the growth in high-value-added foods (eg those where other people have done the preparing, cooking etc), there is a strong promotion of the freshness of the products offered.

We have an increasing range of foods, and food services to choose from, including the growing café and restaurant sector. Supermarkets, fast-food outlets and restaurants have all extended their opening times. When we shop for anything we will probably be surrounded by food outlets. We eat out more often, and are likely to find choices for breakfast, lunch and dinner – to say nothing of the numerous options available to satisfy our frequent snacking habits. When we do eat at home, we are more likely to be eating alone, or in the company of the TV than was the case twenty years ago.

The food we are eating may have been picked up on the way home, ready for the family to eat, or ordered by phone and delivered to our door. And not just fast foods; there is a wide range of restaurants vying for our pick-up or delivered-meal order. Australians are spending about 15% more of their income on food, particularly on meals eaten out and take-away foods. In 1975-6 \$1 in every \$5.5 spent on food was spent on meals eaten out and take-away foods. By 1998-99 this had increased by nearly 50% to \$1 in every \$3.7 spent on food. More than half of this was spent on fast-foods and take-away foods.

### **Changes in apparent consumption of common foods and beverages**

Australians have also made major changes in the type of food they eat over this period:

- We now eat about 50% more seafood but 25% less meat. We have made major changes in our choices of meat, eating less beef and lamb, but more chicken, pork and bacon
- We have reduced the number of eggs we eat by about a third, but doubled our cheese consumption
- We eat more of all fruits, but have reduced the amount of canned fruits eaten by about one third
- Our vegetable consumption has increased by about a third. We are eating more potatoes (but we also eat more chips and crisps), more tomato and root vegetables, but less of the leafy green vegetables
- Overall, we eat about the same total amount of cereal foods, although rice consumption has increased threefold, reflecting the influence of Asian cuisine, as well as increased migration from countries where rice is a staple
- Refined sugar consumption has decreased. Home use of sugar has declined while that in manufacturing has increased (eg soft drinks, confectionery, dairy and bakery products)
- Consumption of fat-based spreads has decreased, particularly butter (by nearly a half) and cooking margarine (by a third)

- We drink less tea, but more coffee. Our soft drink consumption has increased by nearly two thirds
- We drink about the same amount of spirits, but more wine, and less beer. Beer consumption peaked in the 1970s, and in the 1980s. Alongside a true decrease in the amount of beer consumed, there was a shift towards lower alcohol beers. At the end of the 1970s, two thirds of the alcohol (ethanol) consumed by Australians came from beer, today it's a little over 50%.

### **Food literacy: are the messages/information about foods helpful or confusing?**

Over the last 20 years, the role of diet in promoting health and preventing lifestyle-related diseases has been increasingly promoted to the Australian community by nutritionists and dietitians. This diet-health education has focused on the dietary guidelines, and the changes described above in the foods consumed broadly reflect some of the key health messages. However, this increase in diet-health focus and consumer awareness has been accompanied by a rapid growth in magazine articles, particularly magazines targeted at women, in health reporting in news media, in the development of diet-health focused books, magazines, and television programs. Adults report that the media and magazines are the most likely source of information and knowledge about a whole range of food and nutrition issues.

The earlier, simple messages advertising particular food and/or brands for many categories of foods is now largely drowned by a plethora of food labelling and food advertising, promoting particular nutrition and health related attributes of a food aimed at influencing the choices made by consumers. This increasing sophistication in information about food and health and in the range and type of foods available suggests that consumers today need to have a greater understanding of the food they eat, and of food-related health issues. Yet the changes in family structure and in work demands suggest that the time available for developing food knowledge and skills is decreasing. Food labelling has been proposed as a strategy, but is of limited use. The space is limited, many foods are not labelled in the traditional way, and many consumers are unable to appropriately interpret the information provided. Further, it has been argued that labelling can give consumers a false sense of personal control over their food.

In studies in the ACT and overseas there is evidence that food literacy and basic food skills (handling, cooking) is declining, especially in groups with lower levels of education. Yet the knowledge and skills needed by adults has changed, and the opportunity for children to learn these life skills in the home has decreased. Further, food-related education per se has been removed from school curricula overseas (eg UK) and has been under threat as both a core and as an elective component of curricula in Australia. These, the school and the home, are the major reported sources of learning about food and food skills.

Consumer knowledge, skills, and behaviours about food do matter. We must identify and address the food knowledge, skills, and attitudes necessary to keep up with the rapid changes occurring in families, in family food behaviours and in the broader food environment to optimise healthy food choices.

Enhancing opportunities to improve the level of food knowledge and skills in the community is a key issue for the health of families in the 21<sup>st</sup> Century.

## Discussion notes

- Home economics has been downgraded in school curricula, and is often an 'elective'. For it to survive in a 'hands on' way it requires dedicated resources – rooms and equipment – and constant replacement of consumables. The time and opportunity for such hands-on skills, such as food preparation, cooking and storage is constantly being reduced. We need to promote the learning of food skills for both boys and girls, which requires overcoming prejudices about male/female tasks. Without these skills, society becomes more vulnerable to marketing hype and the easiest way out – instant food
- Societal change is in the direction of an increasing number of people living alone – including the young being separated from family, divorcees and the elderly. As part of niche marketing, the food industry has expanded the range of 'single serve' package products in our supermarkets, and the way in which fruit, vegetables and deli items are made available such that you can buy 1 or 100 apples also helps. The associated issue is social isolation, around which there is a potentially wide range of negative health behaviours and outcomes. Initiating strategies for eating/sharing with others is one option, and there are programs for the elderly and for youth that incorporate meals and other shared food occasions
- Just 15% of the Australian population are classified as non-urban, and there are some disadvantages and advantages associated with this for rural communities, such as:
  - distance from a major food marketing centre
  - smaller range of products available (both fresh and processed), consistent with smaller demand
  - time and cost of transporting foods, especially fresh perishables, and the impact that resultant high costs can have on demand (this is especially true for isolated Aboriginal communities)

There are some assets which may offset these drawbacks, such as access to local fresh farm and garden produce, which is traditionally more nutritious than mass-produced, stored and transported food

- Every country has a level of research on the relationship between food and nutritional health issues, and there is an enormous range of research reports in this area, which can be accessed through Medline on <http://www.ncbi.nlm.nih.gov/Literature/index.html>, & choose Pubmed from the left hand column
- Some local nutrition research is undertaken at the Gadi Research Centre (Gadi is a Ngunnawal word meaning 'searching for') in the human and biomedical sciences at the University of Canberra. The Centre is multidisciplinary and has four main areas of research:
  - *immunology*: this is the biggest group, with a national and international reputation, looking at infectious diseases (e.g. otitis media, Ross river virus) with an aim to develop treatments such as vaccines
  - *sports science*: this group includes sports physiology, biomechanics, sports psychology and sports nutrition

- *population health group*: comprising public health nutrition, dietetics and physical activity behaviours and factors that influence these. The group, which co-ordinates with colleagues in NSW and Victoria, includes studies on population groups in the ACT, studies on the influence of the home environment on eating behaviours and risk of obesity, and aspects of monitoring changes in the population
- *fundamental research* on normal and abnormal cells and tissues.

### Further reading

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