

SOCIAL MARKETING AUDIENCE RESEARCH

Healthy Eating in New Zealand Families and Whānau



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Health Sponsorship Council

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1.0 Executive Summary

1.1 Background

1.1.1 Health Sponsorship Council

The Health Sponsorship Council (HSC) is a New Zealand government agency that promotes health and healthy lifestyles through the development and delivery of health promotion and social marketing programmes¹. Its work focuses on reducing health inequalities, particularly for Māori, Pacific peoples, and other population groups at greatest risk of poor lifestyle-related health outcomes.

1.1.2 Social Marketing Audience Research Project

The HSC wished to conduct audience research that focused on parents and caregivers, to inform the development and delivery of social marketing strategies for the Smokefree, Auahi Kore, Healthy Eating and Problem Gambling programmes. Collectively the research is known as the Social Marketing Audience Research (SMAR) project.

The project is being conducted in three phases. Phases One, Two and Three involve the exploration of healthy eating, smoking and gambling in the context of New Zealand families and whānau, respectively – a separate report is being provided for each phase. Each phase also involves the exploration of health and well-being and family/whānau functioning - a final report on this topic, incorporating information from all three phases of the SMAR project, is required on completion of Phase Three (Phase One findings are reported in a companion report, *Health and Well-Being and Family/Whānau Functioning: An Interim Report*; December 2007).

TNS was commissioned to conduct Phase One of the SMAR project. It conducted a total of 12 focus groups, 18 family/whānau groups, 48 individual in-depth interviews with parents/caregivers and 10 interviews with children. The research sample comprised a mix of Pakeha, Māori, Pacific peoples and Asian participants – see Section 3.0 for information about the research method, sample and procedure.

Phase One findings that relate to eating are the subject of this report (i.e. *Healthy Eating in New Zealand Families and Whānau*; December 2007).

1.1.3 Reader Notes

Unless specified, the findings in this report apply to both parents and caregivers (of five to 16 year old children).

Where the term 'Pacific Other' appears in the report, this signifies that the participant was a Pacific person who was not a Samoan or Tongan person.

¹ www.hsc.org.nz

1.2 Key Findings

1.2.1 Attitudes and Practices – Meals

Breakfast

- Breakfast was emphasised for children, but was not always eaten by adults.
- Weekday breakfasts were a rushed affair, with many parents eating separately (e.g. later or somewhere else) from their children.
- Weekend breakfasts represented a chance for family/whānau time and to break out of the weekday routine. They were a more relaxed affair, but may have also been less healthy than weekday breakfasts.

Lunch

- Sandwiches were no longer core to all children's lunchboxes. However, packaged lunchbox snacks such as muesli bars and chippies featured in many.
- Lunchboxes represented a major opportunity for fruit to be eaten – most lunchboxes contained at least one piece, most days.
- Schools appeared to be leading the charge in discouraging sugary drinks, promoting water as the best option for children.
- Parents had less control over what older children were buying for lunch – many left it to trust that their children were making healthy choices (or rationalised that this one meal was not so important in the scheme of things).

Dinner

- Dinner was regarded as the main meal (the biggest and most nutritionally important) of the day.
- Getting dinner on the table was a chore for time-poor families, particularly where both parents worked. Convenience foods and takeaways had significant appeal when families were busy or felt under pressure.
- Eating in front of television had replaced evening meals at the table for many families/whānau. Some of these families/whānau did not own a table; others simply did not use it for meals.
- Vegetable consumption was much more strongly associated with dinner than any other meal. However, some families did not eat vegetables on a daily basis. Not all those who did make a point of serving vegetables for dinner were willing to insist that their children eat them.

1.2.2 Attitudes and Practices – Special Occasions

- Special occasions involved more elaborate, often less healthy food.
- Any normal eating rules that applied were suspended on special occasions, with adults and children free to indulge.
- Special occasions often included fizzy drinks (and alcohol).

1.2.3 Attitudes and Practices – Snacks, Takeaways, Vegetables, Fruit, Fizzy Drinks and Alcohol

Snacks

- Parents' own snacking behaviour was often less healthy than that which they encouraged in their children.
- Packaged snacks such as muesli bars and chippies were a staple item in many children's lunchboxes. Some parents bought these products as a means of giving their children the things they never had in childhood, and/or of ensuring that their children had what 'the other children had'.
- Lunchbox snacks' nutritional value went unquestioned by some parents. Their convenience to parents and appeal to children made them a popular lunchbox choice.
- Parents and caregivers sometimes granted treats (i.e. less healthy snacks) to 'keep the peace' and buy 'time-out' from their children.

Takeaways

- Most people said takeaways had their place in the family/whānau diet. But there was little clarity on what exactly that place should be.
- Takeaways were popular with children, and represented 'time-out' for parents.
- Takeaways usage had extended far beyond '*fish and chips on Fridays*' to include a wide variety of ethnic, restaurant and even supermarket food (such as hot chickens and salads '*to go*').

Vegetables

- Vegetables were largely confined to evening meals in many families/whānau.
- Most people believed vegetables were good for them and should be eaten, but many were not clear on exactly why this was so.
- Plenty of people were not eating vegetables daily. Some believed eating fruit made up for this deficit.

- Comment was made by some parents that vegetable eating was a habit best learned while young. A taste for vegetables appeared to be harder to acquire in adulthood.

Fruit

- Most people believed fruit was good for you and encouraged their children to eat it.
- Fruit was popular with children – few parents had to enforce fruit eating.
- Parents often reported eating a lot less fruit than their children. Children were often daily fruit eaters – their parents often were not.
- Some families/whānau were limiting children's consumption of fruit on cost grounds.

Fizzy Drinks

- There was relatively high awareness of fizzy drink's high sugar content, and this was a key reason for families/whānau limiting or avoiding fizzy drinks.
- If parents drank fizzy drink at home, their children were more likely to drink it too (or to want to).
- Fizzy drinking was often linked to eating takeaways.
- For fizzy drinking families/whānau, the relatively low cost of fizzy drink, especially compared to milk, reinforced its consumption.

Alcohol

- Many families/whānau reportedly drank alcohol sparingly or not at all in their home.
- In some instances parents hid their alcohol consumption (and its effects) from their children, in a bid to be good role models.
- Coming to grips with alcohol was seen as a rite of passage for teenagers.
- Many families/whānau were uncertain how to prepare their children to handle alcohol, and the risks associated with alcohol consumption.

1.2.4 Weekday Versus Weekend Eating Practices

Weekday Eating

- Overall, weekday eating tended to be healthier than weekend eating. The weekday routine included simpler breakfasts, and it was common for children to have fruit as part of a packed school lunch. Weekday evening meals were more likely to be home-cooked, and to include at least some vegetables.
- Eating tended to be healthiest at the start of the traditional working week, and to start to slide as the weekend approached – with families/whānau eating fewer vegetables, less fruit, and more convenience foods, and takeaways.

Weekend Eating

- Weekends for many families/whānau offered a chance to relax weekday routines – this often extended toward eating routines and rules. Weekends often involved larger and more high energy breakfasts and brunches, and less structured midday and evening meals. Vegetables may have been missing from the latter, particularly when fathers were cooking.
- Weekend eating was more spontaneous and arose out of whatever weekend activities family/whānau members were involved in. Weekend outings often involved meals and snacks that were less healthy than meals and snacks consumed at home during the week.
- Weekends often involved socialising with friends and family/whānau, as well as celebration of special occasions. Less healthy foods often featured at family/whānau get-togethers.
- Marked differences between weekday and weekend eating did not apply in all families/whānau. Where parents worked at the weekend, or there were very small children in the household, weekend eating routines were more likely to closely resemble weekday routines.
- The most committed healthy eaters tended to adhere to established eating routines and rules on weekends as well as during the week.
- The least healthy eaters made little distinction between weekdays and weekends when it came to their eating practices. Generally, their weekday eating resembled more healthy eaters' weekend eating (fewer vegetables, more takeaways, more treats, and more use of packaged and convenience foods).

1.2.5 Favourite Foods

Children

- Children frequently asked their parents to buy specific foods they had seen advertised on television (or had seen in other children's lunchboxes). Common requests included: "*fancy*" breakfast cereals and snack foods such as chippies, chocolate, biscuits, muesli bars and lollies. Children liked the sweetness of many of the above foods. Some packaged lunchbox snacks also had considerable social cachet.
- Despite their focus on sweet foods and packaged snacks, children in this study showed evidence of diverse tastes in terms of the foods they enjoyed eating; some of them liked vegetables.

Adults

- Parents also enjoyed a wide range of foods and their tastes influenced the foods they provided for their children. Parents' desire to be good eating role models sometimes led to double standards or surreptitious eating. Some parents hid or downplayed their liking for sweet and high fat foods and fizzy drink in order to be good role models. Other parents made these items freely available to their children because they wanted to consume them too.

1.2.6 Less Popular Foods

- Vegetables were a common source of friction at meal times. Some children enjoyed eating a wide range of vegetables, some would eat a more limited range, and some did not like eating vegetables at all. Parents reported that vegetables were an acquired taste for some children. Parents who were willing to enforce vegetable eating tended to find that the battles diminished with time.
- Some parents were poor role models when it came to eating vegetables. This undermined attempts to persuade children to eat them.

1.2.7 Foods and Drinks that Were Encouraged

- Fruit and vegetables were chief among foods promoted to children as healthy.
- Water was also widely encouraged, particularly in favour of sweetened drinks such as fizzy drink and cordial. (Some also included juice in this sweet drinks category).
- Meat, milk and other dairy products were also widely encouraged (with some qualifications for meat and dairy products because of concerns about fat content).
- Some parents also encouraged foods that they perceived to be nutritious by virtue of being high in fibre (e.g. whole grain breads).

1.2.8 Foods and Drinks that Were Limited

- Many parents and caregivers limited certain foods because they perceived that eating them too often, or eating too much of them at a time was unhealthy. Chief among these limited foods were takeaways, fizzy drinks, lollies, and packaged snack foods such as chippies.
- Fatty foods such as pies and fatty meats, and sweet foods such as biscuits, sweet cereals, and sweet lunchbox snacks such as ‘strings’ (a sweet, gelatinous-based snack) also tended to be limited. (However, some parents believed sweet lunchbox snacks such as muesli bars and ‘strings’ were healthier alternatives to chocolate, biscuits and lollies, and may have provided them on this basis).
- Some parents and caregivers believed that unless children were clearly overweight, there was little need to monitor or limit their consumption of sugary and high fat foods.

1.2.9 Understanding and Achieving Healthy Eating

Signifiers of Healthy Eating

- Participants regarded the inclusion of fruit and vegetables in a diet as key signifiers of healthy eating. Limiting the consumption of (obvious) sugar (e.g. biscuits, lollies and fizzy drink) and (obvious) fat, e.g. fatty meats such as sausages, fried foods, takeaways (excluding varieties perceived by some parents to be healthier, such as Subway) were also significant signifiers of healthy eating.
- Other signifiers of healthy eating were the consumption of less processed products, organic foods, having a balanced diet, eating in moderation and, to a lesser extent, opting for cooking methods that did not use fat or oils, e.g. steaming, boiling, baking or grilling, and eating food that was not overcooked so as to maximise its nutritional value.

Indicators of Healthy Eating²

- The indicators of healthy eating identified in this study were being physical healthy, not easily succumbing to sickness or being able to recover quickly if so afflicted through having a “good” immune system, not being overweight or obese, and having sufficient energy.

² Note: There is some overlap between the perceived benefits of healthy eating and indicators of healthy eating. Benefits were more associated with tangible and less tangible pay-offs of healthy eating, e.g. avoiding heart disease, whereas indicators were more likely to be the visible effects of healthy eating.

Perceived Benefits and Drawbacks of Healthy Eating

The following table provides a summary of the perceived benefits and drawbacks of healthy eating:

Perceived Benefits of Healthy Eating	Perceived Drawbacks of Healthy Eating
<ul style="list-style-type: none"> ■ Being physically healthy. ■ Not easily succumbing to sickness or being able to recover quickly if so afflicted. ■ Improving or effectively managing a health condition. ■ Protection against potential future health problems. ■ Not being overweight or obese. ■ Helping to achieve and maintain weight loss. ■ Having sufficient energy. ■ Eliminating preservatives and food colourings from diets was associated with keeping hyper children calmer. ■ Feeling virtuous about being a 'good parent' through providing healthy food. ■ Saving money through avoiding doctors' bills. 	<ul style="list-style-type: none"> ■ Too expensive (in terms of the cost associated with buying healthy food). ■ Requires time, effort, planning, commitment and persistence to implement and maintain (not always possible or practical in the time-scarce world that many people lived in). ■ Resistance to healthy eating from a partner or children is a potential source of conflict – and not a 'price' some people are willing to pay because it is easier to 'operate' in a harmonious household.

Level of Concern about Healthy Eating

- Healthy eating was of low to moderate concern for most families/whānau. Not all people understood that a good diet was a key contributing factor to good physical health. The belief that being physically active and not overweight were evidence of good physical health, regardless of diet, was relatively common.
- Eating is a fact of everyday life, and continual decisions around eating (such as what to eat and how much to eat) are unavoidable. However, it takes knowledge, commitment, planning, time and energy on the part of at least one parent in the household to consistently prioritise healthy eating, and to follow through on healthy eating intentions. Other adults (parents and caregivers within and outside the household) with less commitment to healthy eating can undermine these intentions.

Achieving Healthy Eating

The following table summarises the key factors, internal and external to families/whānau, that helped families/whānau to eat healthily.

Internal Factors	External Factors
<ul style="list-style-type: none"> ■ Having a belief in, commitment to and having the time to make healthy eating occur. ■ Having a parenting style that sets goals, boundaries and rules and consistently applies these. ■ Having a supportive partner. ■ Having the knowledge and skills with which to prepare healthy food. 	<ul style="list-style-type: none"> ■ Healthy eating messages such as 'five plus a day' and those coming home from schools and pre-schools. ■ A range of healthier food options being available for purchase, e.g. Subway, sushi. ■ Easy access to cheap fruit and vegetables. ■ Medical advice, e.g. from one's general practitioner. ■ Print communications, e.g. in women's magazines, and health and diet magazines.

The following table summarises the key factors, internal and external to families/whānau, that worked against families/whānau eating healthily.

Internal Factors	External Factors
<ul style="list-style-type: none"> ■ Repeating unhealthy eating behaviours from one's own childhood. ■ Lack of time. ■ Lack of support from a partner (the researchers have called this <i>partner drag</i>). ■ Reluctance to enforce healthy eating behaviours because of potential fallout from one's partner and/or children. ■ Lack of understanding as to what constitutes healthy eating. ■ Lack of knowledge and skills to prepare food generally, i.e. regardless of whether it was healthy or not. ■ Parental sweet tooth meaning that a household was more disposed towards eating sweeter foods. ■ Desire to continue with a traditional (and less healthy³) diet often to uphold cultural values. Note: Some Pacific and Indian families came into this grouping. ■ Other family/whānau members, e.g. grandparents, not supporting parent/s' healthy eating rules. 	<ul style="list-style-type: none"> ■ Confusion resulting from many, often conflicting, health messages. ■ Promotion of unhealthy foods, e.g. McDonalds, Burger King. ■ Easy access to less healthy foods, e.g. at dairies and service stations and from vending machines. ■ The perceived high cost of fruit and vegetables. ■ Peer pressure arising from children wanting to have similar food in their lunchbox to that of peers. ■ Pacific families found it hard to say 'no' to unhealthy food offered by someone outside their family because it went against cultural beliefs to reject offers of hospitality expressed through food.

³ Traditional diets were associated with having a high fat content, e.g. through the use of coconut cream in curries and some Pacific dishes.

1.2.10 Eating in the Context of Family/Whānau Functioning

Roles and Responsibilities – Food Planning, Preparation and Cooking

- The adults regularly caring for children during the day had the greatest influence on their eating, because they were preparing meals and dispensing snacks for children. Adults who were in full-time work had less scope to influence healthy eating, by virtue of being absent from home during working hours.
- Grandparents and other regular caregivers may have followed their own rules regarding what to feed the children in their care. Grandparents in particular may have regarded it as their prerogative to ‘treat’ their grandchildren.
- Many ‘home making’ duties – including food planning and cooking – tended to fall on to mothers, regardless of whether they were in paid work. However, mothers re-entering the paid workforce was sometimes a trigger for fathers getting more involved in both food planning and cooking.
- Overall, mothers tended to dominate decisions about which foods made their way into the grocery trolley.
- Children were not heavily involved in food planning, but parents generally took children’s food preferences into account when planning meals.
- Children were often involved in food shopping. Their specific requests tended to revolve around “fancy” breakfast cereals, and snack foods such as chippies, chocolate, biscuits, muesli bars and lollies. Usually, children would have seen these products advertised on television.
- Children exerted most influence in decisions about what packaged lunchbox snacks were bought. Some parents retained veto rights, for example, refusing to purchase lunchbox snacks that too closely resemble lollies (such as ‘strings’). Price also triggered a parental veto in some instances.
- From around the age of five years children started to show an interest in baking and cooking simple meals. Many parents limited these opportunities to weekends or special occasions because it was easier, quicker and less messy to keep children out of the kitchen.
- By the teenage years, some children were cooking for the family/whānau on an occasional or regular basis.

Decision-making Dynamics – Meals and Snacks

- Breakfast cereal was a staple breakfast item (along with toast and spreads). Parents tended to categorise breakfast cereals according to their perceived healthiness (primarily related to sugar content, and use of colourings). The least healthy cereals from parents' point of view were often the most expensive, and this factor could limit purchase as much as their sugar content.
- The mother was usually the key decision-maker regarding what went into younger children's lunchboxes (e.g. up to about the age of ten years).
- Older children (e.g. eleven years plus) who purchased their lunch, generally made their own decisions regarding what they bought. Purchases from dairies, service stations and takeaway outlets featured, in addition to purchases from school canteens.
- Decisions about dinner took place on two levels: when the grocery shopping was done; and when whoever was responsible for cooking dinner on a given night had to 'get on with it'. Mood, available time, and energy levels all influenced what got cooked, or whether takeaways were on the menu.
- Children asked for specific snack foods (often treats such as lollies or packaged snacks) when they knew these were in the house. While many parents had rules and limits relating to such snacks, sometimes they were granted to 'buy peace' from children's demands.

Eating Rules and Guidelines

- This study found a large number of rules in relation to healthy eating. However, these rules were far from universal, and were sometimes randomly enforced.
- Many families/whānau had a general rule that children must eat breakfast. However, there was less routine supervision of older children (e.g. ten years plus).
- Enforcement of rules relating to lunch got harder as children got older, and the social acceptability of a lunchbox waned. Some parents did not attempt to regulate what their older children bought for lunch.
- Enforcement of lunch rules was aided by schools, many of which discouraged or banned chocolate or lollies being taken to school as part of lunch, and encouraged water consumption over that of fizzy or other sugary drinks (these were also often banned).
- Most families/whānau had rules around dinner. At least one parent was also likely to be present to monitor children's eating.

- Attempts to enforce dinner rules, particularly in relation to eating vegetables, were sometimes undermined by parents' own eating habits.
- Rules relating to snacks focused on limiting snacks deemed to be less healthy (usually packaged snacks such as chippies and biscuits), and ensuring that children did not fill up on snacks at the expense of eating proper meals.
- Snack rules tended to be less defined than other eating rules, and more open to fluctuation according to the parents' mood and stress levels.

1.2.11 Healthy Eating Messages and Communications

Messages that Supported Healthy Eating

From Within the Family/Whānau

- Messages given to children about healthy eating focused overwhelmingly on the importance of fruit and vegetables. Many parents also talked to children about the importance of meat, milk and other dairy products.
- Most parents gave their children messages about foods that should be limited because eating them too often, or in great amounts, could be unhealthy. The prime candidates for these messages were takeaways, fizzy drink and lollies. Fatty foods – such as pies, fatty meat and chippies – and sweet foods generally – such as biscuits, sweet cereals, and sweet snack foods – also came into this category.
- However, some parents believed that there was little or no need to monitor consumption of high fat foods if children were not overweight.
- Non-verbal messages could support or undermine verbal healthy eating messages. Observing adult family/whānau members eating healthily was influential, as was observing them not eating healthily (e.g. not eating fruit and vegetables despite encouraging the children to do so, or regularly indulging in snack foods and fizzy drinks that they limited for their children). Reliance on takeaways for regular meals also undermined healthy eating messages.

From Outside the Family/Whānau

- Schools and pre-schools were an influential source of healthy eating messages and information. Schools have been particularly successful in encouraging water consumption in favour of fizzy drinks (and other sweet drinks). Schools have also raised the profile of fruit and vegetables as healthy foods in promulgating the 'five plus a day' message.
- For parents, women's magazines and health and diet-focused magazines were an important source of information on nutrition, often focused on reducing fat consumption and weight loss.

- Television programmes focusing on weight loss, such as *Downsize Me* and *The Biggest Loser* were influential in alerting parents (and some older children) to unhealthy eating practices, and healthier alternatives.
- Television cooking shows were another source of messages on healthy eating options, and ways to reduce fat consumption.
- General practitioners were an important source of messages regarding the impact of diet on health. Gym instructors also fulfilled this function for some people.
- Sports people also served as healthy eating role models, whether through direct promotion of specific foods, or indirectly through television and magazine coverage.

Messages that Undermined Healthy Eating

- Food industry advertising targeting children (including promotions and sponsorships such as McDonalds' involvement in school sports).
- Promotion of sweet foods and packaged snack foods as healthy because they contained fruit or "natural" sugars.
- Promotion of takeaways such as McDonalds as part of a balanced diet.
- Heavy promotion of snack food and fizzy drink specials by supermarkets.

Influential Communications Channels

For Adults

- Women's magazines and television.
- General practitioners and other health practitioners, local health organisations affiliated with Māori organisations and rununga, and gym instructors.
- Colleagues and friends.
- The Heart Foundation tick.
- The diet industry.

For Children

- Parents and caregivers (and peers as children got older).
- Schools and pre-schools.
- Television.

1.2.12 Audience Segmentation

This study segmented participants in the in-depth interviews on the basis of their eating attitudes and behaviours. Six segments emerged: True Believers, Providers, Convertees, Complacents, Avoiders, and Inerts. The segments represented a continuum in terms of knowledge about healthy eating, and healthy eating behaviours. (The six segments and their distinctive attitudes and behaviours are detailed in Section 8.0 – Audience Segmentation of this report.)

- True Believers were most knowledgeable and consistent in terms of practising healthy eating behaviour. Healthy eating was a priority for this segment.
- Providers were moderately knowledgeable and ate fairly healthily as a by-product of using the food resources they found in their own community, and their 'do it yourself' approach to food preparation.
- Convertees were trying to eat more healthily, often as a result of a health scare or issue. As a result they were actively acquiring new eating knowledge and habits.
- Complacents generally believed that their family/whānau ate more healthily than it did. Less healthy eating habits had crept up on them over time.
- Avoiders were resistant to healthy eating messages. They may have been reasonably knowledgeable but cited conflicting health information as a reason to continue eating as they pleased (which was mainly less healthy foods).
- Inerts were the least knowledgeable about healthy eating and the least healthy eaters. Healthy eating was not on their radar.

1.3 Conclusions

1.3.1 Healthy Eating in the Context of Family/Whānau Functioning

- The research highlighted that healthy eating did not happen by chance – it took time, effort, planning, commitment and persistence on the part of parents and other significant caregivers. Good intentions with regard to healthy eating could be undermined by lack of buy-in by the wider family/whānau. HSC may wish to consider promoting healthy eating as a family/whānau concern.
- Regardless of who occupied the income earner role(s), overall, mothers were more influential than fathers in terms of global decisions about what went into the supermarket trolley. On this basis, mothers are a key target for healthy eating messages aimed at family/whānau.
- Role modelling by parents was instrumental in establishing healthy eating patterns (or otherwise) in children. The researchers note that children's eating habits generally reflected those of their parents. Fruit and vegetable consumption were key examples of parents saying one thing to their children and doing another themselves. Messages that gently address the powerful influence of adult role modelling would be valuable.
- *Partner drag* could undermine the effort of the adult in the household most concerned about healthy eating, resulting in unhealthy eating behaviours becoming the household norm. This highlights an opportunity for HSC to promote healthy eating as a team effort within households. This would work to support the theme of healthy eating being a family/whānau concern.

1.3.2 Eating Attitudes, Practices and Behaviours

- Opportunity exists to provide guidance on healthier cereal options, e.g. introducing a simple colour coding system that could be *taken in* at a glance. Examples of how to incorporate healthy foods into weekend breakfasts would also be useful.
- There is scope to define the place of packaged lunchbox snacks within children's lunchboxes, i.e. as a supplement to healthy foods, such as fruit, yoghurt, and sandwiches, and raw vegetables, rather than being the primary focus of the lunchbox. There may also be scope to consider a colour coding system for packaged lunchbox snacks (as suggested for breakfast cereals).
- There is a need to define the place of takeaways in a healthy diet (i.e. frequency). There is also scope to promote healthier takeaway options to ease pressure on busy families, e.g. supermarket-cooked chickens and salads 'to go'.

- Fruit and vegetables were the key signifiers of healthy eating regardless of the quantities or frequency with which they were eaten. People often over estimated their fruit, and particularly their vegetable, consumption. HSC may wish to consider highlighting the benefits of daily fruit and vegetable consumption as part of a balanced diet.
- The role of vegetables was very narrowly focused on the evening meal. There is scope to promote opportunities for raw vegetable consumption e.g. in lunchboxes and as a healthy snack option.
- There was already considerable traction around fizzy drink consumption, with some families/whānau having responded positively to messages regarding limiting fizzy drink and substituting with non-sugary drinks, primarily water. Messages reinforcing this movement would be valuable, as would the continued support of schools in promoting water as the first choice drink for children.
- There is also scope to show families/whānau how to transition from fizzy drinks to healthier alternatives, e.g. water and milk, and to emphasise the health benefits of these drinks.
- Parents generally recognised that their children would be confronted with alcohol as part of growing up. However, many parents were unsure how to teach their children to handle alcohol, and about the risks associated with drinking. HSC has a role to play in providing guidance in this area and, in particular, offering strategies to help parents prepare their children/young people for dealing with alcohol consumption away from home.
- Parents who were complacent in their belief that their children would not consume alcohol in inappropriate ways needed prompting to take a more preventative approach. HSC may have a role to play in communicating such preventative messages.
- The meaning of a balanced diet, and a balanced meal, have been eroded by conflicting messages from the diet, food and health industries. There is a need to redefine the meaning of both 'balance' and 'moderation' in the public mind. Ideally, this would be done in a way that cut through the clutter and seeming complexity of information 'out there', in a simple (perhaps visual) way. 'Five plus a day' is an example of a simple message that has achieved cut-through.

1.3.3 Understanding and Achieving Healthy Eating

- Some families/whānau saw healthy food as boring, bland and tasteless and preferred the taste of less healthy foods (because of their fat, salt and sugar content). There is scope to generate a shift in thinking with regard to healthy foods, so that they are seen to compete on taste, by promoting healthy food options that are widely acceptable to adults and children. Summer fruit is one obvious example.

1.3.4 Decision-making Around Healthy Eating

- Simple colour coding systems (e.g. for classification of breakfast cereals and packaged lunchbox snacks – see earlier) would aid parental decision-making regarding these commonly requested (and heavily marketed) foods.
- As stated earlier, mothers were key decision-makers with regard to household food choices, and were therefore a key target for healthy eating messages aimed at family/whānau.

1.3.5 Healthy Eating Messages and Communications

- There is a need to counteract unhelpful and conflicting eating messages, from the food industry in particular. Our suggestions for specific healthy eating messages targeting family/whānau can be found throughout this Section 1.3 – Conclusions.
- Television was an influential communication channel for adults, and particularly for children. Other influential channels include: schools, print media, general practitioners and other health organisations. A combination of channels is necessary for promoting healthy eating messages, with television providing the catalyst for seeking out information from other sources.
- Schools are a potent agent for promoting healthy eating messages that spread to the wider family/whānau.

1.3.6 Eating Audience Segmentation

- Some families/whānau were much further down the healthy eating track than others, as the audience segmentation for eating illustrates. HSC may wish to target tailored messages to those segments most in need of behaviour change (Avoiders and Inerts) and/or to those segments most open and able to change (Complacents). HSC may also wish to consider reinforcing the healthy eating behaviours of Convertees – because they are actively seeking to adopt healthy eating behaviours.
- There is an opportunity to promote as desirable a healthy eating positioning that is both attainable and sustainable: i.e. whereby people are reasonably knowledgeable about healthy eating and engage in healthy eating behaviours most of the time. As part of this it will be important to communicate an understanding that unhealthy foods have a pleasurable role within an overall balanced diet.

1.3.7 Summary

- People need reminding that healthy eating is a building block for good health, and that good health is the foundation of happy families/whānau. This latter ‘truth’ was recognised and articulated by participants when they were confronted by poor health, but remained largely in the background when there were no immediate and discernible health problems in the family/whānau.
- Healthy eating requires a team approach – where adults in the family/whānau are not on the *same page*, any healthy eating patterns are more vulnerable. Healthy eating can be promoted as another way of demonstrating love for family/whānau.
- The concept of a balanced meal has been replaced by many families/whānau with that of a balanced diet – as long as you have got a *bit* of everything that is fine. Both ‘balance’ (in terms of meals and overall diet) and ‘moderation’ require definition in the public mind.
- For many people, the composition of dinner was the signifier of how healthy their family/whānau diet was. Snacks in particular were often the thin end of the unhealthy eating wedge. Having vegetables with the evening meal more often than not, allowed some people to overlook their less than healthy snacking behaviour. Again, this comes back to defining a balanced diet in the public mind.