

5.0 Understanding and Achieving Healthy Eating

This section of the report explores the meaning of healthy eating, attitudes to healthy eating, including perceived benefits and drawbacks of healthy eating and levels of concern about healthy eating, and what factors were perceived to support and work against families/whānau eating healthily. It also outlines awareness of, and attitudes towards, the Government being involved in promoting healthy eating and addressing the issue of obesity among New Zealand families/whānau.

5.1 The Meaning of Healthy Eating

Participants were asked what healthy eating meant to them. Their responses covered perceived signifiers of healthy eating (i.e. what constituted healthy eating), indicators of healthy eating (i.e. how one could judge it), as well as the perceived benefits of healthy eating (i.e. the pay-offs).

Signifiers of healthy eating were foods and eating practices, as identified by participants, whose inclusion (or exclusion) signalled that a diet was generally healthy, or not. For example, the inclusion of fruit and vegetables was widely regarded as a signifier of healthy eating.

Indicators of healthy eating were visible or tangible effects of having a healthy diet, as identified by participants, such as having plenty of energy or not being overweight. The benefits of healthy eating included both tangible effects (e.g. not being overweight) and also less tangible, future-focused effects (e.g. being less likely to get cancer).

5.1.1 Signifiers

Signifiers of healthy eating centred mainly on the type of food eaten, having a balanced diet, eating in moderation and, in a minority of cases, how food was cooked.

This study found that two key signifiers of healthy eating from participants' perspective were the inclusion of fruit and vegetables in one's diet. As mentioned earlier in this report (see Section 4.3.3 – Vegetables and Section 4.3.4 – Fruit) there was high awareness of the *'five plus a day'* message. Even if this tally was not achieved on a daily basis, many people felt that members of their family/whānau were eating healthily if fruit and vegetables featured in their diet for at least part of the week (even if just on a few days).

While fruit and vegetable consumption was usually the first response to the questions about what constituted healthy eating, participants also identified other signifiers of healthy eating. Limiting the consumption of (obvious) sugar (e.g. biscuits, lollies and fizzy drink) and (obvious) fat, e.g. fatty meats, fried foods, takeaways (excluding healthier varieties such as Subway) were also common signifiers of healthy eating. Over-indulging in sugar or fat was associated with contributing to poor physical health for the following reasons:

- Sugar consumption was associated with tooth decay, especially in children, and weight gain in both adults and children. A couple of families/whānau in this study had children aged under seven years who had had at least one tooth removed because of decay, and had been advised by their dentist to eliminate fizzy drinks from their diet to protect their children's teeth.
- In participants' minds, a higher fat intake was linked to potentially becoming overweight (or obese), having an elevated cholesterol level and running the risk of developing a heart problem.

Note: Participants were typically less conscious of hidden sugar and fat when considering what constituted healthy eating. For example, fruit juices may have been considered healthy because of their fruit content, and the added sweeteners (sugar) in them may have gone overlooked.

The inclusion of meat and dairy products (particularly milk for children) in a diet were also seen as signifiers of healthy eating because of their protein content and the calcium content of dairy products. However, to qualify as being 'really' healthy, these foods also needed to be of a lower fat nature. For example, to avoid unhealthy eating, there was a perception that fatty meat (e.g. sausages) should be eaten occasionally rather than regularly, meat should have little visible fat, and tasty morsels such as the skin on roast chicken and crackling on roast pork should be relegated to the waste-bin instead of being savoured on the dinner plate (although this was difficult, if not impossible, for some people to do). Similarly, many participants recognised that low-fat dairy products were healthier than their fuller-fat counterparts.

Consuming foods made from less processed products signified healthy eating for many people. For example, breads made from wholemeal or rye flour and containing whole grains or seeds equated with healthy eating. In contrast, white bread with its base of highly processed flour was seen as more nutrient-depleted and therefore a less healthy option (although it was the bread of choice for some people who preferred its taste over that of "brown bread").

Organic food was associated with healthy eating by some people because the food was seen to be uncontaminated by chemical fertilisers and sprays. For example, one Tongan family regularly consumed taro imported 'from the islands' on the basis that it had been grown without chemical aids. They perceived this to be healthier than eating commercially grown New Zealand produce, which was assumed to be grown with the aid of chemicals and was therefore less healthy.

Sufficient daily water intake was seen by many participants as part and parcel of a healthy diet. The 'eight glasses of water a day' mantra was frequently cited as important for flushing toxins out of the body and preventing dehydration.

Having a balanced diet was commonly associated with healthy eating, however it was a poorly understood concept. It appeared that the traditional meaning of 'balance' at the overall diet level, and particularly at the individual meal level, had been eroded. (For example, some participants appeared to have little awareness of protein, starch and vegetables as constituent parts of a balanced meal).

A common view of 'balance' in this study was that, as long as some healthy foods were eaten some days of the week, it was acceptable to eat less healthily on the other days. For example, some families/whānau ate vegetables from Sunday to Wednesday and perceived that this level of intake was sufficient to carry them through the week (i.e. their attitude could be summed up with the phrase 'it balances out overall'). The researchers suggest it is possible that the weight of diet information, food industry marketing, and contradictory health messages in the media have contributed to eroding the traditional meaning of a balanced diet. Note: Women were more likely to consider the balance of individual meals than men. When they did so they talked about balance in terms of the mix of protein, carbohydrate (e.g. potatoes, rice and pasta) and vegetables on the plate.

While eating in moderation was frequently cited as part of healthy eating, many people were unable to explain what it meant. In the absence of such knowledge, people created their own meanings, e.g. relating to portion size and/or frequency of consumption.

Choice of cooking method also played a role for some participants in determining whether food was considered healthy or otherwise. Cooking methods that excluded the use of fat or oils, e.g. steaming, boiling, grilling and baking, were perceived to make for healthier eating, whereas those that used fat and oils, e.g. roasting and frying, were not. Some people were aware of fat substitution as a means of healthier eating, e.g. substituting olive oil for butter.

Consuming food that was not over-cooked, primarily vegetables, was part of healthy eating for some people because the nutritional value of the food was retained. Over-cooked vegetables, on the other hand, were seen as having less nutritional value because the goodness was leached out of them during the cooking process.

Cooking from scratch was synonymous with healthy eating for some people, their rationale being that they 'knew what went into' their food, and it was free of additives and preservatives – other than the ingredients they themselves used.

5.1.2 Indicators of Healthy Eating

A number of indicators of healthy eating were identified by participants in this study, as outlined below. Note: There was some overlap between the perceived benefits of healthy eating – outlined in Section 5.2 – and indicators of healthy eating. As mentioned earlier, indicators were seen as the visible or external effects of healthy eating, whereas benefits were associated with tangible and less tangible pay-offs of healthy eating, e.g. avoiding heart disease. Indicators of healthy eating noted by participants included:

- Family/whānau members appeared to be physically healthy, i.e. they did not exhibit any obvious or known signs of being physically unwell.
- Family/whānau members did not easily succumb to sickness and/or recovered quickly if they did become unwell – this was often attributed to having a “good” immune system.
- Family/whānau members were not overweight or obese. People’s definition of what constituted a weight problem varied, with some adult participants being quite tolerant of carrying a bit of extra weight themselves (i.e. while they may not have seen their weight as ideal, they would not have classified themselves as being in poor health because of it).
- Family/whānau members had sufficient energy. Parents in this study often cited their children having plenty of energy as evidence that the children were sufficiently healthy, regardless of the quality of their diet.

5.2 Benefits and Drawbacks of Healthy Eating

Participants were asked about the perceived benefits and drawbacks (or ‘costs’) of healthy eating for their family/whānau.

5.2.1 Perceived Benefits of Healthy Eating

Some of the benefits of healthy eating identified by participants were also noted as indicators of healthy eating (see earlier), i.e. tangible, visible effects such as not getting sick often. Note: Because some perceived benefits of healthy eating were not immediately tangible (or visible) to participants, they may have been given less importance than indicators that participants could point to as evidence that their diet was ‘healthy enough’. For example, some participants placed little importance on future-focused concerns such as a reduced risk of developing cancer, and more importance on the fact that family/whānau members were not overweight and appeared to have plenty of energy.

Health-related Benefits of Healthy Eating

The benefits of healthy eating noted by participants were primarily health-related. These included:

- Enjoying good physical health, i.e. not having any obvious or known signs of being physically unwell.
- Not easily succumbing to sickness, and being able to recover quickly from any illness.

“We [the whānau] are pretty active and healthy. It means that we don’t get sick or if we do we can bounce back pretty quickly.”

Māori Male – Gisborne

- Being able to improve, or effectively manage a health condition. For example, one Tongan mother in this study (who was overweight and whose family had followed a traditional Pacific diet) had changed the family’s diet on medical advice after she suffered a major heart attack. As a result of these changes she had lost a substantial amount of weight and was now considered a low health risk by her doctor.
- Providing protection against potential future health problems (as yet unseen and undiagnosed), e.g. reducing the likelihood of developing life threatening conditions such as cancers or heart problems.

- Not being overweight or obese (as noted earlier, people's ideas about weight varied, with some adults quite tolerant of carrying a few extra pounds and not seeing this as a health problem per se). Adults did tend to be more concerned about children carrying extra weight, but again notions of what was normal and what was too heavy varied. (As noted already, some cultural differences were evident in this matter, with Pacific peoples more inclined to regard well-covered children as healthy).
- Helping to achieve and maintain weight loss, where this was deemed desirable or necessary (e.g. based on a doctor's advice).
- Having plentiful, or at least sufficient, energy. It was common for parents in this study to cite their children's high energy levels as evidence that they were sufficiently healthy, regardless of the quality of their diet.

"Better health, better energy to do what you need to do. I think the fatty stuff and the sugary stuff tends to slow you down."

Pakeha Female – Auckland

- Helping keep 'hyper' children calm. Some participants perceived that eliminating (or at least limiting) the consumption of preservatives and food colourings helped to keep hyper children on a calmer, more even keel. Some parents had come to this belief through a process of trial and error in an attempt to control a child with attention or behaviour problems. Some adults also simply liked the idea of their family/whānau eating food that was closer to its natural state.
- Feeling virtuous. Some parents reported the mental benefit of feeling virtuous as a result of providing their family/whānau with healthy food. It reinforced their own belief, and signalled to others, that they were 'a good parent'.
- Feeling 'cleaner on the inside'. Some participants reported feeling 'cleaner' on the inside through treating their body well, i.e. with healthy (as opposed to unhealthy) food.

"Your insides are clean and you don't get sick. You are never in pain or something. If you are sick you heal faster."

Pacific Other Female – Auckland

Cost-related Benefits of Healthy Eating

A minority of participants also identified some cost-related benefits of healthy eating.

Eating healthily was a cost saving in the minds of some people, not necessarily because healthy food was cheaper,¹⁶ but because it reduced the amount of money spent on doctors' bills, and the amount of time off work on sick leave.

Others believed that a healthy diet generally worked out cheaper than an unhealthy diet, because the latter included highly processed and heavily marketed snack foods and convenience foods that were not necessary as part of a healthy diet.

Providers, in particular, believed it was cheaper to eat healthily than to eat unhealthily, by accessing fruit and vegetables close to source (e.g. from orchards and markets) or growing their own, and by avoiding often expensive packaged and processed convenience foods.

"I think we're probably in the top twenty percent [of healthy eaters] I'd say ... Probably [because we] can't afford the crap! ... If you go to South Auckland they blame poverty as being a reason people don't eat healthily, which seems a bit weird to me."

Pakeha Male – Wairarapa

Apart from the cost savings to individual households, some participants held the view that New Zealand was better served as a country on the economic front if production levels were maintained through reduced sickness levels.

No Perceived Benefits

A small number of participants reported that they saw no benefits in eating healthily. These participants tended to fall into the Avoider or Inert segments (see Section 8.0 – Audience Segmentation in this report).

"[Benefits of healthy eating?] I have no idea. We sort of take what we get and we don't really make a conscious effort. Well apparently it makes you feel better but so does exercise apparently. I don't do that either."

Pakeha Female – Auckland

¹⁶ There was evidence in this study of lower socio-economic status participants eating healthily and cheaply.

“The biggest thing is not so much what people are eating these days, it’s the fact they are sitting in front there [television] and not getting the exercise to go with what they are eating.”

Pakeha Male – Auckland

5.2.2 Perceived Drawbacks of Healthy Eating

Participants were also asked whether they saw any drawbacks to healthy eating. Drawbacks identified by participants included perceived financial cost, as well as perceived ‘costs’ associated with time, effort and enforcement of healthy eating practices.

Cost-related

Some families/whānau perceived healthy eating to be expensive in terms of the cost of food. This was a key barrier to some families/whānau who were on tight budgets (who were often more concerned with filling stomachs than the quality of food) adopting healthier eating behaviours. Healthy food appears to have gained a reputation as being expensive because of its association with, for example, lean cuts of meat and fresh fruit and vegetables.

In some cases the association with organic food had fuelled ideas about healthy eating being an expensive business. For others, the calculation of price per calorie or per full stomach came out with fruit and vegetables costing much more than a spread of fish and chips or other takeaway foods.

“It is more expensive to make your kids healthier [i.e. have them eat more healthily] and you get smaller quantities as well. Junk food – you get big bags of chips, and you get healthier food and its smaller quantities and it’s more expensive.”

Pakeha Female – Auckland

Time and Effort-related

Another drawback identified with healthy eating was that it was seen to require time, effort, planning, commitment and persistence to implement and maintain. More thought had to go into planning meals and even at the snack level, food was more time consuming to administer – for some it was quicker and easier to hand out a pre-packaged snack than to peel fruit. In the time-scarce world that many people lived in, these factors worked against their family/whānau eating more healthily.

Lack of Taste

A further drawback for some participants was that they perceived healthy food as synonymous with food that tasted 'boring and bland'. For these people, incorporating more healthy food into the family/whānau diet would have meant sacrificing the 'yummy' tastes of less healthy foods, e.g. those with a higher fat, salt and sugar content.

Potential Disruption to Household Harmony

A significant drawback of healthy eating identified by many participants was the emotional conflict that trying to instil healthier eating habits in the family/whānau could create. Resistance to adopting healthy eating habits, either by a partner (referred to by the researchers as *partner drag*) or children in a household, could take an emotional toll on the person responsible for feeding the family/whānau. From this perspective, the perceived benefits gained from healthy eating were often outweighed by the desire to avoid conflict and achieve harmony in the family/whānau.

5.3 Level of Concern About Healthy Eating

5.3.1 Overall Level of Concern

This study found that levels of concern about healthy eating ranged widely from family to family, with no clear coalescence of feeling at one or other end of the spectrum. Overall, a greater number of families/whānau reported low or moderate levels of concern, rather than high levels of concern, about healthy eating as an issue for their family/whānau.

However, attitudes toward healthy eating varied widely. Participants in this study could be broadly grouped into six segments on the basis of their eating attitudes and behaviours about healthy eating. These segments are based on the in-depth interviews carried out with individual family members, and are outlined in Section 8.0 – Audience Segmentation.

Briefly, the six segments, and their relative levels of concern around healthy eating, were:

- **True Believers** – these individuals expressed relatively high levels of concern around healthy eating because they saw diet as central to the health and well-being of their family/whānau, and one means of enabling their children to maximise their potential. Their children were among the healthiest eaters in this study. True Believers were active information seekers and kept themselves abreast of new information about what did and did not constitute a healthy diet.
- **Providers** – these individuals tended to be only moderately concerned (or relatively unconcerned) about healthy eating, despite their children being among the healthiest eaters in this study. Providers kept the diet of their family/whānau simple, with a focus on home-cooked (and often home-grown) foods, and limited use of takeaways and convenience foods. Their focus was on using the food resources they had around them, e.g. produce from their garden, fruit from the local orchard, freshly caught fish, or meat from a neighbouring farmer. They experienced considerable pride in being able to provide for their family/whānau (and, importantly for some Providers, being able to keep their food budget down).

- **Convertees** – these individuals had a new-found concern about healthy eating because they were trying to improve the diet of their family/whānau and to eliminate or reduce old bad habits. In some cases, this involved distancing themselves from less healthy eating patterns they had grown up with. Convertees were eating more healthily than in the past, and had become active information seekers in their quest for a better diet.
- **Complacents** – these individuals were relatively unconcerned about healthy eating, because they believed that they and their family/whānau was doing okay and had a 'healthy enough' diet. Their children were not among the healthier eaters in this study, but their parents might be surprised to learn this. When they examined their eating practices in this study, they were sometimes surprised at the amount of less than healthy food that had crept into the diet of their family/whānau.
- **Avoiders** – these individuals may be moderately concerned about healthy eating (although some would deny it), but were resistant to healthy eating messages because they were not convinced that healthy eating really made a difference, and they were loathe to give up the less than healthy foods they enjoyed. They may have cited their good health and lack of weight issues as evidence that their diet was fine.
- **Inerts** – these individuals were unconcerned about healthy eating because it was not on their radar. Getting their children to eat something, and having enough food to put on the table, were higher priorities than the nutritional quality of the foods they were eating. These individuals were not active information seekers, and they found it hard to sort through the many conflicting messages about food in the media. Most simply did not try to do this.

5.3.2 High Concern – Influencing Factors

Families/whānau in this study who expressed high levels of concern around healthy eating recognised that healthy eating plays a role in maintaining good health. Parents in these families/whānau perceived that eating a healthy diet was one way of helping family/whānau members, and particularly children, to maximise their potential. The segments most concerned about healthy eating were True Believers and Convertees.

The most concerned and conscious healthy eaters in this study saw healthy eating as one of the building blocks contributing to the overall quality of life for their family/whānau. From this perspective, the healthy eating equation went thus: if family/whānau members ate well they were less likely to succumb to illness and disease, and more able to bounce back quickly from any illnesses; they would have more energy, and would be better able to tackle life's challenges and to reach their potential.

Parents in such families/whānau emphasised the importance of their children eating well in terms of them fulfilling their potential – getting the best possible start in life. Adults, although often less careful with their own diets, may have regarded their own diet as important to the extent to which it enabled them to be around for their children, and grandchildren.

Some of these families/whānau had a new-found interest in healthy eating as a result of struggles with ill-health or chronic health conditions. They had come to the realisation – sometimes with prompting from their doctor – that they needed to eat more healthily as part of overcoming or managing their health issues.

Many Māori participants talked about the health concerns that had been prevalent in their whānau through many generations. Diabetes, heart conditions, and high blood pressure were all mentioned. For some, these were talked about as part of the whānau history – where older members of the whānau were sick with one or more of these conditions.

Recognising that these conditions were 'in the whānau' provoked different reactions. Some Māori were actively becoming fitter and eating more healthily so that they did not get sick in the future. For example, the grandparents in one whānau had high blood pressure and cholesterol levels and had done a stock-take of their eating habits, stopped smoking and started exercising regularly. Apart from personal health benefits, the underlying driver for these behavioural changes was the strong desire to be around for mokopuna and for each other.

5.3.3 Low Concern – Influencing Factors

The segments least concerned about healthy eating were Complacents and Inerts. Providers were moderately concerned about healthy eating but it was not their main focus, while Avoiders may be moderately concerned but were generally resistant to healthy eating messages.

Some families/whānau who were relatively unconcerned about healthy eating focused on weight as an indicator of whether the eating habits of their family/whānau were healthy or not. Some relatively unconcerned participants believed that, provided family/whānau members were not obviously overweight, their diet must be healthy enough.

These parents judged the nutritional value of their physically active children's diets on the basis of whether they were expending the energy they were taking in, rather than on the nutritional value of what the children were eating and drinking. These parents also reasoned that as long as their children had plenty of energy, their diet must be adequate.

Some participants who were relatively less healthy eaters saw physical activity as more central to good health than eating habits. This perspective was in part a rationalisation that allowed them to continue some of their less healthy eating habits, but it also harked back to the notion that in their grandparents' day, people ate many of the things now considered unhealthy without putting on weight because they were more active.

Some family/whānau had relatively low levels of concern about healthy eating because the parents were replicating the eating practices and behaviours they had grown up with, and perceived that these were relatively healthy (Complacents). In some cases, the diet of the family/whānau may actually have been less healthy than it appeared, as convenience foods and treat foods that were not available when the parents were young had established themselves as regular features in the diet of their family/whānau.

In some relatively unconcerned families/whānau, their diet was focused on simple, traditional, home-cooked (and sometimes home-grown) food, which they presumed to be healthy because takeaways and convenience foods did not play a large part in the mix (Providers).

Other relatively unconcerned families/whānau simply did not give healthy eating much thought (Inerts). In their scheme of things, eating healthily was less important than finding food that was affordable and acceptable to them and their children. Some Māori and Indian families fell into this group.

In some cases with Māori participants, there was a whānau history of health conditions which they acknowledged but were taking a wait-and-see approach toward. Māori whānau in this group tended to be in lower socio-economic groups, where the cost of food rather than its quality was the key factor.

5.3.4 Cultural Differences

Some cultural differences in attitudes toward healthy eating were noted in Pacific and Asian families in this study (as compared with the sample as a whole). Few differences were found between Māori and Pakeha families/whānau and the rest of the sample.

The researchers note that differences in attitudes toward healthy eating often appeared to relate to upbringing, education, and socio-economic status (as opposed to cultural factors).

Pacific Peoples

Some Pacific families in this study expressed high levels of concern about healthy eating, fitting into the Converttees segment. These families were working on improving their diet, and were sometimes consciously moving away from what they saw as unhealthy, traditional Pacific eating practices (such as boil-ups, corned beef, and little emphasis on vegetables other than taro).

One Pacific father noted that he had been exposed to healthier eating practices through his Pakeha work colleagues. His daughter reported that it was typically the “white” girls at her college who had vegetables and hummus for lunch, but that they were also more likely to be exhibiting disordered eating behaviour, such as taking laxatives or vomiting to control their weight. (She noted that this behaviour was starting to influence the attitudes and behaviour of some Pacific girls at her school, who were self-conscious about their larger, heavier bodies).

Pacific families were also found in the Complacents, Avoiders, and Inert segments. Some Pacific peoples in the latter two categories felt trapped in unhealthy eating practices influenced by both culture and genetics – they believed that Pacific peoples were predisposed to like unhealthy, fatty food. They may have made attempts to eat more fruit and vegetables, or to reduce their intake of food they knew was not so healthy, but at some level they appeared to believe that any change was going to be temporary, and that they were fighting their genes and culture, i.e. they had a fatalistic attitude to their future health in general. As a generalisation, these Pacific families tended to be less well informed about health matters and questioned the credibility of some health messages.

There was a tendency among Pacific families to expect healthy children to be well covered, with a couple of Pacific mothers expressing concern that their children did not have enough ‘meat on their bones’. Some Pacific peoples were rethinking this traditional Pacific belief and, as a result, were encouraging portion control (as well as involvement in sport) to combat a tendency to be overweight. However, attempts to restrict a larger child’s food intake could create conflicts between parents, or between parents and grandparents. (The researchers note that willingness to redefine notions of healthy body size may be linked to education, and was more prevalent among younger, New Zealand-born or raised Pacific adults).

Asian Peoples

Asian people were found in the True Believers, Complacents and Inert segments.

Chinese

Chinese families in particular expressed high levels of concern regarding healthy eating because they believed it was central to having a healthier life. The Chinese women in this study (True Believers) incorporated western-style foods into their diets, but their diets emphasised traditional Chinese cooking. They typically placed more emphasis on fresh vegetables as an integral part of meals, not just dinners, and were using a wider variety of vegetables than many other participants. They did much of their cooking 'from scratch' because this was part of Chinese culture.

Some Chinese women mentioned that traditional Chinese ways of cooking were high in salt, and that exposure to western food had highlighted this and influenced them to attempt to cut down on salt in their cooking.

Indians

Indian families ranged from expressing high to low levels of concern about healthy eating. Those with a high level of concern were working on improving their eating habits and *unlearning* unhealthy Indian eating practices (e.g. reducing their intake of deep fried snacks and curries, and substituting saturated fats with healthier options). Migrants had typically had their awareness of 'healthier eating options' raised since arriving in New Zealand.

Some Indian mothers reported that they made a conscious effort to cook their traditional dishes in more healthy ways, for example, using less ghee or oil than a traditional recipe might call for, and grilling or baking food such as samosas in preference to deep frying.

In contrast, Indian participants with low levels of concern about healthy eating were replicating the eating practices and behaviours they grew up with, and perceived that these were relatively healthy. In some cases, a family's diet may be less healthy than they perceived it to be, e.g. because of the inclusion of convenience foods like deep fried snacks such as samosas and bhajyas.

5.4 Achieving Healthy Eating

This section of the report explores factors perceived by families/whānau to support and work against healthy eating occurring in their families/whānau. It also explores parents and caregivers' self-efficacy in ensuring healthy eating in their families/whānau.

5.4.1 Factors that Support Healthy Eating Within Families/whānau

In this study a number of factors, internal and external to families/whānau, were identified as supporting healthy eating. The extent to which any of these factors (discussed below) was not present in a household reduced the likelihood of healthy eating occurring in that household.

Factors Internal to Families/whānau

- Where parents had a strong belief in the benefits of healthy eating (e.g. because of the perceived short and long term health benefits it provided for their family/whānau), they were typically committed to ensuring that their family/whānau ate healthily, if not all the time, then certainly most of the time (some relaxation in healthy eating was considered permissible for special occasions such as birthdays). These parents made the time to plan and prepare healthy food, and implemented and consistently enforced healthy eating rules. Having one parent (or two parents) in the household who 'took a stand' for healthy eating and who consistently followed their words with actions, not only provided a powerful role model for healthy eating to other members of the family/whānau, but signalled to them that the situation regarding healthy eating was 'not negotiable'. The researchers note that, where healthy eating rules were consistently applied, children tended to become self-regulating in terms of healthy eating.

However, having a personal belief in healthy eating was necessary, but not sufficient, to ensure healthy eating in families/whānau. A critical element was having a parenting style that set goals and rules generally, and particularly in relation to healthy eating. Parents in this study who operated as outlined above could be found in the True Believer and Converttee segments.

- A parent who was promoting healthy eating and who had a partner who ‘backed’ him/her, was operating in a supportive environment. Such parents approached eating for their family/whānau from a positive mindset because they knew that they could count on the support of their partner to uphold the ideals of healthy eating if the going got tough, e.g. if children became tricky about eating certain types of food. Receiving such support from a partner reinforced healthy eating beliefs and behaviour and made it easier to continue with a healthy eating approach than would have been the case if there was little or no partner support. Teamwork between partners was, therefore, important in supporting healthy eating in households. Partner support enhanced the self-efficacy of the partner promoting healthy eating.
- Parents needed to have knowledge about healthy (and unhealthy) eating in order to feel confident about making the right, i.e. healthy, choices when selecting food for their family/whānau. Participants in this study who felt particularly knowledgeable about healthy eating were True Believers, and to a lesser extent, Convertees (as mentioned these participants were relatively new to healthy eating and were still building their knowledge about it). Where parents had knowledge about healthy eating, and the skills to successfully apply healthy cooking methods, e.g. steaming, boiling, grilling and baking, they were able to serve a variety of healthy, tasty meals to their family/whānau. Such meals were typically prepared with minimum fat, sugar and salt and other additives and preservatives.
- Having easy access to fresh produce made it easier for some families/whānau to incorporate fruit and vegetables into their diets because the time and effort required to do so was not too onerous. Rural dwellers in the Provider segment typically accessed home-grown produce either from their own garden or that of another family/whānau member. While some urban Providers grew their own vegetables, others took advantage of being able to access fresh produce from nearby produce markets, farmers’ markets or market gardens. ‘Easy access’ (to fresh produce) therefore was a factor that supported healthy eating in some families/whānau in this study. Some participants commented that produce purchased from market-type sources was more competitively priced than that available from retail outlets such as supermarkets and fruit and vegetable shops. Having easy access to competitively priced produce also helped some families/whānau to eat more healthily, while also managing their food budget.

- For a minority of participants in this study, being able to understand and accurately interpret nutritional information on food packages was seen as a crucial part of making healthy food choices for their family/whānau. By understanding what levels of fat, salt and sugar in food items were generally regarded as acceptable in terms of being healthy, they felt they had the confidence to make more informed and healthy foods choices for their family/whānau.

Factors External to Families/whānau

- Healthy eating messages such as *'five plus a day'*, and those coming home from schools (and in a few instances from pre-schools) had played an important role in supporting some families/whānau to eat healthily. These messages provided an ongoing reminder of the need to eat healthily. For those whose family/whānau typically ate healthily, these messages reinforced that they were 'doing the right things' and this, in turn, contributed to continuation of healthy eating. For those whose family/whānau may not have been eating so healthily, such messages had raised awareness of the need to eat more healthily and, in some instances, had been a call to take action on this front. The researchers comment that while (some) healthy eating messages could 'make a difference', many may not have because of the sheer volume and often conflicting messages they gave. For example, Inerts found it hard to sort through the many messages about food in the media (some of which they perceived to be conflicting), and most simply did not try.
- School rules about what must be excluded from lunchboxes (e.g. chocolate, lollies and any drinks except for water) were an ongoing reminder that kept parents and caregivers focused on providing healthy items in lunchboxes. Some parents and caregivers (especially those from households that ate at the healthier end of the scale) valued schools having rules about lunchbox content because it created a 'home – school' partnership that supported families/whānau to eat healthily.
- The marked increase in the range of pre-prepared healthier food options over the last few years was empowering for some parents and caregivers, especially those working under tight time constraints. With the advent of healthier options such as Subway, ready-made sushi, pre-prepared fruit salads (in containers) and washed and peeled baby carrots, parents and caregivers no longer had to rely on less healthy meal and snack options, and this helped to support them with ensuring their family/whānau ate healthily.
- Easy access to cheap fruit and vegetables – discussed above under internal factors.

- A number of instances were noted in this study where advice from a general practitioner had led to positive dietary changes being made in families/whānau. While a general practitioner's advice may have been directed at one family/whānau member (e.g. a Converttee following a health scare), dietary changes that were made applied for the whole family/whānau. This occurred because general practitioners had successfully communicated the link between having a healthy diet and being able to enjoy better health, and recipients of the information saw the benefits of this for their whole family/whānau, not just themselves.
- Print communications in women's magazines, health and diet magazines and various pamphlets in doctors' waiting rooms provided some parents and caregivers with information about healthy eating. While they may have gained additional knowledge about healthy eating and tried some healthier eating recipes for family/whānau meals, participants indicated that print communications tended to be less effective in supporting their families/whānau to eat healthy (e.g. than advice from a general practitioner or schools having rules about lunchbox content) because of the often conflicting messages they gave.
- As mentioned later (see Section 7.2.2 – Messages that Supported Healthy Eating), friends and work colleagues were also considered a useful source of information on healthy foods, healthy eating options, and recipe and meal ideas. One male in this study reported that, his ideas about healthy eating and exposure to unfamiliar, healthy foods, had been expanded by listening in on his female colleagues' regular discussions. This had resulted in him implementing some healthier eating options in his family.
- While breakfast being provided by some schools was cited by some participants as supporting children from less affluent families/whānau to potentially eat more healthily, there was no evidence in this study of participants' children receiving breakfasts provided by schools.

5.4.2 Factors that Work Against Healthy Eating Within Families/whānau

In this study a number of factors, internal and external to families/whānau, were identified as working against healthy eating in families/whānau. The extent to which any of the factors (discussed below) was present in a household reduced the likelihood of healthy eating occurring in that household.

Factors Internal to Families/whānau

- Habits learned in childhood were influential in terms of the type of eating that occurred in adulthood. Where unhealthy eating habits learned in childhood were not broken in adulthood, families/whānau tended to continue with them. This occurred through wanting to stick with what was familiar (because the food tasted good) or not having an appreciation of what constitutes healthy eating and what benefits it provides. In this study unhealthy eating habits carried over from childhood included consumption of fattier types of meat (e.g. sausages), takeaways, fizzy drinks and lollies, and – in some instances – a low intake of vegetables.
- Many participants felt they lived in a time-scarce world and were constantly juggling a number of commitments, e.g. running a home, working, and getting children to their various out-of-school activities. Lack of time meant that some people opted for convenience foods (including takeaways) and quick meal options (e.g. assembling meals through combining mince or chicken with sauce out of jars) because they helped to free-up time. Some participants had the perception that healthy food was time consuming to prepare because of its association with cooking 'from scratch' and avoided it for this reason.

“Half the week we’re lucky to get home by seven ... anything that takes too long is just out. It’s just not going to happen.”

Pakeha Female – Auckland

- In some families/whānau parents were reluctant to enforce healthy eating behaviours because of the potential (and in many cases real) conflict this caused in the household. The goal of many parents and caregivers was to have a happy, harmonious atmosphere in the home, and anything that threatened this was weighed up carefully to consider whether the pay-off was worthwhile. While some parents were willing to ‘tough it out’ and enforce healthy eating in their family/whānau (e.g. True Believers), others (e.g. Complacents) prioritised peace and harmony and were not prepared to ‘take on the battle’ to make healthy eating happen because the perceived cost – sacrifice of family/whānau harmony – was not worth it. For example, some folded to requests from children for treats and unhealthy snacks to buy and keep peace. Retention of family/whānau harmony was particularly important in households where parents were living time-scarce lives. Having to deal with conflict that could arise from insisting on healthy eating was seen as something that would eat into time – already a scarce commodity.
- Where children had exposure to a household that had laxer eating rules than those which applied at their home (e.g. at the home of a separated parent or a grandparent), parents sometimes had to deal with demands for less healthy food that had been experienced when away from home. If parents resisted this pressure it did not impact on the eating of the family/whānau. However, where parents did not have the resolve to resist such pressure, some less than healthy eating could occur among their children. The researchers suggest that having consistent healthy eating rules in homes that children spend time at would be one solution to addressing this issue.
- A parent who was promoting healthy eating but who was not ‘backed’ in this endeavour by his/her partner was operating in a challenging environment. The researchers have coined the phrase *partner drag* to describe this situation. In some families/whānau *partner drag* was a source of conflict between partners and within the household. It undermined good intentions or efforts to eat healthily, either by active or passive means. Active undermining occurred through the *dragging partner* complaining in front of the family/whānau about the type of healthy food offered, or offering unhealthy foods to the family/whānau if having to provide a meal or snacks. Passive undermining occurred through the *dragging partner* not stepping into the cooking role when the partner was not available. The researchers comment that *partner drag* could work in reverse – in some instances, a strong partner who promoted healthy eating had been able to draw a *dragging partner* into more healthy eating behaviour.

- Parents in this study were powerful eating role models for their children. This study found examples of role modelling of both healthy and not so healthy eating practices. Parents with a sweet tooth could influence their children's consumption of sweet foods by ensuring that there was a supply of sweet foods (such as biscuits, sugary cereal, lollies, and chocolate) for their own consumption. More often than not, the children ended up eating this food too.
- Lack of knowledge about food and having limited skills in terms of being able to prepare food (regardless of whether it was healthy or not) worked against families/whānau engaging in healthy eating. For example, healthy eating was not on the radar of Inerts. They had a limited understanding of the relationship between healthy eating and good health. At the best they may have been aware of more serious eating-related conditions, e.g. obesity, but considered these would be distant events and not something to worry about now. Inerts found it hard to sort through the many conflicting messages about food in the media and most did not bother to try because of lack of interest in food.
- Lack of money meant that some families/whānau were focused on filling stomachs as cheaply as possible, rather than concerning themselves with the nutritional quality of food that was consumed. For example, less healthy food options, such as fish and chips and other takeaway foods were perceived as representing better value for money than fruit and vegetables.
- The desire to continue with a traditional (often less healthy) diet to uphold cultural values meant that some Asian and Pacific families ate food that was less healthy. For example, in one Indian family a couple was at loggerheads because the wife wanted to pursue healthier eating for their family, while the husband wanted to continue with the traditional (unhealthier) Indian diet.
- Some parents confessed to having a tendency to eat impulsively (and unhealthily) if feeling stressed. Foods that provided instant gratification were usually of a more indulgent nature, e.g. chocolate, biscuits, lollies and chippies. While parents may have tried to avoid consuming such foods in front of children, this was not always avoidable.

- Most families/whānau in this study had experienced stressors at some point that had affected how their family/whānau functioned (in the shorter term at least). Stressors placed demands on parents that prevented or limited their ability to give full attention to their family/whānau, including to the food they consumed. When dealing with stress, parents tended to go for quick and convenient meals (including takeaways) to feed their family. The focus was usually on providing fuel as opposed to being concerned about the nutritional quality of food being consumed by the family/whānau. Stressors that were identified in this study were:
 - Sickness (either in the household or in the wider family/whānau)
 - Pregnancy and morning sickness
 - The birth of a baby
 - A death in the family/whānau
 - Work-related, e.g. working long hours or shift work
 - Moving house.

Factors External to Families/whānau

- Confusion caused by multiple and often conflicting health messages led to some people being resistant to healthy eating messages – this applied particularly to Avoiders. They perceived that no definitive evidence was being presented that said healthy eating made a real (i.e. positive) difference to health. Avoiders were loath to give up the less than healthy foods they enjoyed. They justified their unhealthy eating approach by citing their good health and lack of weight issues as evidence that their diet (and that of their family/whānau) was fine.
- Food industry advertising targeting children generally and, as part of this, food industry marketing aimed at children, worked to undermine healthy eating efforts in some families/whānau. In this study McDonalds was particularly singled out as an example of unhelpful messages that undermined healthy eating. Parents reported that children were particularly influenced by television advertising. It took effort on the part of parents to resist children's pressure to get the latest burger, breakfast cereal or snack bar that they had seen advertised on television. Those prioritising household harmony often found it easier to acquiesce to children's pressure for the sake of household harmony.

- Dairies, service stations and takeaway bars were perceived to stock a range of unhealthy foods and drinks. Comment was made that because these types of outlets were fairly liberally dotted on the landscape, they provided easy access to unhealthy foods. Older children (e.g. eleven years plus) who purchased their school 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). Note: Vending machines, although perceived as being less dense 'on the ground' were also associated with providing unhealthy foods and drinks. In this study there was little evidence of children using vending machines to access food and drink. This is possibly because they were typically located in more adult-populated locations, e.g. workplaces, hotels and clubs.
- The perceived high cost of fruit and vegetables prevented some families/whānau with little money including much in the way of fresh produce in their diet. Such families/whānau tended to focus on cheap, filling (and often unhealthy) foods because their focus was on filling stomachs, not the nutritional quality of food consumed. As mentioned earlier, fish and chips and other takeaway foods were perceived by such families as representing better value for money than fruit and vegetables.
- Pressure from children wanting to have similar (unhealthy) food in their lunchbox to that of peers led to some parents providing less healthy food, e.g. 'strings' and chippies in their children's lunchboxes. Parents did not want their children feeling left out or potentially being ostracised at school. They justified giving into their children's pressure on the basis that lunch was a less important meal nutritionally than breakfast and dinner, and perceived that lunch was more about energy than nutrition.
- Pacific families found it hard to say 'no' to unhealthy food offered by non-Pacific hosts because this went against cultural beliefs to reject offers of hospitality expressed through food.

5.4.3 Self-efficacy in Relation to Achieving Healthy Eating in Families/Whānau

In the context of this study, self-efficacy referred to the extent to which a person felt he/she had the knowledge, confidence and ability (i.e. the power) to implement healthy eating in his/her family/whānau.

Section 8.0 – Audience Segmentation discusses each of the segments in terms of how people in a particular segment lived their lives and their general approach to eating (see the sub-heading – As People), their eating knowledge, their level of concern about healthy eating and their eating behaviour. Section 8.0 is useful in terms of understanding the varying levels of self-efficacy across the segments in relation to healthy eating. For example:

- True Believers were knowledgeable about healthy eating and skilled in being able to provide their family/whānau with a wide range of healthy, appealing food. Such was their belief in, and commitment to, healthy eating that nothing stopped them from having their family/whānau eat in this way. They went in to ‘battle’ with their family/whānau as necessary to have members eat healthily and did not make concessions to their healthy eating rules (except for special occasions such as birthdays when some less healthy food options were allowed). True Believers’ belief in healthy eating and high level of self-efficacy were central to their family/whānau achieving healthy eating.
- At the other end of the spectrum was Inerts, who did not have healthy eating on their radar. Inerts were not necessarily aware of their own unhealthy eating status or if they were, it was not a concern to them. They had little or no understanding of the link between healthy eating and good health, and most of them were not concerned about healthy eating. Inerts found food messages difficult to sort through and as a result, did not give healthy eating messages to their family/whānau. Inerts could be perceived to have limited self-efficacy in relation to their ability to achieve healthy eating in their family/whānau.

The following are factors that can undermine a parent or caregivers’ self-efficacy in relation to achieving healthy eating in their family/whānau:

- *Partner drag* (as discussed earlier) could reduce the self-efficacy of the partner promoting healthy eating in the family/whānau. Rather than create conflict in the household, it was often easier to fall in with the wishes of the *dragging partner* and go with less healthy choices than would be the person’s natural choice.

- *Family/whānau desire to avoid conflict.* As mentioned, some families did not eat vegetables on a daily basis. Not all those who did make a point of serving vegetables were willing to insist that children ate them, because of the emotional toll this could take on the parent. Similarly pressure from children to have treats and unhealthy snack options were often given into in order to buy and keep peace in the household.
- *Time scarcity and pressure.* Consistent application of healthy eating rules could depend on how busy or otherwise a parent or caregiver was. When not busy or pressured for time, it was easy for some to enforce healthy eating rules. However, when feeling under pressure, some found it easier to take the line of least resistance and, for example, allow takeaways more often than would normally occur or give into the demands of children for unhealthy snacks. Some recognised that their inconsistent application of healthy eating rules undermined their ability to uphold healthy eating ideals in the family/whānau. Children often knew if they nagged enough a parent would fold and give into their 'demands' for unhealthy peace.

5.5 Role of Government and Regulation

There was some awareness among participants in this study of the Government being involved with addressing issues of healthy eating and obesity among New Zealand families/whānau. Pakeha participants tended to have greater awareness of this involvement than Māori or Asian participants. The most frequently cited initiative was the *'five plus a day'* campaign.

As noted earlier, some Pacific families were aware that the Pacific community was a target for public education about obesity. This had influenced attitudes to physical activity and eating among some Pacific families. These families accepted the Pacific community being targeted on the issue of obesity, and recognised there was a link between obesity, eating and physical activity.

Schools were strongly associated with giving healthy eating messages. While these messages were often supported in the homes, they were not always associated with coming from the Government.

There were mixed views among participants about the involvement of Government in addressing issues of healthy eating and obesity.

One commonly expressed view was that the Government should be involved with addressing these issues because some people do not have the know-how or skills to address issues of healthy eating and obesity, and were therefore reliant on external support and guidance to do so. From this perspective, given the Government was responsible for the welfare of the country, it was seen as a logical agent to provide such support and guidance.

A further rationale given for Government involvement was the belief that having a nation of unhealthy eaters and obese people worked against New Zealand achieving greater economic wealth. Some participants reasoned that the healthier people were, the more likely they were to be in work, and the less likely they were to be a drain on the health and social welfare systems. From this perspective, having a productive workforce was associated with achieving greater economic wealth and, in turn, making New Zealand a better place for families/whānau to live in.

The opposing and minority view was that the Government should *"butt out"* of this area of life because people were entitled to have freedom of choice about what they did and did not eat.