

7.0 Healthy Eating Messages and Communications

This section of the report explores the eating messages that parents and other caregivers passed on to children, as well as the eating messages that come from sources outside the family/whānau.

It also explores common messages that undermined healthy eating, and where these messages come from, and details influential communication channels for adults and for children.

7.1 Eating Messages Given to Children/Young People by Parents and Caregivers

Parents and caregivers transmitted messages about eating – healthy and otherwise – to children both verbally and non-verbally (i.e. through their own eating behaviours). Parents who tended to eat less healthily may have downplayed – or been unaware of – the impact of their own eating behaviour on that of their children.

7.1.1 Verbal Messages About Eating

Parents and caregivers routinely encouraged children to eat certain foods or food groups by telling them these foods were “*good for them*”. Chief among foods that were promoted to children as healthy were fruit and vegetables and, to a lesser extent, meat and dairy products, particularly milk.

Some parents considered dairy products as potentially unhealthy if too much was consumed, because of their high fat content. A small number of participants also believed that fruit should be limited because of its supposedly high sugar content.

Other foods and drinks associated with being unhealthy by participants were:

- Takeaways (because they were fatty and fattening)
- Fizzy drink (because it was full of sugar)
- Lollies (because they were full of sugar)
- Fatty foods, e.g. pies, fatty meat, hot chips, chippies, and cakes (because they were fatty and fattening)
- Sweet foods, e.g. biscuits, sweet cereals, sweet lunchbox snacks such as ‘strings’ (because they were full of sugar).

In messages given to children, fatty foods were linked with being overweight, and, to a lesser extent, with future health problems (such as heart disease).

Sugar was strongly linked to tooth decay and, in some cases, to children getting “hyper”.

However, some parents considered sweet lunchbox snacks such as muesli bars and ‘strings’ to be healthier alternatives to sweet foods such as biscuits and lollies – and communicated this to their children by encouraging these foods in preference to other sweet alternatives. The researchers note that this reflected the food industry’s marketing of such products, i.e. as healthy options for children.

Some parents also believed, that provided their children were not clearly overweight, there was less or no need to monitor consumption of high fat foods. As a result, these parents did not communicate messages about the need to limit high fat foods to their children because they did not see that there was a need to do so.

“Like there’s a whole lot of it about childhood obesity and everything – well my kid’s not fat, he’s [a] skinny little runt.”

Pakeha Female – Auckland

7.1.2 Non-verbal Messages About Eating

As mentioned earlier, children picked up eating messages from their parents by observing what they themselves ate. Non-verbal messages about healthy eating from within the family/whānau were transmitted by children observing adult family/whānau members who ate healthy food (and who were fit and active), including grandparents who looked after themselves in these ways and were in good health.

However, non-verbal messages from family/whānau members could also undermine healthy eating. In terms of leading by example, some parents provided mixed messages around the following foods, in particular, by saying one thing, and doing something else:

- Vegetables – some parents emphasised the importance of vegetables while eating relatively few vegetables themselves. Fathers in particular may have avoided or refused to eat certain vegetables, despite the children being expected to eat them. This dynamic made it difficult for mothers to encourage the children to eat their vegetables (as discussed in this report – see Section 4.3.3 – Vegetables).

- Fruit – some parents only occasionally or seldom ate fruit themselves, despite encouraging their children to eat fruit daily (as discussed earlier in this report - see Section 4.3.4 – Fruit). These parents often said they had never acquired a taste for fruit as a child, but that this did not influence their children’s fruit consumption. The researchers note that such parents may have indirectly limited their children’s fruit consumption by purchasing less fruit than parents who themselves liked and ate fruit regularly.
- Fizzy drinks – parents may have limited their children’s fizzy drink intake on the basis that it was not healthy for them to drink, but be regular fizzy drinkers themselves (as discussed earlier in this report – see Section 4.3.5 – Fizzy Drink).
- Biscuits and lollies – as above, parents may have limited their children’s intake of biscuits and lollies on the basis that they were not healthy foods, but snacked on these foods themselves while around their children, or after the children were in bed. In such households, the children knew that these foods were in the house, and the parents routinely bought them for their own consumption, as well as that of the children. Once children knew such foods were in the house, they tended to make them the focus of repeated requests for snacks.
- Snack foods – the same dynamic applied to snacks as reported above for biscuits and lollies. Some parents bought snacks foods such as chippies as much for their own consumption as for that of their children. Children may have also witnessed their parents having a ‘snack attack’, e.g. eating chippies from the bag in front of television, thereby undermining any messages about the desirability of avoiding or limiting such snack foods.
- Takeaways – parents may have told children that takeaways were not healthy because they were fatty and fattening, but continued to buy them as regular family meals and as treats because they were convenient and the parents also enjoyed eating them.

“You have to be really careful because if we let her [daughter – she] will eat junk. If I didn’t watch what she ate, and that is really up to me ... what I do think really is I should actually stop buying that.”

Pakeha Female – Auckland

7.1.3 Cultural Differences

Pacific Peoples

As discussed earlier, Pacific peoples were aware that Pacific communities were a target for health campaigns relating to obesity. Partly as a result of this, some Pacific parents were conscious of their own weight, as well as that of their children. Some Pacific peoples reported their own tendency to put on weight, and watched for this in their children. One weight conscious mother often alerted her teenage daughter to foods that would be “*fattening*” for her (despite enjoying some of these foods herself).

“They don’t like me eating chippies, that’s why I stay away from them when I can. Muffins, sometimes, because I like chocolate croissants as well. Mum tells me not to eat a lot of these ... she says it’s fattening.”

Samoan/Niuean Female Teen – Wellington

In another family, the father sought to restrict the quantities of food his more heavily built four year old son was eating. However the mother wanted the boy to be left in peace and allowed to eat like his more lightly built siblings.

7.2 Eating Messages From External Sources

7.2.1 Overview

Participants reported gleaning healthy eating messages and information from a number of sources external to the family/whānau, including schools and pre-schools, the media, doctors, colleagues, and peers.

Messages from external sources also worked to undermine healthy eating efforts by family/whānau. Participants noted the negative impact of food marketing, especially television advertising aimed at children, and discounting of unhealthy foods such as chippies and fizzy drink, on their efforts to encourage healthy eating in their family/whānau.

7.2.2 Messages that Supported Healthy Eating

Messages via Schools and Pre-schools

Parents in this study reported that their children brought healthy eating messages home from school and pre-school. In some cases, the messages children brought home and imparted to their parents were ‘news’ to the parents. For example, one Pacific family in this study reported that they had recently learned that fizzy drink was not healthy as a result of their child bringing this information home from primary school.

In this study, schools and pre-schools were identified with imparting the following messages in particular:

- That drinking water was good for you – and better than sweet alternatives such as fizzy drink, cordial and juice.
- That fruit and vegetables were good for you (this message was strongly linked to the *‘five plus a day’* campaign).

“School programmes really drum it into the kids and the kids come home and they say, ‘mum, make sure I’ve got five plus a day’.”

Māori Female – Gisborne

- That sweet foods should not be eaten too often, and that sugar was bad for teeth. Many schools reportedly banned or discouraged lollies and chocolate coming to school as part of a packed lunch. Some schools and pre-schools also provided healthy lunchbox suggestions to parents and children.
- That the Heart Foundation tick denoted healthier food options.

Messages via the Media

Parents noted that women's magazines and health and diet-focused magazines were an important source of information on nutrition, and that they often had a focus on reducing fat consumption, and achieving weight loss.

Messages in the print and electronic media also reportedly had a focus on reducing fat consumption and weight loss, and included:

- Cutting down on fat consumption as a key means of promoting weight loss (and also of promoting wider health benefits such as protecting against heart disease).
- Fatty foods should be eaten in moderation (for the above reasons).
- Some fats were healthier than others, e.g. oils rather than animal fats. (Here the focus was on the wider health benefits above and beyond weight loss).
- Substituting higher fat foods for low(er) fat foods as a means of promoting weight loss (and also of promoting wider health benefits such as protecting against heart disease).
- Limiting or avoiding consumption of "junk food" such as takeaways and packaged snacks (e.g. chippies) as a key means of reducing fat intake.

Television programmes such as *Down Size Me* and *The Biggest Loser* also focused on ways of achieving weight loss.

"Downsize Me', with the big fella ... when I was looking at that programme, the New Zealand one, and they get out all the junk food and stuff that they eat, and I look at it and that's what my family eats."

Tongan Female – Wellington

Television also exposed families/whānau to inspiring, healthy role models such as sports people. Some sports people (e.g. the Evers-Swindell twins promoting beef and lamb) were reported to be a source of healthy eating messages (e.g. endorsing consumption of specific foods on the basis of their health-giving properties). Note: In this study no specific mention was made of sports people endorsing McDonalds, or the potential influence of this.

Television cooking shows were another source of messages on healthy eating options, for example, providing healthy eating messages and suggestions (e.g. olive oil was a healthier option than butter and other saturated fats).

Messages via General Practitioners and Other Health Professionals

General practitioners were another important source of messages regarding weight loss and the impact of diet on overall health. For one whānau, their general practitioner was their most influential source of information. Health scares had led them to the belief that their doctor knew best and it was wise to follow his advice.

However, other participants reported finding their doctor's direct questioning about their diet a little threatening, and potentially shaming. In one case, a Pacific mother had been careful not to describe her real diet (which she perceived to be unhealthy) to her general practitioner when questioned about it.

"I lied [laughs]. Because I used to work up there and so he's been my doctor for ages, and I didn't want him to lecture me about food."

[Interviewer] SO WHAT DID YOU LIE ABOUT?

"That I was eating three meals a day, fruit and veges – you know – what doctors want to hear."

Niuean Female – Wellington

It is worth noting that the same woman took notice of a poster in a chemist shop illustrating how many teaspoons of sugar there were in a glass of fizzy drink. This medium had more impact for her because she digested the message and reflected on her own fizzy drinking habits without feeling the shame that the doctor's more direct questioning provoked.

Other health professionals and allied organisations such as Plunket and Māori health providers were also sources of messages supporting healthy eating. For some gym-going participants, gym instructors had been a useful source of information on the role of nutrition in relation to physical (and mental) energy.

"It wasn't until I went to the gym and told them what I was eating, they said, 'oh, there you go'. I thought, 'if I'm eating that, my kids are eating that. What are they doing at school?' My second eldest daughter, she fell asleep a couple of times at school."

Samoan Male – Wellington

Messages via Colleagues and Peers

Friends and work colleagues were also considered a useful source of information on healthy foods, healthy eating options, and recipe and meal ideas. One Pacific father 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.

Peers, particularly for teenage girls, could be an influential source of information on healthy and unhealthy eating. One teenage girl in this study reported that discussion of food, and evidence of disordered eating (including induced vomiting) were both commonplace at her single sex college.

"I've seen girls vomiting and stuff -... they take excess laxative pills and stuff ... some girls, when I first started out in college, some girls were talking about how big they were and how they wanted to lose so much weight. Then they started to talk about laxative pills and I don't get why they do that to their bodies ... they were white girls. Sometimes Pacific girls can't admit that they're overweight ... there are more Pacific girls who are getting much skinnier, but some of them are just obese."

Samoaan/Niuean Female Teen – Wellington

7.2.3 Messages that Undermined Healthy Eating

Participants in this study readily identified messages from external sources that effectively undermined their attempts to promote healthy eating (and role models) in their family/whānau. Parents noted the effect of television advertising in prompting their children to ask for specific foods, particularly snack foods, less healthy breakfast cereals, and takeaways. They also noted the role that price promotions on products such as chippies and fizzy drink played in undermining parents' resolve to cut down on or avoid these foods and drinks.

"When you see stuff in the papers like chocolate that are on special, you know, that makes you want to buy it. That's unhealthy."

Pacific Samoan Female – Wellington

The following high level messages were identified in this study as undermining healthy eating by families/whānau:

- The general promotion of sweet foods and packaged snack foods as healthy alternatives because they were made from “fruit” or had “natural sugars” in them. The researchers note that these same foods may also have been high in fat but that some participants were not aware of this.
- The general importance placed on females (in particular) being slim. There was evidence in this study of the impact of teenage peers (usually girls) becoming focused on weight loss at the expense of nutrition, e.g. with one teenage participant reporting the excessive dieting and bulimic behaviour modelled by girls at her college.
- The idea that takeaways were part of a balanced diet. As discussed already, for many people the concept of a balanced diet was hazy and extremely accommodating of unhealthy eating. Many people appeared to have adopted the view that a balanced diet was one in which there was a mix of healthy and less healthy foods, without having given much thought as to what the proportions of each should ideally be. In this context, messages about takeaways being part of a balanced diet were embraced as an excuse to eat takeaways without guilt, without much clarity as to how often was too often.
- Food industry advertising that targeted children generally and, as part of this, food industry marketing aimed at children. (McDonald’s involvement in children’s sport was specifically singled out by at least one participant as an example of unhelpful messages that undermined healthy eating).

“Get McDonalds out of soccer and rugby. Get rid of the vouchers of McDonalds doing well in sport – it is just ridiculous. It costs the government a little bit [but] the way McDonalds survive, they just get in and spend all their money that way, the kids get indoctrinated with it. Get rid of all the unhealthy advertising – if it is not healthy then don’t advertise it while kids are watching – let’s face it, at three or four o’clock in the afternoon they are not advertising to me or you – they are advertising to children.”

Pakeha Male – Christchurch

7.3 Influential Communication Channels

7.3.1 Adults

The following communication channels were frequently cited as influencing adult participants' ideas about healthy eating, and/or providing messages in support of healthy eating:

- Women's magazines and other health and lifestyle publications that included sections on cooking, nutrition and weight loss.
- Television programmes with a focus on weight loss and nutrition.
- General practitioners and other health practitioners, local health organisations affiliated with Māori organisations and rununga.
- Gyms.
- Colleagues and friends.
- Products in supermarkets that carried the Heart Foundation tick.

The following communication channels were cited as providing mixed or confusing messages about healthy eating, which could then work to effectively undermine messages from other sources.

- The diet industry – diet industry advice and information tended to take a primary focus on weight loss in the context of healthy eating. As a result, people reported receiving confusing or conflicting messages about what they should or should not be eating. The researchers note that this may have also been because diet industry notions of healthy eating may have placed energy content ahead of other nutritional considerations.
- The food industry, via marketing and promotion of foods, often made health-related claims for its product that were in conflict with messages from other channels.

- Media coverage of the latest report on this or that food (e.g. coffee was a common example) often highlighted conflicting findings about what foods were considered to be healthy or otherwise. Some people used the regular emergence of new, and different opinions, as to whether a particular food was healthy or not as an excuse to ignore healthy eating messages as a whole, and to continue eating as their tastes dictated. This was a common response for Avoiders in particular (see Section 8.0 – Audience Segmentation in this report).

“To be honest, I only know about the sugar content in apples and oranges and stuff because I was watching something on TV about it the other night, which is why I will sit here and argue with you – because I know. I think it was ‘20/20’ or ‘60 Minutes’.”

Pakeha Male – Auckland

7.3.2 Children

The following communication channels were cited by children and parents as influencing children’s ideas about healthy eating, and providing messages in support of (and in some cases, undermining) healthy eating.

- Parents and caregivers – both verbally and by providing healthy eating role models (in some cases). As discussed already, some parents provided mixed messages by saying one thing regarding healthy eating, while doing something different themselves.
- Schools and pre-schools (as outlined earlier) were a significant source of healthy eating messages.
- Television programmes with a focus on weight loss and nutrition – more so for older children and teenagers – were an influential source of eating messages.
- Television advertising aimed at children, promoting cereals, packaged snack foods, and takeaways in particular (as outlined earlier) were reportedly a significant influence in undermining healthy eating in the family/whānau.

“Probably the TV ads more than anything, and the really irritating thing is, right on dinner-time, you start getting all the KFC ads and the McDonalds ads and the Pizza Hut ads and the kids look and go, ‘oh, oh, can we have takeaways?’ ... but then you get the good ads – you get the ‘five plus a day’ – they haven’t been on for a while, have they? ... the children see that and they realise that they should be eating [vegetables] ... TV’s telling them, and if the TV is telling them, well it must be true! So that was helpful.”

Pakeha Female – Wairarapa

- Media coverage of healthy role models such as sports people.
- Television and print campaigns that promoted healthy eating such as the 'five plus a day' campaign. (As discussed already, schools were an important means of promulgating these messages).
- Peers (as children got older and the impact of peer influence increased) were an influential source of eating messages. In this study, this was more relevant to girls than boys. The findings relating to peer influence indicated that while peers could be a source of healthy eating messages, they were also a powerful potential role model for unhealthy eating behaviours and disordered eating (e.g. excessive dieting and vomiting as a means of weight control).

"They don't really talk about food but even though they're not talking about it, you can like kind of see it in their faces when we're eating like a sausage roll. They are always harping on like 'do you know what's in sausage rolls?', so they can feel a bit better about themselves."

Samoan/Niuean Female Teen – Wellington