

Are our food guidelines culturally appropriate?

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Food guidelines are sets of rules designed to assist all Australians consume a diet that is conducive to a healthy life. However, given the cultural diversity of Australia, are our food guidelines culturally appropriate? The short answer is no. From the Australian Bureau of Statistics 2001 Census we know that 23% of Australians are

born overseas, 15% do not speak English at home and 8% practice a religion other than Christianity. The cultural diversity of Australia spans over 200 different cultural backgrounds, 170 languages and 100 different faiths.¹ Each group has its own food patterns with extra depths of complexity provided by the migration experience itself, intermarriage, the availability and different status values of foods and the adoption of 'Australian' eating patterns. Given this diversity it is perhaps time to consider whether food guidelines are meeting the needs of the whole of the Australian population.

There are currently two main food guidelines used in Australia by consumers; the dietary pyramid and the *Australian Guide to Healthy Eating* (AGHE). Many people are aware of the dietary pyramid, now called the *Healthy Living Pyramid*. It tells us to eat most from the bread, cereals, fruit and vegetable groups, to eat moderately from the dairy, meat and other protein foods and to eat small amounts from the high fat, high sugar items or extras.² The *Healthy Living Pyramid* operates alongside the AGHE, produced by the Commonwealth government, which operates using a pie chart or plate model.³

Health policies, disease reduction targets and scientific evidence are all filtered and mediated by a series of experts to arrive at a set of purportedly easy to understand 'rules'. These rules aim to provide information about the kinds and amounts of foods to eat everyday that contribute to a healthy lifestyle and

simultaneously reduce the risk of developing diet-related diseases. In modern times, the food guides have taken the place of what was once used to guide eating – tradition, commonsense and religion. The guides attempt to establish values and standards so as to structure food choice solely on the basis of health as opposed to any other reason.⁴ As rules they provide the gold standards against which individuals can test their own diets. In its most simplified form this categorises eating patterns as either 'good' or 'bad'.

The messages from the rules tell us, for example, to drink milk for calcium, for strong bones and teeth to reduce the risk of osteoporosis; to not eat saturated fats that clog up arteries, so as to decrease the risk of heart disease. This approach compartmentalises nutrition as separate from other aspects of life. It rationalises food choice based on science, but for many cultural groups nutrition is not reached through science. Rather it is reached through parallel discourses, including the spiritual, which may arrive at similar conclusions. For example, the concept of 'proper eating' from a Chinese point of view is seen as balancing the opposing forces of yin and yang where the eating of proper foods is a way to help maintain balance.⁵ For many cultural groups the distance between the science and the other rationalisations, combined with a lack of recognition of the foods espoused, means that the food guides have minimal meaning both philosophically and practically.

The AGHE openly admits the limitations of using a single guide for all cultures represented in Australia and comments that, as illustrated, it cannot be inclusive of all ethnic groups. According to the guide, different cultural and ethnic groups require further mediation by 'people with specialist knowledge' to enable further adaptation. While the limitations are openly acknowledged the guide also claims to provide food guidance based on the food intakes and health problems of the **population as a whole**. The 1995 National Nutrition Survey combined the cultural diversity of Australia for reasons of statistical validity into broad regions. These regions include the United Kingdom, Ireland and New Zealand; other European countries; East Asia and other countries.⁶ We know little about the food intake patterns of a good

proportion of the Australian population and as such the food guides are not based on the whole population. There are more practical drawbacks of the guides for different cultural groups. For example, dairy foods are an integral component of both guides, with the message being that dairy consumption is the most efficacious way of ensuring adequate calcium intake. Some dairy foods are high in lactose. Many cultural groups including those from South-east Asia, Southern Europe, the Middle East and Africa have high rates of adult lactose intolerance resulting in, in some cases, serious physical repercussions when lactose is consumed.⁷ The guides, as they stand, encourage consumption of dairy as a separate group and ignore other potential sources of calcium such as fish bones, tofu (set with calcium salts), and green leafy vegetables which can be significant calcium sources.

In the United States, there is growing recognition that one food guide is inadequate to meet the needs of a diverse population. The primary food guide used in the USA remains the Food Pyramid. Recently, these have been adapted so that there are now Arabic, Asian, Latin American and Mediterranean versions. These provide some guidance for different cultural groups as they attempt to bridge the new eating patterns they have been exposed to with those of their countries of origin. In Australia, despite an increasing demand, there are few options available for food guides that embrace the diversity of the population. However, there is growing recognition that within the nutrition arena we are failing to provide information that is relevant for individuals from culturally and linguistically diverse backgrounds. The Dietitians Association of Australia has recently undertaken consultations with cultural groups and health professionals to assess the need for culturally sensitive diabetes resources. Similarly, the National Health and Medical Research Council have embarked on a consultation process to increase the cultural competency of the health sector and to improve the design and uptake of health messages by diverse groups. There have also been moves to encourage the development of nutrition resources in conjunction with the communities for which they are intended.⁸

So, what needs to happen? If we are to consider the **population as a whole** then the voices of those from culturally diverse groups need to be heard. We need to begin to understand the eating patterns of each cultural group and how these change when living in Australia. We need to begin to understand the nutritional makeup of a wide range of foods now available in the Australian marketplace so these foods confidently can be incorporated into advice. We need to work with communities to understand new ways of delivering information that goes beyond handing out bits of paper and engage with different ways of learning. We need to learn from different cultural groups, drawing on their expertise and re-introduce tradition, commonsense and religion as legitimate guides for food choice. We need to replace the rhetoric with a truly multicultural approach to healthy eating.

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