



The Cultural Food Dynamic in Ireland

Roy Nelson

CAFRE, Loughry Campus, Cookstown, County Tyrone, Northern Ireland

FH.roy.nelson@dardni.gov.uk

	<p>ABSTRACT</p>
<p>2016 Research Leap/Inovatus Services Ltd. All rights reserved.</p> <p>DOI: 10.18775/jibrm.1849-8558.2015.65.3003 URL: https://doi.org/10.18775/jibrm.1849-8558.2015.65.3003</p>	<p><i>Decision making with regards to food choice can be traditionally viewed as an economic transaction, whereby consumers make a choice of which foods they would like to purchase and consume within the framework of how much disposable income they have at any particular time. However, within this framework, research has shown that there is a balance that consumers aim to achieve between the hedonistic qualities of the food and the perceived effects it may have on their health. Consequently, one area that is of significant importance is the concept of how food risks are perceived and how this perception affects the decision-making process. Research has indicated that Irish food consumers use a set of heuristic decision-making tools in order to assist them in making food choices for themselves and their families. These decision-making tools are evoked irrespective of age, gender or social class. This has led to concern (despite numerous health promotion and media campaigns) regarding the national food diet, with imperfections in consumption observed in an increase in obesity, nutritional imbalances and chronic ill health which expose individuals to medical conditions such as cancer and heart disease. The increase risks associated with these are prevalent in Ireland and for many measures Irish consumers rank poorly with other countries in Europe. Although the food choices are predicated by these decision-making tools there are reflections of previous historical dietary choices that persist within the diets pursued today by the majority of Irish consumers. This in addition to the effects of acculturation following recent changes in the demographic structure and the growth global networks for information flow and exchange has resulted in a dynamic food environment with “nutrition echoes” observed in the choices people make.</i></p>
<p>Keywords:</p> <p><i>Diet, Food Culture, Risk Perception</i></p>	

1. Introduction

Food consumption patterns are affected by a host of social, psychological, sensory, and economic factors, and a number of theoretical models have been proposed to classify and understand these processes. Such models tend to relate dietary behaviour to environmental and economic factors and in many

instances such models relate dietary behaviour to nutrient intake. However, with the impact of issues related to health and wellbeing, food is no longer seen as a means to satisfy a particular nutrient requirement (e.g., energy intake or protein requirement) but may be viewed as a contributor to overall health by some. The concept of risk associated with foods

have also become commonplace with some foods described as “unhealthy” and may be detrimental to health whereas others are seen to promote well being and even connote a health outcome, and have been described as healthy or even “super foods”. In addition, other issues regarding how the food is produced (e.g., GM foods), processed (e.g., use of additives) and pathogenic potential (e.g., bacteria such as e-coli or campylobacter) have also entered the mindset of the general public and impinge upon the issue. Although the latter do affect behaviour especially when highlighted by the media, it is the long term effect of poor diet that is of primary concern currently.

2. Dietary Advice

The outcomes associated with poor diet generally fall into two categories – those that may lead to overweight and obese conditions, and those, which are more chronic in nature and are related to nutritional disorders (Eurodiet Project Steering Committee, 2001). The former has received the most attention as the incidence of obesity levels in the population as a whole has risen significantly in the past two decades (Childhood obesity, 2003; Campbell, 2004; Lowell, 2004), and is projected to rise to 50% of the population by 2030 with 25% of under 16 year olds also affected.

Currently it is estimated that in the UK 16% of 10 year olds are overweight and/or obese (Lowell, 2004). On the island of Ireland, these figures are thought to be higher with current reports indicating that a third of boys and a quarter of girls are carrying excess weight (Childhood obesity – a weighty issue for Northern Ireland, 2003b). For example, school-aged children in Northern Ireland have been shown to have one of the highest consumption rates of chips, crisps, sweets, and chocolate in Europe, particularly among 11 to 13 year olds (Vereecken and Maes, 2000). It has been observed that dietary behaviours developed during childhood are proven to be replicated later in life (Birch, Savage and Ventura, 2007), which has implications for health and wellbeing of the future adult population.

The risks associated with obesity have been related to a number of health problems. These include type 2 diabetes, heart disease, joint problems, and cancer (Dietz, 1998; McPherson, Montgomery and Nichamen, 1995; Warwick, McIlveen and Strugnell, 1999). Although energy balance is central to weight loss or gain, the consumption of energy dense foods (those high in fat and sugar) are seen as a major contributing factor. This is especially so in situations where there is a reduction of energy expenditure as a result of changes in leisure activities (Anderson et al., 1999; Department of Health and Human Services, 1996; Prentice and Jebb, 1995). Excess energy consumed, which leads to accumulation of fat, is a major worry especially if it is deposited around the waistline (Chan, Rimm and Colditz, 1994; Colditz, Willeff, Rotnitzky and Mamson, 1995). This situation may be compounded when decisions regarding food selection are made by parents which is an example of a form of surrogate decision making. Nutritional disorders that are also prevalent relate to levels of, for example iron, fibre, low

or high density lipoproteins in the diet, that may not be visible as an immediate concern but are ongoing worries for health promotion agencies.

To assist the consumer there have been a number of health interventions aimed at promoting good dietary health from improved curricula in schools, wider media coverage of the main issues to labelling of foods giving broad level warnings to the consumer in the form of traffic warning lights. However, many health professionals are critical of that approach and would wish consumers to think of the diet holistically as either contributing to health and wellbeing or not. From this perspective a number of models have been designed to represent the features of a balanced diet all of which have the following common features, i.e., the best diet is one that is based on carbohydrates (breads, potatoes and other cereals) and is rich in fruit and vegetables. It should also include moderate amounts of milk and dairy products, meat, fish or meat/milk alternatives, and limited amounts of food containing fat and sugar (Beauchamp and Moran, 1984; Hunt, Strong and Poulter, 2004; Teobald, 2004).

3. The Food Consumer Environment

Consumer behaviour relates to a process where individuals are involved in the complete act of purchasing and consumption of products (Summers, Gardiner, Lamb and McDaniel, 2003).

With respect to food, this includes their selection, purchase, preparation, consumption, and disposal. Traditionally the main criteria considered during this act have been a combination of prices, incomes, taste, and social attitudes, with price recognised as a key determinant (Ellis and Uncles, 1991; Gafton and Ness, 1991; Slattery, 1986; Wheelock, 1986; Woodward, 1988). Although the purchase of food is seen by many as an economic transaction, and income may be important as a final determinant (lower income families will spend less on food but with a greater percentage of their income (Shepherd et al., 1996)), there are a number of non economic factors that affect consumer choice. These range from issues associated with the wholesomeness of the food, where it may have been sourced, time available to prepare and eat, the family setting, and how safe it is to eat (Elaine, 1999; Kohls and Uhl, 2002; Koster, 2009).

The interrelationships between these factors and their effect on behaviour are regularly described in the form of consumer models (Solomon, Bamossy, Ashgaard and Hogg, 2010). These models can be simple input/output models reflective of the market place where the demand for products is seen as a relationship between the demand for food as a means to satisfy a need in the consumer (hunger, desire, social status, etc.) and how this is subsequently reflected in the final purchase. However, some researchers have developed more elaborate models that take into account all the variables related to the act of purchase and consumption including characteristics of the individuals and the social setting.

Various models that have been used to describe the behaviour of consumers the most complete of which are the comprehensive models, as described by Spooncer (1989) and Bareham (1995), and the descriptive models of Kotler (1988). These are multi-attribute models and they acknowledge that there are many types of factors which come together to influence the consumers' decision to perform a particular behaviour, or not to perform it, as the case may be. Examples of other comprehensive or descriptive models include those devised by Howard and Sheth (1969), Wierenga (1980), Hanneman (1984), Engel, Blackwell, and Miniard (1990), Worsfold and Griffith (1995) and Steenkamp (1997). These models tend to highlight the conflicting situation that many consumers find themselves in when making decisions regarding the selection and ultimate use of the food products.

However, for many food items the decisions regarding selection and use are generally made very rapidly and with little thought as they are perceived to be low involvement items (Beharrell and Denison, 1995). Under these conditions the consumer is said to be completing a routine purchase (Meyer, 1988). For other items there may be more involvement and the consumer may then weigh up a small number of attributes in order to make the decision (e.g., concerns related to calorie, fat or salt levels). In this case the consumer is said to be involved in limited problem solving (Sheth, 2011). However, when the consumer takes on board all the available attributes including marketing cues and other people's requirements (e.g., the family or children) then the consumer is involved in extended problem solving. This is rare in the case of food items unless there is a critical incident that is uppermost in the persons mind. This can occur during incidents such as "food scares", or with demands for a change in diet, or through personal experience, where the 'incident' is now a major determinant and "drives" the consumer from making either routine or limited purchase decisions to the more complex extended problem solving scenario (Sheth, 2011).

In addition to this people get "bored" with the everyday decisions of selecting and consuming the same range of products and will at times enter a situation of seeking out new information

in order to change the product range and introduce variety into the diet (Venkatsan, 1973). Other drivers in this increased desire for variety may be changes in family circumstances, children requests, influences from TV and holiday experiences (Dammann and Smith, 2009; Lawrence and Barker, 2009; Thomson, Spence, Raine and Laing, 2008). When consumers enter a routine problem solving mode they are said to be involved in the psychology of simplification, whereas when they are engaged in limited or extended problem solving they are said to be involved in the psychology of complication (Howard and Sheth, 1969). This creates a natural rhythm to food purchasing with periods when the consumer is either consuming a restricted range of foods or expanding their choices and trying out new foods. However, in order to achieve the optimum solution the consumer will use a specific decision making strategy which may be applied at various stages of the

consumer process - from initial purchase through to final consumption but is primarily associated with either limited or extended problem solving.

4. Decision Making

All goods have intrinsic properties and it is these properties or attributes from which utility is derived, and this is the same concept for any food that may be purchased (Lancaster, 1991). Each food can be viewed as having a bundle of different attributes that are bound together and must therefore be considered simultaneously when a choice decision is being made. For the consumer it is difficult to consider all of attributes at the one time and generally only some play a significant role in practical decision-making. In addition the attributes associated with a specific food may often represent conflicting values, and in order to deal with these conflicts, people simplify the process through the use of different strategies. These strategies are the rules that people develop over a period of time for how and what they choose in recurring situations. They simplify food choice by eliminating the cognitive effort and time required for deliberation about every choice situation and a number of distinct strategies can be observed in individuals. These are summarised in Table 1.

The decision-making strategy that is chosen is dependent upon context and emerges from initial conscious food choice decisions for a specific situation and eventually become less mindful when that situation occurs repeatedly (Sobal, Bisogni, Devine and Jastran, 2006). However, one factor that has emerged in recent years as a major contributor affecting the consumer's decision making is the concept of the risks associated with the production, processing, preparation, and ultimate consumption of food (Nelson, 2004).

Table 1: Summary of the decision making strategies when making food choice decision.

Linear strategy	Product attributes are estimated according their relative importance and alternatives are then compared. The decision rule is compensatory because the weak or negative characteristics can be compensated by strong or positive characteristics.
Additive difference strategy	The decision rule of additive differences is a sequence of paired comparisons of choice alternatives. The 'winner' of a paired comparison is then compared with another alternative and the loser is rejected.
Conjunctive rule	Conjunctive decision rules that there are minimum or maximum values that are required for one or more characteristics. The alternatives have to meet the requirements in order to be chosen
Disjunctive rule	This rule is based on an outstanding value of one attribute. An alternative is selected because of at least one superior attribute value, irrespective of the other attribute values
Lexicographic strategy	This strategy ranks the attributes in terms of perceived relevance or importance and alternatives are then compared on the most important attribute and the most desirable alternative(s) chosen. If more than one option is chosen then they are compared on the second most important attribute. This process continues until only one alternative remains.
Elimination by aspects rule	This strategy, similar to the lexicographic strategy, sets a cut-off point for the most important attribute, and allows all alternatives that meet or exceed that cut-off point to be evaluated on the second most important attribute's cut-off point. This process continues until only one alternative remains.

5. Risk

It seems that the behaviour of consumers seem to violate the rules of commonsense rationality. To try and understand this phenomena research has been carried out regarding how food risks may be perceived by the consumer and how these may affect the decisions made. When investigating perception two broad approaches can be followed. In most cases, perception is thought of as a physiological process whereby the brain interprets mainly visual stimuli into recognisable forms or shapes. However, when applied to the area of decision making perception is better viewed as the complete act of seeing and is not just concerned with the biochemical interpretations in the brain but how the stimuli are integrated into the complete act of

perception, and integrate previous experiences and attitudes and knowledge the individual may have. Classically the perception of risk is based upon a set of general rules known as the risk heuristics. These are evoked when one does not have the full statistical evidence on hand to evaluate risks, which is generally the case with respect to food. Consequently people rely on what they remember hearing or observing about the risk in question and the heuristics help to reduce difficult mental tasks to simpler ones. These heuristics may be valid in some circumstances, but in others may lead to large biases, which subsequently affect risk assessment (Lichtenstein, Slovic, Fischhoff, Layman and Combes, 1978). The heuristics are:

(1) Availability

People use this to judge an event as likely or frequent if instances of it are easy to imagine or recall. Frequently occurring events are generally easier to imagine and recall than rare events. However, availability may be affected by numerous factors unrelated to frequency of occurrence, such as the coverage given to recent disasters or details provided in television documentaries. Media coverage tends to concentrate on the spectacular at the expense of the common with the result that events which have a low frequency of occurrence may receive more “air” time than common occurrences. Applied to food risks, this would suggest people would underestimate, for example, the risk of certain dietary cancers, but overestimate the risk of botulism and this can seriously distort risk judgement (Furby, 1973).

The role of availability therefore indicates how people estimate how “representative” information to be. This then leads to errors in the use of the evidence, in that people:

- a) ignore evidence about base rates in favour of secondary evidence (Smithson, 1989; Tversky and Kahneman, 1974) and consequently anticipate signals in randomly generated data (O’Leary, Coplin, Shapiro and Dean, 1974);
- b) become overconfident in the evidence presented due to the illusion of validity (Tversky and Kahneman, 1974);
- c) are insufficiently sensitive to the fragility of assumptions or the problems of small sample sizes (Fischhoff, Lichtenstein, Slovic, Derby and Keeney, 1981; Tversky and Kahneman, 1971);
- d) view chance events as self-corrective (Mathews and Hunt, 1985);
- e) make conscious decisions to simplify analysis by excluding low-probability events from consideration (Fredenburg, 1988).

Most people as a result, find it difficult to understand “low” risks. They tend to ignore some risks entirely (e.g., cholesterol in the diet) or are very apprehensive even when scientific estimates show a low risk (e.g., pesticides, BSE) (Fisher, McClelland and Schulze, 1989), and are very likely to overestimate the risks of dramatic causes of death (Lichtenstein et al., 1978).

(2) Overconfidence

People are typically very confident in the judgements made by themselves to the extent that people believe that they can exert control over events (Ross and Fletcher, 1985; Strickland, Lewicki and Katz, 1966). This overconfidence is a trait or tendency in people when judging events that have uncertain outcomes (Fischhoff and Slovic, 1980). The psychological basis for this unwarranted certainty seems to be peoples insensitivity to the tenuousness of the assumptions upon which their judgements are based and the tendency to be optimistic about judgements of their own behaviour (Douglas, 1985). Although

such perceptions as regards safety are obviously unrealistic, the risk looks very small from the perspective of the individual. Both the public and the experts are prone to overconfidence.

(3) Desire for Certainty

Peoples desire to reduce anxiety caused by potential risks is commonly illustrated by denial. Denial is exhibited by people when faced with hazards but who view their world as either safe or predictable enough to preclude worry. This is analogous to the concept of “selective attention to evidence” and the resulting bias has been noted in having an effect in making judgements under conditions of uncertainty. These include a tendency to ignore or discount negative and disconfirming evidence (Lord, Lepper and Ross, 1979; Nisbett and Ross, 1980). This confirmation bias extends not only to selective attention, but also to selective information seeking, discounting, interpretation and testing.

(4) It Won’t Happen To Me

Overconfidence can also be observed in that people tend to consider themselves personally immune to many hazards whose societal risks they would readily acknowledge. This can be expressed in the theory of “optimistic bias” (Weinstein, 1989), where individuals appear to have a decreased subjective probability of the occurrence of negative events, but an increased subjective probability for positive events. McKenna (1993) explains this bias as a need to control situations, such that the perceived control reduces the subjective probability of personal risk associated with the hazard in question.

Consumers therefore have to process a lot of information, and compare it with many cues and biases they may or may not have. Information related to this risk is treated with scepticism if it does not tally with the persons own perception of risk. This means that people are very selective in what they believe in, and will take on board only, in most situations, what suits their biases (Fischhoff, Bostrom and Quadrel, 2002).

The concept of risk is important for understanding how consumers make choices (Grewal, Gotlieb and Marmorstien, 1994; Mitchell, 1999) and food products have been a consistent feature of perceived risk studies over the years and a study into the risk management behaviour of the Northern Ireland food consumer (Nelson, 2004) revealed how the risks were considered. This study identified that the consumer allocates all the risks associated with food (from production, processing through to consumption) into two identifiable groups in order to simplify the decision making processing. Group 1 relates to the risks associated with the processing of the food. These were thought of as “extrinsic” risks i.e., the risk had been added to the food in some way or other by a third party and related to processing and production and related referred mainly to food pathogens and contaminants. Group 2 risks where those risks associated with the product itself. These were thought of as “intrinsic” risks and related to the nutritional content of the food, mainly salt, sugar, and fat. However, the perception of the risk (whether in group 1 or 2) was based upon three characteristics of the risk itself – the fear the risk evoked in the individual, how involved the person was in the risk “decision” and finally how new the risk was. Although the fear component was instrumental in terms of reacting to new information, involvement was seen as key to managing the risk. As the fear component rose (in any risk scenario), but if the consumer was involved more in the decision making process and was provided with timely and relevant information, the risk could be controlled. Crucially this related to information regarding

coping mechanisms related to how to deal with the risk in question.

One other factor also played a role in the effect the perceived risk had on the decision making process – that of prior experience. The effect of this was observed to be akin to the process of inoculation (Nelson, 2002), in that the initial encounter sensitised the individual to future risks, and if the risk was encountered again then a severe change in behaviour was observed. Crucially this was observed across all food categories and was not confined to the food product to which the risk was initially related. For example, a risk observed with beef would also affect how the consumer searched for information and made decisions related to the purchase of other red meats such as lamb or pork. Again active communication regarding the management of the risk was seen as an important tool to help reduce this “reaction”.

It is, however, recognised that consumers consider not only the risks associated with a particular product when making a judgement but that perception of benefits also plays a part (Conner, Povey, Sparks, James and Shepherd, 1998). Based on this, a number of studies have been conducted, which examine consumer perceptions of both risks and benefits associated with various foods or food hazards. Studies that have examined both risk and benefit perception suggest that risk and benefit perceptions are considered as separate entities, when it comes to making judgments. This is consistent with analytical approaches to decision-making, which often treat the perception of risks and benefits as two distinct concepts, which are then considered separately and weighed against each other when making a choice.

Alternatively, the perceived risks and benefits can be viewed as inversely related, resulting in the two concepts being considered together when making a product choice. In essence, when consumers are selecting foods to prepare and consume they are weighing up the benefits of the food – taste, nutritional value (positive), convenience against the risks associated with the food and or preparation – nutritional value (negative), possible additives and contaminants etc. In a study on the risk benefit analysis of three commonly consumed products (beef burgers, bread, and milk) carried out in 2007 identified that once the level of risk had been identified then different decision making strategies were employed. If the overall view of a product was that it was of high risk then the consumer was more like to employ a face trade-off strategy when making a judgment. Conversely if the overall view of the product was that it was less risky, then a more relaxed decision-making strategy was used (Windrum, 2007).

One further effect that has been observed that affects food choice behaviour is the changing cultural landscape in which the choice decisions are made.

6. The Changing Cultural Landscape

Society can be identified and characterised by many factors such as language, religion, customs, values and beliefs, and these all form part of our culture. An outcome of this is that our behaviour may be seen as a way of distinguishing an individual of one group from individuals of another group (Hofstede, 1984). One's food culture is more specific, and may be described as a combination of tastes, cuisines, and practices which are reflected as dietary habits and as such make an important contribution to our food decisions. It is now recognised that our food habits change as we adapt to travel, immigration/migration, and the socio-economic environment.

The food culture in Ireland has changed dramatically in recent years following the growth of the large multinational supermarkets after their entrance to the country in the 1990's. This has led to an increasing availability of food, both raw and processed, to the consumer. It was widely recognised that the dietary habits in the country were changing, but with a reliance on more traditional foods and means of preparation and eating centred on the potato.

Specific potato dishes include potato-based dishes such as “champ”, “pasties”, “boxty”, and the ultimate collaboration between potato and bread – “potato bread farl”. Further traditional Irish recipes promoted featuring potatoes include Irish stew and “colcannon”. It is not only the presence of potatoes that are thought of as a feature of the diet but how they are eaten - either fried, roast, baked and simply boiled in their “jackets” to be peeled ceremoniously at the table. However, this scene, idyllic though it may be, has changed.

Culture can be viewed as a dynamic process liable to change where people learn to make adjustments to their norms and values as a result of contact with other groups of people exhibiting a different culture, through a sharing and transfer of common experiences and knowledge, a process known as acculturation (Lee, Sobal and Frongillo, 1999; Wenkan and Wolff, 1970). The acculturation process can occur at both an individual or group level and may continue for years and will in all likelihood vary in pace and levels. The acculturation process is highly influenced by the individual as some may choose to lose their original cultural identity while others may choose to integrate elements of the new culture into their original culture.

A multidimensional model developed by Keele and Padilla (1987) holds that an individual's level and speed of acculturation will depend on the individual's level of cultural loyalty and knowledge. The individual who shows more loyalty and more knowledge of their heritage culture, than they do of the incoming culture, will be less acculturated than the individual who possesses more knowledge of the host culture. Some may require little change, for others change may be fundamental and if motivation is low or nonexistent, acculturation will be minimal.

Food habits and traditions are the foundations of our food culture and there is no cultural group for whom traditional foods are not an important symbol of their culture inheritance and their ethnic identity. While we cannot choose our ethnic identity, we can change it. As we encounter and observe new cultures we may imitate and adapt their trends, behaviours and customs that in turn will result in changes in our food choice and our food habits.

With growing interdependence between countries, and cheaper more accessible means of transportation over the past ten years the United Kingdom, including Ireland, has witnessed a dramatic change in the movement of its population. This has included the growth of people holidaying in other countries on more than one occasion in the year to the recent movement of people from other countries (mainly EU citizens) in search of employment. For decades emigration exceeded immigration in Ireland, but this position slowly started to change in the late 1990's and early 2000's when Northern Ireland and the United Kingdom started to become major recipients of international labour migrants.

The Ireland economy as a whole has benefited from the inward migration of labour from countries such as Portugal and Poland, and migrants into Ireland have made a significant contribution to filling the labour forces gaps in food processing, agriculture, healthcare, hospitality, and catering sectors. As people constantly move to other countries, cultures become more integrated and as a result consumer needs become more sophisticated (Sharma, Cade and Cruickshank, 1999).

However, it is not just the inward migration of people that may affect the food eating behaviours but also the media coverage of diverse food health issues and the regular advertising of foods. Food producers and processors (representing global concerns) invest considerable amounts on advertising and packaging to capture the interests of the consumer. The growth of the larger food retailers along with the food service sector, with their extended supply chains have delivered a vast array and choice of foods to be considered by the consumer on a daily basis. Food advertising is also a noted source regarding information associated with aspects of convenience and availability and in one particular example advertising directed at adolescents is seen to focus on fast foods which are generally high in calories.

This was reinforced by the British Medical Association, which has made several recommendations including a ban on the advertising of unhealthy foods for children, the encouragement of price promotions on healthy foods instead of sweets/chocolates etc, and clear nutritional labelling and healthy advertising in schools. The influence of the TV chef preparing and cooking specific menu choices can also be seen to effect demand for a

particular food. This television format is a popular programme that can be viewed most evenings and is usually followed with the publication of the relevant book that again is bought widely by the general public.

Up until the mid 1990's there was relatively little change in the food culture. What was consumed was primarily based on ingredients and foods from the home market and the UK, with a tendency towards plain, well cooked, meat, potato and vegetable meals, with few frills and sauces. However this has now changed and the Northern Ireland consumer is more likely to sample new foods, which have resulted in changes to the traditional meat and potatoes diet and a much more varied diet.

7. A Model of Food Consumption

The Northern Ireland consumer, when making a choice of what to eat at any particular time is dealing with a large number of competing issues in order to make the final decision. Two main themes have emerged in recent years that have affected this process. The first is the ongoing concern regarding the risk associated with eating food. Although in the past this has highlighted issues associated with how the food is produced or processed in the form of contaminants, the concerns now are more related to the nutritional risks of the food. These are constantly being weighed against issues associated with the obvious benefits of the food in terms of its taste and the feeling of being satiated after consumption.

The second theme is the continued change in the culture of eating brought about by ever closer contacts with practices from outside of the island. These pressures for change could be in the form of new food products being considered e.g., dishes from other countries but also includes influences related to how

convenient the food may be e.g., fast food outlets with the availability of burgers etc as well as the influence of recently migrated people to the area.

These changes are widespread and are especially visible in adolescents and young adults, but have also been observed at other levels within society including the elderly. The changes also reflect upon the dynamic nature of the food culture in Ireland and the rapid movement of tastes and desires more indicative of a modern consumer. However, echoes from the past reflecting a more traditional Northern Irish food culture can still be seen today (Walsh and Nelson, 2012). Traditional bread products are widely consumed, potatoes are a regular feature on most people's weekly fare, and the practice of eating together at set times still occurs.

Figure 1 summarises the main factors affecting food choice emerging from this review. It envisages a consumer balancing the competing demands of the benefits associated with the food and the risks that may be inherent in the consumption of the food in question. In order to arrive at a satisfactory conclusion the consumer uses an appropriate decision making strategy that weighs these twin issues. The perception of the risks and benefits are affected by their perceptual framework employed at that moment in time. For example, if a food risk issue has been highlighted in the media and is brought to the attention of the consumer then the perceived benefits of choosing that food would have to be considerably enhanced for the choice to be made. The reverse would happen if the food product was perceived as beneficial to the consumer a decision could be made whereby the risk is deemed acceptable.

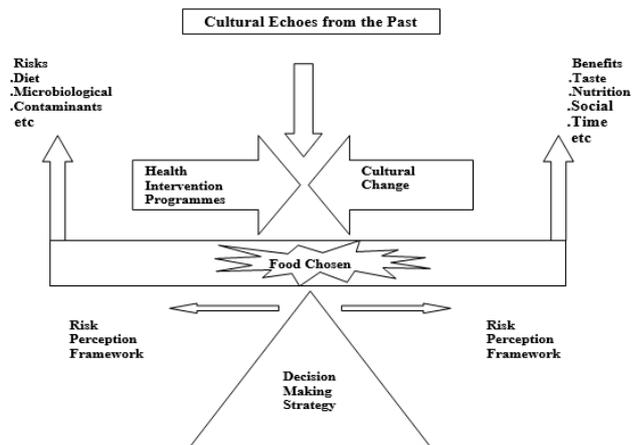


Figure 1: Summary of the influencing factors affecting food choice in Ireland

However, there is an overarching framework in which the decisions are made and that is the interchange between the driving forces of the cultural change process against the advice provided from the health promotion agencies. On the one hand there is the move towards the consumption of more convenient foods that are in many instances high in fat and/or sugar against the pressure exerted by the ongoing message of healthy and safe eating. The achievement of a healthy and balanced diet relies on the compromise between these two competing forces. One moderating aspect of this interplay has been the influence from the food cultural heritage. There still remain vestiges of the past emerging in dietary behaviours. These can be described as cultural echoes in the sense that their origins may not be known but can still be "heard" and observed by others.

These echoes not only influence the foods chosen but how they may be purchased, prepared in the home and with whom they are eaten. For example in a recent study of the nutritional eating habits of pregnant mothers in Northern Ireland, it was identified that those mothers who relied on a more traditional eating pattern did have a healthier food intake with a better balance diet (Coyle and Nelson, 2011). This was a strategy employed specifically by those with lower levels of nutritional knowledge than their peers. It is perhaps these echoes that need to be investigated further as they may be the key to reversing the trend of obesity and related health issues in Ireland.

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